Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1978

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ALL TILE, INC.

1201 CHASE
ELK GROVE VILLAGE, IL 60007

2b Employer Identification Number (EIN)
36-2091214

2c Sponsor's telephone number
847-364-9191

2d Business code (see instructions)
423200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	JOHN WELCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	113
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	104
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	116
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	90
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2H 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL TILE, INC.

D Employer Identification Number (EIN)
36-2091214

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

CONSECO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-2299444	65900	VARIOUS	1	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS FILED W/STATE DEPT OF INSURANCE

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ALL TILE, INC.	36-2091214	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY

13-2919773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	33191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

THE WEISS GROUP, INC.

36-4028918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	NONE	25052	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

SHEPARD SCHWARTZ & HARRIS LLP

36-1220454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	14975	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL TILE, INC.

D Employer Identification Number (EIN)
36-2091214

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3372	14865
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	78811	90285
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6970784	8132578
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	16024	16557

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7068991	8254285
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	3372	3928
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3372	3928
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7065619	8250357

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	28277	
	(B) Participants	2a(1)(B)	265171	
	(C) Others (including rollovers)	2a(1)(C)	33544	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		326992
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3611	
	(F) Other	2b(1)(F)	532	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4143
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	48950	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	38473	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		87423
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1337094
c Other income	2c		237
d Total income. Add all **income** amounts in column (b) and enter total	2d		1755889
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	492866	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		492866
f Corrective distributions (see instructions)	2f		2576
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	42518	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	33191	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		75709
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		571151
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1184738
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SHEPARD SCHWARTZ & HARRIS LLP **(2)** EIN: 36-1220454

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust
ALL TILE, INC. EMPLOYEES' PROFIT SH

6b Trust's EIN
363878165

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALL TILE, INC.

D Employer Identification Number (EIN)
36-2091214

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 27-3169253

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SHEPARD SCHWARTZ & HARRIS LLP
CPAs & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Members
of All Tile, Inc.
Employees' Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **All Tile, Inc. Employees' Profit Sharing Plan and Trust**, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Mid Atlantic Trust Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian, as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets held at end of year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplementary schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Shepard Schwartz & Harris LLP

Chicago, Illinois
October 13, 2014

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2013 AND 2012



SHEPARD SCHWARTZ & HARRIS LLP

CPAs & BUSINESS ADVISORS

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
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SHEPARD SCHWARTZ & HARRIS LLP
CPAs & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Members
of All Tile, Inc.
Employees' Profit Sharing Plan and Trust

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We were engaged to audit the accompanying financial statements of **All Tile, Inc. Employees' Profit Sharing Plan and Trust**, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets held at end of year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplementary schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Shepard Schwartz & Harris LLP

Chicago, Illinois
October 13, 2014

EXHIBIT A

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2013 and 2012

	2013	2012
ASSETS		
Investments, at fair value		
Mutual funds	$ 4,039,912	$ 3,285,016
Common collective trust	405,580	407,955
Common stock	2,496,526	1,982,908
Corporate bonds	946,974	966,699
U.S. government securities	130,241	191,682
Cash	125,673	150,715
Cash surrender value of Conseco Life Insurance Policies	16,557	16,024
Receivables		
Notes receivable from participants	90,285	78,811
Interest receivable	12,152	14,570
Total assets	8,263,900	7,094,380
LIABILITIES		
Accounts payable		
Fees payable	3,928	3,372
Due to broker	5,658	5,849
Total liabilities	9,586	9,221
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	8,254,314	7,085,159
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(3,957)	(19,540)
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,250,357	$ 7,065,619

The accompanying notes are an integral part of these statements.

EXHIBIT B

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2013

Additions to plan assets attributed to:		
Investment income		
Interest	$ 532	
Dividends	87,423	
Net appreciation in fair value of investments	1,337,094	$ 1,425,049
Interest income on notes receivable from participants		3,611
Other income		237
Participant contributions	265,171	
Employer contributions	28,277	
Rollover contributions	33,544	326,992
Total additions		1,755,889
Deductions from net assets attributed to:		
Benefits paid to participants	492,866	
Corrective distributions	2,576	
Administrative expenses	75,709	571,151
Net increase		1,184,738
Net assets available for benefits		
Beginning of year		7,065,619
End of year		$ 8,250,357

The accompanying notes are an integral part of this statement.

Note A - Description of Plan

The following description of the All Tile, Inc. Employees' Profit Sharing Plan and Trust (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General

   The Plan is a discretionary contribution plan with compensation deferral features covering all employees of All Tile, Inc. (Company) who have completed three months of service and are age eighteen or older. The Plan is subject to the provisions of ERISA.

.

2. Contributions

   Participants may contribute up to 100% of pre-tax annual compensation (maximum limit of $17,500 in 2013), as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions (maximum limit of $5,500 in 2013). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

   The Company may, at its sole discretion, make matching contributions determined on a pay period basis. For the year ended December 31, 2013, the Company made matching contributions equal to 25% of the first 3% of compensation for each pay period. The employee must be employed on the last day of each pay period to receive the matching contribution.

   The Company may also make a discretionary profit sharing contribution to the Plan at year-end on behalf of all eligible employees. To be eligible an employee must be an active participant on the last day of the plan year and have completed one year of service. No discretionary profit sharing contributions were made during 2013.

3. Participant Accounts and Administration

   Under the terms of the plan agreement, the trustee invests participant contributions and employer matching contributions in several investment funds as specified by the participants. Employer discretionary profit sharing contributions are invested in several investments as specified by the Plan sponsor. Each participant's account is credited with the participant's contribution and allocation of the Company's matching and discretionary contributions and plan earnings. Allocations are based on participant earnings or account balances, as defined. Forfeitures may be used to pay administrative expenses of the Plan and to reduce future employer contributions. The plan administrator authorizes all withdrawals of Plan assets and is responsible for the general administration of the Plan and compliance with its provisions. The costs of administering the Plan are borne by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

Note A - Description of Plan (Cont'd)

4. Vesting
   Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service, as defined. A participant is 100% vested in the matching and discretionary contributions after five years of credited service.

5. Forfeited Accounts
   At December 31, 2013 and 2012, forfeited nonvested accounts totaled $509 and $-0-, respectively. Forfeitures can be used to reduce future employer contributions or administrative expenses.

6. Payment of Benefits
   On termination of service, if the amount exceeds $1,000, a participant may elect to receive one of the following: a lump-sum amount equal to his or her vested account or annual installments over a period which does not exceed the life of the participant or the designated beneficiary. If the amount is $1,000 or less, the Plan will make a lump-sum distribution.

7. Notes Receivable From Participants
   Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 - 5 years or longer for the purchase of a primary residence. Principal and interest is paid ratably through bi-weekly payroll deductions. The loans bear interest at a rate of 1% above prime rate.

Note B - Summary of Accounting Policies

Basis of Accounting
The Plan's financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition
Investments are reported at fair value except for the life insurance policies which are valued at cash surrender value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note B - Summary of Accounting Policies (Cont'd)

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. If a participant ceases to make loan repayments and the plan administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the plan are paid by the Plan.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2014, the date which the financial statements were available to be issued.

Estimates and Assumptions

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note C - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Note C - Fair Value Measurements (Cont'd)

Level 2 - Inputs to the valuation methodology include the following:

Quoted prices for similar assets or liabilities in active markets.

Quoted prices for identical or similar assets or liabilities in inactive markets.

Inputs other than quoted prices that are observable for the asset or liability.

Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as December 31, 2013 and 2012.

Mutual funds: Valued at the net asset value of the shares held by the Plan at year end.

Common Collective Trust: Valued at the net asset value per unit as determined by the manager of the trust. Such net asset value is based on the value of the underlying assets and liabilities of the trust. The investment objective of the trust is to preserve principal and provide a stable return over the life of the investment. Participants may transfer in and out of the trust on a daily basis without prohibitive restrictions.

Common stock: Valued at the closing price reported in the active market in which the individual security is traded.

Corporate bonds: Valued at the closing price reported in the active market in which the bond is traded.

U.S. government securities: Valued at the closing price reported in the active market in which the individual security is traded.

Note C - Fair Value Measurements (Cont'd)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Equity funds	$ 2,216,545	$ -	$ -	$ 2,216,545
International equity funds	489,099	-	-	489,099
Fixed income funds	60,788	-	-	60,788
Balanced funds	1,273,480	-	-	1,273,480
Total mutual funds	4,039,912	-	-	4,039,912
Common collective trust	-	405,580	-	405,580
Common stock				
Basic material	463,669	-	-	463,669
Conglomerates	74,099	-	-	74,099
Consumer goods	324,303	-	-	324,303
Financial	411,741	-	-	411,741
Healthcare	293,232	-	-	293,232
Industrial goods	142,747	-	-	142,747
Services	336,231	-	-	336,231
Technology	367,462	-	-	367,462
Utilities	83,042	-	-	83,042
Total common stock	2,496,526	-	-	2,496,526
Corporate bonds	946,974	-	-	946,974
U.S. government securities	130,241	-	-	130,241
Cash	125,673	-	-	125,673
Total	$ 7,739,326	$ 405,580	$ -	$ 8,144,906

Note C - Fair Value Measurements (Cont'd)

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Equity funds	$ 1,683,359	$ -	$ -	$ 1,683,359
International equity funds	390,390	-	-	390,390
Fixed income funds	58,116	-	-	58,116
Balanced funds	1,153,151	-	-	1,153,151
Total mutual funds	3,285,016	-	-	3,285,016
Common collective trust	-	407,955	-	407,955
Common stock				
Basic material	267,849	-	-	267,849
Conglomerates	44,527	-	-	44,527
Consumer goods	269,351	-	-	269,351
Financial	291,210	-	-	291,210
Healthcare	241,413	-	-	241,413
Industrial goods	106,379	-	-	106,379
Services	323,588	-	-	323,588
Technology	369,684	-	-	369,684
Utilities	68,907	-	-	68,907
Total common stock	1,982,908	-	-	1,982,908
Corporate bonds	966,699	-	-	966,699
U.S. government securities	191,682	-	-	191,682
Cash	150,715	-	-	150,715
Total	$ 6,577,020	$ 407,955	$ -	$ 6,984,975

Note D - Investments

The following presents investments that represent 5% or more of the Plan's net assets:

	2013	2012
Mutual funds		
American Century Investments Strategic Allocation: Moderate, 65,866 and 56,747 shares in 2013 and 2012, respectively	$ 473,575	$ 389,284
American Funds Growth Fund of America, 12,103 and 11,370 shares in 2013 and 2012, respectively	520,444	390,551
American Century Investments Strategic Allocation: Conservative, 68,885 shares in 2012	**	396,779
Common collective trust		
Reliance Trust Company Stable Value Fund, 2,632 shares in 2012	**	388,415 *

* The fair value of Reliance Trust Company Stable Value Fund at December 31, 2012 was $407,955.

**Less than 5% of net assets available for benefits.

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Participant directed investments	$ 808,732
Non-participant directed investments	528,362
Net appreciation in fair value of investments	$ 1,337,094

Note E - Non-Participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows:

	December 31, 2013	December 31, 2012
Assets		
Investments		
Cash	$ 110,808	$ 147,343
Common stock	2,496,526	1,982,908
Corporate bonds	946,974	966,699
U.S. government securities	130,241	191,682
Life insurance policies	16,557	16,024
Interest receivable	12,152	14,570
Total assets	3,713,258	3,319,226
Liabilities		
Fees payable	3,928	3,372
Due to broker	5,658	5,849
Total liabilities	9,586	9,221
Net assets available for benefits	$ 3,703,672	$ 3,310,005

	Year Ended December 31, 2013
Changes in net assets	
Administrative expenses	$ (49,232)
Insurance refund – other income	237
Interest and dividends	49,483
Net appreciation	528,362
Benefits paid to participants	(135,183)
Net increase	$ 393,667

Note F - Summary of Information Certified by the Custodian

The following is a summary of the unaudited information included in the Plan's financial statements, prepared by the Plan's custodian and furnished to the Plan administrator. The Plan administrator has obtained certification from the custodian that such information is complete and accurate.

	2013	2012
Investments, at fair value		
Mutual funds	$ 4,039,912	$ 3,285,016
Common collective trust	401,623*	388,415*
Cash	14,865	3,372
Total	$ 4,456,400	$ 3,676,803
Interest and dividends	$ 38,473	
Net appreciation (depreciation) in fair value of investments	$ 808,731	

* The common collective trust is stated at fair value on the statements of net assets available for benefits at December 31, 2013 and 2012.

Note G - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

Note H - Tax Status

The plan obtained its latest determination letter in July 2010, in which the Internal Revenue Service (IRS) stated that the plan is in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Note H - Tax Status (Cont'd)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax period in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

Note I - Party-In-Interest Transactions

Morgan Stanley Smith Barney is a custodian to the Plan for the non-participant directed investments. Therefore, any fees paid to them are party-in-interest transactions. Fees of $33,191 were paid to Morgan Stanley Smith Barney for the year ended December 31, 2013.

Counsel Trust Company dba Mid Atlantic Trust Company is a custodian to the Plan for the participant directed investments. Therefore, any fees paid to them are party-in-interest transactions. Fees of $1,934 were paid to Counsel Trust Company for the year ended December 31, 2013. Some fees paid by the Plan for administrative services are included in net appreciation of fair value of investments, as they are paid through revenue sharing rather than a direct payment.

The Weiss Group, Inc. provides administrative services to the Plan. Therefore, these are party-in-interest transactions. Fees of $25,609 were paid to The Weiss Group, Inc. for the year ended December 31, 2013.

Shepard Schwartz & Harris, L.L.P. is the auditor of the Plan. Therefore, any fees paid to them are party-in-interest transactions. Fees of $14,975 were paid for the year ended December 31, 2013.

Certain employees of the Company act as a fiduciary of the Plan and are responsible for the administration of the Plan. The employees are compensated by the Company and do not receive any compensation from the Plan.

Note J - Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values or investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

SUPPLEMENTARY INFORMATION

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

EIN: 36-2091214

Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	American Century Investments	Mutual fund - American Cen Strategic Alloc: Cons Adv	**	$ 338,192
	American Century Investments	Mutual fund - Am Cen Strategic Alloc: Mod Adv	**	473,575
	American Century Investments	Mutual fund - Am Cen Strategic Alloc: Agg Adv	**	159,438
	American Funds	Mutual fund - American Funds Bond Fund Of Amer A	**	60,789
	American Funds	Mutual fund - American Funds EuroPacific Gr A	**	134,186
	American Funds	Mutual fund - American Funds Grth fund of Amer A	**	520,444
	American Funds	Mutual fund - American Funds Invmt Co of Amer A	**	309,320
	American Funds	Mutual fund - American Funds AMCAP A	**	63,633
	American Funds	Mutual fund - American Funds Capital World G/ IA	**	354,913
	American Funds	Mutual fund - American Funds Fundamental Invs A	**	80,482
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2050 A	**	10,965
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2045 A	**	23,360
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2040 A	**	169,594
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2035 A	**	4,144
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2015 A	**	5,497
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2030 A	**	81,351
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2025 A	**	7,364
	Gabelli	Mutual fund - Gabelli Asset AAA	**	345,177
	Lord Abbett	Mutual fund - Lord Abbett Mid-Cap Value P	**	21,114
	Lord Abbett	Mutual fund - Lord Abbett Small-Cap Value P	**	263,447
	Lord Abbett	Mutual fund - Lord Abbett Value Opportunity - P	**	24,450
	Reliance	Reliance TR Co Stable Value Fd Collective Invt Tr ***	**	401,623
	Vanguard	Mutual fund - Vanguard 500 Index	**	318,586
	Vanguard	Mutual fund - Vanguard Small Cap Growth Index	**	269,891
*	Notes receivable from participants	Interest rate of 4.25%	**	90,285
	Conseco Life Insurance Company	Life Insurance Policy - Policy Numbers: 10L1017990, 10L0568820, 10L0540690	$ 15,787	16,557
*	Mid Atlantic Trust Company	Cash	**	14,865
*	Smith Barney Money Funds	Cash	110,808	110,808
	Federal Government	$10,000 U.S. Treasury Note; maturity date 2/15/2020; 3.625% interest	11,468	10,884
	Federal Government	$12,000 U.S. Treasury Note; maturity date 1/31/2019; 1.250% interest	12,264	11,703
	Federal Government	$12,000 U.S. Treasury Note; maturity date 1/31/2017; 0.875% interest	12,065	12,011
	Federal Government	$14,000 U.S. Treasury Note; maturity date 2/15/2022; 2.000% interest	13,177	13,286
	Federal Government	$10,000 U.S. Treasury Note; maturity date 11/15/2020; 2.625% interest	9,342	10,163
	Balance carried forward		184,911	4,732,097

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		184,911	4,732,097
	Federal Government	$10,000 U.S. Treasury Note; maturity date 2/15/2022; 2.000% interest	9,704	9,490
	Federal Government	$16,000 U.S. Treasury Note; maturity date 4/30/2015; 2.500% interest	16,852	16,483
	Federal Home Loan Mtg Corp	$12,000 Government bond; maturity date 8/25/2016; 2.000% interest	12,647	12,409
	Federal Home Loan Mtg Corp	$10,000 Government bond; maturity date 9/10/2015; 1.750% interest	10,287	10,233
	Federal National Mtg Assn	$12,000 U.S. Treasury Note; maturity date 10/15/2014; 4.625% interest	11,613	12,419
	American Express Credit	$25,000 Corporate bond; maturity date 7/27/2018; 2.125% interest	24,938	25,042
	American Express Credit	$10,000 Corporate bond; maturity date 6/12/2015; 1.750% interest	10,223	10,161
	Apple Inc	$30,000 Corporate bond; maturity date 5/3/2023; 2.400% interest	28,973	26,976
	AT&T Inc	$20,000 Corporate bond; maturity date 2/15/2017; 1.600% interest	20,297	19,972
	Bank New York Mellon Corp	$30,000 Corporate bond; maturity date 5/15/2014; 4.300% interest	32,355	30,434
	Bank New York Mellon Corp	$10,000 Corporate bond; maturity date 5/15/2014; 4.300% interest	10,868	10,145
	Berkshire Hathaway Fin	$20,000 Corporate bond; maturity date 1/15/2015; 4.850% interest	21,622	20,934
	Berkshire Hathaway Fin	$15,000 Corporate bond; maturity date 1/15/2015; 4.850% interest	16,142	15,701
	Burlington North Santa Fe	$15,000 Corporate bond; maturity date 9/1/2023; 3.850% interest	14,691	14,755
	Caterpillar Inc	$30,000 Corporate bond; maturity date 5/27/2021; 3.900% interest	34,451	31,161
	Chevron Corp	$25,000 Corporate bond; maturity date 6/24/2020; 2.427% interest	24,294	24,326
	Cisco Systems Inc	$30,000 Corporate bond; maturity date 2/22/2016; 5.500% interest	34,970	33,004
	Coca Cola Co	$20,000 Corporate bond; maturity date 3/15/2019; 4.875% interest	20,122	22,420
	Comcast Corp	$30,000 Corporate bond; maturity date 3/1/2020; 5.150% interest	33,323	33,467
	ConocoPhillips	$15,000 Corporate bond; maturity date 1/15/2015; 4.600% interest	16,662	15,636
	ConocoPhillips	$20,000 Corporate bond; maturity date 1/15/2015; 4.600% interest	21,318	20,848
	DOW Chemical Company	$20,000 Corporate bond; maturity date 11/15/2021; 4.125% interest	21,661	20,659
	Ebay Inc	$20,000 Corporate bond; maturity date 7/15/2022; 2.600% interest	20,424	18,395
	Ei Du Pont Nemour & Co	$30,000 Corporate bond; maturity date 1/15/2015; 3.250% interest	31,710	30,861
	Eli Lilly & Co	$20,000 Corporate bond; maturity date 3/6/2014; 4.200% interest	20,729	20,132
	Eli Lilly & Co	$20,000 Corporate bond; maturity date 3/6/2014; 4.200% interest	20,622	20,132
	EMC Corp-Mass	$20,000 Corporate bond; maturity date 6/1/2020; 2.550% interest	19,987	19,588
	Federal Government	$10,000 U.S. Treasury Note; maturity date 5/15/2017; 4.500% interest	10,481	11,160
	General Electric Capital Corp	$25,000 Corporate bond; maturity date 9/15/2017; 5.625% interest	27,993	28,440
	General Electric Capital Corp	$20,000 Corporate bond; maturity date 1/9/2017; 2.900% interest	20,357	20,879
	Intel Corp	$20,000 Corporate bond; maturity date 10/1/2016; 1.950% interest	20,761	20,560
	John Deere Capital Corp	$30,000 Corporate bond; maturity date 3/15/2017; 1.400% interest	30,426	29,919
	JP Morgan Chase & Co	$20,000 Corporate bond; maturity date 7/22/2020; 4.400% interest	22,316	21,499
	McDonalds Corp	$20,000 Corporate bond; maturity date 3/1/2018; 5.350% interest	21,321	22,725
	National Rural Utilities	$4,000 Corporate bond; maturity date 3/1/2014; 4.750% interest	3,920	4,028
	National Rural Utilities	$7,000 Corporate bond; maturity date 3/1/2014; 4.750% interest	6,859	7,050
	Phillips 66	$25,000 Corporate bond; maturity date 4/1/2022; 4.300% interest	26,037	25,406
	Procter & Gamble Co	$10,000 Corporate bond; maturity date 2/15/2019; 4.700% interest	10,048	11,170
	Simon Property Group Inc	$15,000 Corporate bond; maturity date 3/15/2022; 3.375% interest	15,876	14,620
	Sysco Corp	$15,000 Corporate bond; maturity date 2/12/2018; 5.250% interest	15,236	16,796
	Sysco Corp	$10,000 Corporate bond; maturity date 2/12/2018; 5.250% interest	10,157	11,197
	Target Corp	$20,000 Corporate bond; maturity date 7/15/2016; 5.875% interest	23,805	22,506
	Target Corp	$10,000 Corporate bond; maturity date 1/15/2022; 2.900% interest	10,392	9,593
	Texas Instrument Inc	$30,000 Corporate bond; maturity date 5/16/2016; 2.375% interest	31,164	31,096
	Texas Instrument Inc	$10,000 Corporate bond; maturity date 5/16/2016; 2.375% interest	10,175	10,365
	United Parcel Service	$20,000 Corporate bond; maturity date 1/15/2018; 5.500% interest	21,395	22,878
	US Bancorp	$10,000 Corporate bond; maturity date 5/15/2014; 4.200% interest	10,557	10,141
	Balance carried forward		1,095,672	5,629,908

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,095,672	5,629,908
	Verizon Communications	$30,000 Corporate bond; maturity date 9/15/2023; 5.150%	30,632	32,211
	Walgreen Co	$30,000 Corporate bond; maturity date 1/15/2019; 5.250% interest	32,251	33,538
	Wal-Mart Stores	$20,000 Corporate bond; maturity date 7/1/2015; 4.500% interest	21,754	21,222
	Wells Fargo & Co	$30,000 Corporate bond; maturity date 12/11/2017; 5.625% interest	33,659	34,386
	Abbott Laboratories	560 shares common stock	17,821	21,465
	Accenture PLC Ireland CL A	79 shares common stock	6,437	6,495
	Access Midstream Partners L P	40 shares common stock	2,079	2,263
	Aegon NV ADR	1,249 shares common stock	6,491	11,840
	Agco Corp	108 shares common stock	4,125	6,393
	Allergan Inc	205 shares common stock	19,489	22,772
	Alliant Energy Corp	115 shares common stock	4,545	5,934
	Allstate Corp	181 shares common stock	8,825	9,872
	America Movil S.A.B.	565 shares common stock	12,749	13,204
	American Express Co	135 shares common stock	8,404	12,249
	American Finl Group Inc	116 shares common stock	3,254	6,696
	Amerigas Partners Common Units	46 shares common stock	1,996	2,050
	Amerisourcbergen Corp	226 shares common stock	8,699	15,890
	Amerisourcbergen Corp	102 shares common stock	2,142	7,172
	Amsurg Corp	154 shares common stock	3,395	7,072
	Anadarko Petroleum Corp	80 shares common stock	4,683	6,346
	Astellas Pharma Inc	460 shares common stock	4,252	6,825
	Astrazeneca	335 shares common stock	16,105	19,889
	AT&T Inc	167 shares common stock	4,790	5,872
	Axis Capital Holdings Ltd	134 shares common stock	6,167	6,374
	Banco Do Brasil SA Spon ADR	480 shares common stock	4,877	4,984
	Banco Santander Brasil SA ADS	850 shares common stock	7,289	5,185
	Bank of America Corp	657 shares common stock	7,284	10,229
	Barclays PLC ADR	446 shares common stock	6,167	8,086
	Bed Bath & Beyond Inc	139 shares common stock	8,521	11,162
	Big 5 Sporting Goods Corp	288 shares common stock	6,402	5,708
	Biogen Idec Inc	78 shares common stock	13,298	21,807
	Boeing Co	46 shares common stock	6,176	6,279
	BP PLC ADS	541 shares common stock	23,256	26,298
	Bristol Myers Squibb Co.	162 shares common stock	5,584	8,610
	Brocade Commun Systems Inc	898 shares common stock	5,238	7,961
	C R Bard Inc NJ	35 shares common stock	3,969	4,688
	Cadence Design System	428 shares common stock	6,222	6,001
	Canon Inc	468 shares common stock	15,269	14,976
	Capital One Financial Corp	167 shares common stock	9,384	12,794
	Carrefour SA Sponsored ADR	2,327 shares common stock	10,531	18,337
	Caterpillar Inc	58 shares common stock	4,755	5,267
	CBRE Group Inc	263 shares common stock	4,911	6,917
	Cemex SAB De CV	407 shares common stock	2,920	4,815
	Centrais Eletricas Brasileiras	1,015 shares common stock	11,387	2,629
	Chevron Corp	100 shares common stock	7,937	12,491
	Balance carried forward		1,531,793	6,153,162

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,531,793	6,153,162
	Chicos FAS Inc	368 shares common stock	5,107	6,933
	Cirrus Logic Inc	255 shares common stock	5,983	5,208
	Cisco Sys Inc	550 shares coommon stock	11,258	12,336
	CitiGroup Inc New	324 shares common stock	16,433	16,884
	Coca-Cola Co	500 shares common stock	17,412	20,655
	Coeur D Alene Mines Corp	432 shares common stock	7,925	4,687
	Colgate Palmolive Co	288 shares common stock	13,598	18,780
	Colgate Palmolive Co	98 shares common stock	3,852	6,391
	Comcast Corp	32 shares common stock	787	1,663
	Comerica Inc	91 shares common stock	3,813	4,326
	Costco Wholesale Corp	91 shares common stock	7,251	10,831
	Covidien PLC	83 shares common stock	4,844	5,652
	CRH PLC ADR	815 shares common stock	15,835	20,823
	CSX Corp	257 shares common stock	6,530	7,394
	CVS Caremark Corp	134 shares common stock	4,840	9,590
	Daiichi Sankyo Co LTD Spon ADR	660 shares common stock	12,723	12,141
	Daimler AG	135 shares common stock	5,830	11,732
	Daj Nippon Prtg Ltd	710 shares common stock	8,315	7,554
	Deutsche Telekom	682 shares common stock	11,627	11,771
	Dow Chemical Co	228 shares common stock	5,822	10,123
	Duke Energy Corp	31 shares common stock	2,027	2,139
	Eaton Corp	130 shares common stock	7,569	9,896
	Ebay Inc	337 shares common stock	14,538	18,490
	El Paso Pepeline Partners LP	170 shares common stock	7,234	6,120
	Eli Lilly & Co	113 shares common stock	5,050	5,763
	EMC Corp-Mass	337 shares common stock	7,870	8,476
	EMC Corp-Mass	176 shares common stock	4,563	4,426
	Emerson Electric Co	129 shares common stock	6,920	9,053
	Enbridge Energy Ptnrs LP	175 shares common stock	5,247	5,227
	Energy Trans Eqty LP	287 shares common stock	18,586	23,459
	Energy Transfer Partners LP	151 shares common stock	7,818	8,645
	Eni SPA Amer Dep Rcpt	345 shares common stock	15,495	16,729
	Enterprise Prod Prtnrs LP	684 shares common stock	40,662	45,349
	EOG Resources Inc	41 shares common stock	5,326	6,881
	Eqt Midstream Ptnrs LP	44 shares common stock	1,985	2,587
	Ericsson L M Tel Co	909 shares common stock	9,430	11,126
	Estee Lauder Co Inc CL A	284 shares common stock	19,404	21,391
	EV Energy Partners LP	61 shares common stock	2,178	2,070
	Everest Re Group Ltd	44 shares common stock	6,493	6,858
	Exxon Mobil Corp	164 shares common stock	13,253	16,597
	First American Finl Corp	259 shares common stock	5,561	7,304
	First Pac Ltc Sp ADR	1,250 shares common stock	6,969	7,150
	Flextronics Intl Ltd	720 shares common stock	4,797	5,594
	Ford Motor Company	323 shares common stock	3,576	4,984
	Balance carried forward		1,924,129	6,614,950

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,924,129	6,614,950
	Franklin Resources Inc	143 shares common stock	7,131	8,255
	Freeport Mcmoran CP&GLD	134 shares common stock	4,212	5,057
	Fresh Del Monte Produce	206 shares common stock	5,317	5,830
	Fujifilm Hldgs Corp	405 shares common stock	11,975	11,524
	Gannett Company Inc	236 shares common stock	3,710	6,981
	GDF Suez Spon ADR	1,145 shares common stock	25,730	27,102
	General Electric Co	832 shares common stock	17,439	23,321
	General Electric Co	695 shares common stock	13,589	19,481
	Genesis Energy LP Com	255 shares common stock	12,448	13,405
	Gilead Science	328 shares common stock	21,081	24,633
	Glaxosmithkline	307 shares common stock	14,500	16,391
	Goldman Sachs Group Inc	74 shares common stock	8,912	13,117
	Google Inc	27 shares common stock	19,835	30,259
	H Lundbeck A/S	295 shares common stock	6,770	7,505
	Halliburton Co Holdings Co	141 shares common stock	5,169	7,156
	Hanesbrands Inc	98 shares common stock	5,073	6,886
	Hartford Fin Sers Grp	295 shares common stock	8,064	10,688
	HCA Holdings Inc	79 shares common stock	3,157	3,769
	Helmerich & Payne Inc	90 shares common stock	4,578	7,567
	Hertz Global Holdings Inc	184 shares common stock	2,254	5,266
	Hess Corp	85 shares common stock	5,422	7,055
	Hewlett Packard Co.	141 shares common stock	4,465	3,945
	Honda Motor Co Ltd	165 shares common stock	5,892	6,823
	HSBC Holding Place	196 shares common stock	9,924	10,805
	Hyatt Hotels Corp	69 shares common stock	2,455	3,413
	Idacorp Inc	116 shares common stock	5,098	6,013
	Ingersoll-Rand PLC SHS	91 shares common stock	5,859	5,606
	Ingredion Inc	92 shares common stock	5,133	6,298
	Intel Corp	359 shares common stock	8,671	9,318
	Interactive Corp	121 shares common stock	3,243	8,307
	International Paper Co	168 shares common stock	4,093	8,237
	Intesa Sanpaola S.P.A. ADR	1,400 shares common stock	24,866	20,930
	Italcementi Fabrich Riunte	935 shares common stock	9,668	7,985
	ITT Corp New	155 shares common stock	6,592	6,730
	J Sainsbury PLC Spon ADR	361 shares common stock	8,021	8,872
	Johnson & Johnson	85 shares common stock	5,550	7,785
	Johnson Controls Incorporated	308 shares common stock	9,966	15,800
	Johnson Controls Incorporated	122 shares common stock	6,038	6,259
	JP Morgan Chase & Co	413 shares common stock	15,795	24,152
	Juniper Networks	614 shares common stock	11,231	13,858
	Kinder Morgan Incorp	179 shares common stock	14,824	14,438
	Kohls Corporation Wisc	82 shares common stock	4,462	4,653
	Koninklijke Ahold ADR	719 shares common stock	5,186	12,949
	Korn/Ferry Intl Dela	314 shares common stock	5,777	8,202
	Balance carried forward		2,313,304	7,097,576

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,313,304	7,097,576
	Lear Corp	84 shares common stock	6,035	6,801
	Legg Mason Inc	158 shares common stock	6,735	6,870
	Lincoln NTL Corp Ind	119 shares common stock	5,111	6,143
	Linn Energy LLC UTS Rep Ltd L	253 shares common stock	6,232	7,790
	Macy's Inc	156 shares common stock	7,462	8,330
	Magellan Midstream Partners LP	233 shares common stock	12,971	14,742
	Marathon Oil Corp	166 shares common stock	4,625	5,860
	Marathon Petroleum Corp	42 shares common stock	2,343	3,853
	Marks & Spencer Group	780 shares common stock	9,800	11,181
	Markwest Engy Ptnrs LP	209 shares common stock	14,361	13,821
	Mckesson Corp	68 shares common stock	11,149	10,975
	McKesson Corp	42 shares common stock	3,469	6,779
	Medtronic Inc	97 shares common stock	4,251	5,567
	Merck & Co Inc	122 shares common stock	4,461	6,106
	MetLife Inc	85 shares common stock	3,081	4,583
	Microsoft Corp	70 shares common stock	1,818	2,619
	Mitsubishi UFJ Financial Group	1,610 shares common stock	11,048	10,755
	Mondelez Intl Inc	599 shares common stock	15,069	21,145
	Mondelez Intl Inc	191 shares common stock	5,063	6,742
	Monsanto Co	186 shares common stock	15,041	21,678
	Morgan Stanley	162 shares common stock	3,860	5,080
	MS&AD Insurance	950 shares common stock	14,249	12,730
	Myriad Genetic Inc	203 shares common stock	4,770	4,259
	Nasdaq OMX Group Inc	191 shares common stock	5,528	7,602
	Netscout Systems Inc	217 shares common stock	5,317	6,421
	Nextera Engery Inc	42 shares common stock	2,307	3,596
	Nike Inc	241 shares common stock	12,497	18,952
	Nippon Tel & Tel	621 shares common stock	13,963	16,792
	Nissan MTR Co Ltd Spnd Adr	1,075 shares common stock	21,435	18,060
	Oasis Petroleum Inc	127 shares common stock	6,014	5,965
	Occidental Petroleum Corp	112 shares common stock	10,338	10,651
	Occidental Petroleum Corp	217 shares common stock	20,313	20,637
	Ocwen Finl Corp	117 shares common stock	1,535	6,488
	Oil Co Lukoil SPN ADR	180 shares common stock	11,267	11,362
	Olin Corp	260 shares common stock	6,051	7,501
	Omnicom Group Inc	111 shares common stock	3,401	6,700
	Oneok Partners LP	229 shares common stock	11,350	12,057
	Oracle Corp	149 shares common stock	4,511	5,701
	Orange New	1,417 shares common stock	22,266	17,500
	Oshkosh Corp	136 shares common stock	6,678	6,852
	P G & E Corporation	80 shares common stock	3,482	3,222
	Patterson UTI Energy Inc	221 shares common stock	5,979	5,596
	PepsiCo Inc	233 shares common stock	16,085	19,325
	PepsiCo Inc	44 shares common stock	2,822	3,649
	Balance carried forward		2,679,447	7,516,614

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,679,447	7,516,614
	Petroleo Brasileiro SA ADR	730 shares common stock	18,291	10,724
	Pfizer Inc	508 shares common stock	9,059	15,560
	Philip Morris International Inc.	141 shares common stock	12,670	12,285
	Philip Morris International Inc.	27 shares common stock	1,974	2,353
	Plains All American Piplin L P	348 shares common stock	18,280	18,016
	PNC Financial Services Group	85 shares common stock	5,364	6,594
	Portugal Telecom SGPS SA	1,145 shares common stock	10,832	4,946
	Posco ADS	145 shares common stock	12,118	11,310
	Post Properties Inc	132 shares common stock	6,099	5,970
	PPL Corp	89 shares common stock	2,318	2,678
	Priceline.com Inc New	11 shares common stock	10,449	12,786
	Proassurance CP	126 shares common stock	5,490	6,108
	Procter & Gamble Co	227 shares common stock	15,727	18,480
	Proctor & Gamble Co	60 shares common stock	3,650	4,885
	Prudential Financial Inc	78 shares common stock	4,680	7,193
	PVH Corporation	39 shares common stock	4,849	5,305
	Qualcomm Inc	266 shares common stock	14,523	19,751
	Ralph Lauren Corp CL A	81 shares common stock	13,663	14,302
	Regency Energy Ptnrs LP UTS	240 shares common stock	6,599	6,303
	Regions Financial Corp	418 shares common stock	2,940	4,134
	RF Micro Devices Inc	1,299 shares common stock	6,851	6,703
	Sanderson Farms	89 shares common stock	6,043	6,437
	Sanofi ADR	318 shares common stock	13,578	17,054
	Schlumberger Ltd	60 shares common stock	3,709	5,407
	Skyworks Solutions Inc	241 shares common stock	6,773	6,883
	Southern Co	53 shares common stock	2,219	2,179
	St. Jude Medical Inc	60 shares common stock	3,746	3,717
	Starbucks Corp	192 shares common stock	9,700	15,051
	Starwood HTLS & RSTS WW Inc	43 shares common stock	2,828	3,416
	State Street Corp	249 shares common stock	16,707	18,274
	Stryker Corp	163 shares common stock	8,645	12,248
	Suez Environnement Unspon ADR	1,225 shares common stock	6,642	11,062
	SunTrust Banks Inc	242 shares common stock	5,606	8,908
	Surmodics Inc	257 shares common stock	7,009	6,268
	Swift Transportation Co CL A	332 shares common stock	5,297	7,374
	Swiss RE LTD	115 shares common stock	6,721	10,624
	Takeda Pharmaceutical Co	345 shares common stock	8,360	7,942
	Targa Res Ptnrs LP Rep UTS	89 shares common stock	4,401	4,655
	TE Connectivity LTD.	135 shares common stock	3,967	7,440
	Telecom Italia	1,810 shares common stock	36,709	18,028
	Telefonica Brasil SA Spon ADR	280 shares common stock	5,536	5,382
	Telefonica SA	327 shares common stock	7,025	5,343
	Telenav Inc	943 shares common stock	8,180	6,214
	Tesco PLC	640 shares common stock	9,772	10,778
	Balance carried forward		3,055,046	7,913,684

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		3,055,046	7,913,684
	Texas Instruments Inc	175 shares common stock	6,072	7,684
	Tim Participacoes SA	433 shares common stock	10,158	11,362
	TJX Cos Inc	270 shares common stock	11,038	17,207
	Toki Marine Hldgs Inc	412 shares common stock	11,690	13,781
	Total S.A.	305 shares common stock	16,911	18,687
	Toyota Motor Corp	93 shares common stock	7,119	11,338
	Travelers Companies Inc	64 shares common stock	4,011	5,794
	Trex Company Inc	140 shares common stock	6,975	11,134
	UBS AG	685 shares common stock	9,767	13,186
	Unilever	375 shares common stock	12,838	15,086
	United Parcel Service Inc	186 shares common stock	14,704	19,545
	United STS STL CP	76 shares common stock	3,348	2,242
	United Technologies Corp	77 shares common stock	6,441	8,763
	United Therapeutics Corp	83 shares common stock	5,429	9,386
	UnitedHealth Group Inc	111 shares common stock	3,909	8,358
	US Silica Holdings Inc	248 shares common stock	5,769	8,459
	Valero Energy Corp	131 shares common stock	3,313	6,602
	Valmont Industries	40 shares common stock	5,901	5,965
	Verizon Communications	77 shares common stock	2,885	3,784
	Visa Inc	77 shares common stock	9,001	17,146
	Vishay Intertechnology Inc	446 shares common stock	3,244	5,914
	Vodafone Group	340 shares common stock	8,610	13,365
	Walt Disney Co	117 shares common stock	5,238	8,939
	Wells Fargo & Co	462 shares common stock	15,549	20,975
	Wells Fargo & Co	270 shares common stock	7,686	12,258
	Western Refining, Inc	196 shares common stock	6,977	8,312
	Whiting Petroleum Corp	119 shares common stock	5,693	7,363
	Williams Partners LTD	192 shares common stock	9,422	9,765
	WM Morrison Supermarkets Plc	755 shares common stock	14,933	16,512
	Yahoo Inc	275 shares common stock	8,093	11,121
	Zions Bancorp	136 shares common stock	3,062	4,074
	Total		$ 3,300,832	$ 8,247,791

* Represents a party-in-interest as defined by ERISA.
** Costs omitted for participant directed investments.
*** Reported at contract value for purpose of this schedule. Fair value at December 31, 2013 was $405,580.

Reference is made to the accompanying Independent Auditor's Report relating to information contained in this schedule.

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

EIN: 36-2091214

Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	American Century Investments	Mutual fund - American Cen Strategic Alloc: Cons Adv	**	$ 338,192
	American Century Investments	Mutual fund - Am Cen Strategic Alloc: Mod Adv	**	473,575
	American Century Investments	Mutual fund - Am Cen Strategic Alloc: Agg Adv	**	159,438
	American Funds	Mutual fund - American Funds Bond Fund Of Amer A	**	60,789
	American Funds	Mutual fund - American Funds EuroPacific Gr A	**	134,186
	American Funds	Mutual fund - American Funds Grth fund of Amer A	**	520,444
	American Funds	Mutual fund - American Funds Invmt Co of Amer A	**	309,320
	American Funds	Mutual fund - American Funds AMCAP A	**	63,633
	American Funds	Mutual fund - American Funds Capital World G/ IA	**	354,913
	American Funds	Mutual fund - American Funds Fundamental Invs A	**	80,482
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2050 A	**	10,965
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2045 A	**	23,360
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2040 A	**	169,594
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2035 A	**	4,144
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2015 A	**	5,497
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2030 A	**	81,351
	American Funds	Mutual fund - American Funds Tgrt Date Rtrmt 2025 A	**	7,364
	Gabelli	Mutual fund - Gabelli Asset AAA	**	345,177
	Lord Abbett	Mutual fund - Lord Abbett Mid-Cap Value P	**	21,114
	Lord Abbett	Mutual fund - Lord Abbett Small-Cap Value P	**	263,447
	Lord Abbett	Mutual fund - Lord Abbett Value Opportunity - P	**	24,450
	Reliance	Reliance TR Co Stable Value Fd Collective Invt Tr ***	**	401,623
	Vanguard	Mutual fund - Vanguard 500 Index	**	318,586
	Vanguard	Mutual fund - Vanguard Small Cap Growth Index	**	269,891
*	Notes receivable from participants	Interest rate of 4.25%	**	90,285
	Conseco Life Insurance Company	Life Insurance Policy - Policy Numbers: 10L1017990, 10L0568820, 10L0540690	$ 15,787	16,557
*	Mid Atlantic Trust Company	Cash	**	14,865
*	Smith Barney Money Funds	Cash	110,808	110,808
	Federal Government	$10,000 U.S. Treasury Note; maturity date 2/15/2020; 3.625% interest	11,468	10,884
	Federal Government	$12,000 U.S. Treasury Note; maturity date 1/31/2019; 1.250% interest	12,264	11,703
	Federal Government	$12,000 U.S. Treasury Note; maturity date 1/31/2017; 0.875% interest	12,065	12,011
	Federal Government	$14,000 U.S. Treasury Note; maturity date 2/15/2022; 2.000% interest	13,177	13,286
	Federal Government	$10,000 U.S. Treasury Note; maturity date 11/15/2020; 2.625% interest	9,342	10,163
	Balance carried forward		184,911	4,732,097

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		184,911	4,732,097
	Federal Government	$10,000 U.S. Treasury Note; maturity date 2/15/2022; 2.000% interest	9,704	9,490
	Federal Government	$16,000 U.S. Treasury Note; maturity date 4/30/2015; 2.500% interest	16,852	16,483
	Federal Home Loan Mtg Corp	$12,000 Government bond; maturity date 8/25/2016; 2.000% interest	12,647	12,409
	Federal Home Loan Mtg Corp	$10,000 Government bond; maturity date 9/10/2015; 1.750% interest	10,287	10,233
	Federal National Mtg Assn	$12,000 U.S. Treasury Note; maturity date 10/15/2014; 4.625% interest	11,613	12,419
	American Express Credit	$25,000 Corporate bond; maturity date 7/27/2018; 2.125% interest	24,938	25,042
	American Express Credit	$10,000 Corporate bond; maturity date 6/12/2015; 1.750% interest	10,223	10,161
	Apple Inc	$30,000 Corporate bond; maturity date 5/3/2023; 2.400% interest	28,973	26,976
	AT&T Inc	$20,000 Corporate bond; maturity date 2/15/2017; 1.600% interest	20,297	19,972
	Bank New York Mellon Corp	$30,000 Corporate bond; maturity date 5/15/2014; 4.300% interest	32,355	30,434
	Bank New York Mellon Corp	$10,000 Corporate bond; maturity date 5/15/2014; 4.300% interest	10,868	10,145
	Berkshire Hathaway Fin	$20,000 Corporate bond; maturity date 1/15/2015; 4.850% interest	21,622	20,934
	Berkshire Hathaway Fin	$15,000 Corporate bond; maturity date 1/15/2015; 4.850% interest	16,142	15,701
	Burlington North Santa Fe	$15,000 Corporate bond; maturity date 9/1/2023; 3.850% interest	14,691	14,755
	Caterpillar Inc	$30,000 Corporate bond; maturity date 5/27/2021; 3.900% interest	34,451	31,161
	Chevron Corp	$25,000 Corporate bond; maturity date 6/24/2020; 2.427% interest	24,294	24,326
	Cisco Systems Inc	$30,000 Corporate bond; maturity date 2/22/2016; 5.500% interest	34,970	33,004
	Coca Cola Co	$20,000 Corporate bond; maturity date 3/15/2019; 4.875% interest	20,122	22,420
	Comcast Corp	$30,000 Corporate bond; maturity date 3/1/2020; 5.150% interest	33,323	33,467
	ConocoPhillips	$15,000 Corporate bond; maturity date 1/15/2015; 4.600% interest	16,662	15,636
	ConocoPhillips	$20,000 Corporate bond; maturity date 1/15/2015; 4.600% interest	21,318	20,848
	DOW Chemical Company	$20,000 Corporate bond; maturity date 11/15/2021; 4.125% interest	21,661	20,659
	Ebay Inc	$20,000 Corporate bond; maturity date 7/15/2022; 2.600% interest	20,424	18,395
	Ei Du Pont Nemour & Co	$30,000 Corporate bond; maturity date 1/15/2015; 3.250% interest	31,710	30,861
	Eli Lilly & Co	$20,000 Corporate bond; maturity date 3/6/2014; 4.200% interest	20,729	20,132
	Eli Lilly & Co	$20,000 Corporate bond; maturity date 3/6/2014; 4.200% interest	20,622	20,132
	EMC Corp-Mass	$20,000 Corporate bond; maturity date 6/1/2020; 2.550% interest	19,987	19,588
	Federal Government	$10,000 U.S. Treasury Note; maturity date 5/15/2017; 4.500% interest	10,481	11,160
	General Electric Capital Corp	$25,000 Corporate bond; maturity date 9/15/2017; 5.625% interest	27,993	28,440
	General Electric Capital Corp	$20,000 Corporate bond; maturity date 1/9/2017; 2.900% interest	20,357	20,879
	Intel Corp	$20,000 Corporate bond; maturity date 10/1/2016; 1.950% interest	20,761	20,560
	John Deere Capital Corp	$30,000 Corporate bond; maturity date 3/15/2017; 1.400% interest	30,426	29,919
	JP Morgan Chase & Co	$20,000 Corporate bond; maturity date 7/22/2020; 4.400% interest	22,316	21,499
	McDonalds Corp	$20,000 Corporate bond; maturity date 3/1/2018; 5.350% interest	21,321	22,725
	National Rural Utilities	$4,000 Corporate bond; maturity date 3/1/2014; 4.750% interest	3,920	4,028
	National Rural Utilities	$7,000 Corporate bond; maturity date 3/1/2014; 4.750% interest	6,859	7,050
	Phillips 66	$25,000 Corporate bond; maturity date 4/1/2022; 4.300% interest	26,037	25,406
	Procter & Gamble Co	$10,000 Corporate bond; maturity date 2/15/2019; 4.700% interest	10,048	11,170
	Simon Property Group Inc	$15,000 Corporate bond; maturity date 3/15/2022; 3.375% interest	15,876	14,620
	Sysco Corp	$15,000 Corporate bond; maturity date 2/12/2018; 5.250% interest	15,236	16,796
	Sysco Corp	$10,000 Corporate bond; maturity date 2/12/2018; 5.250% interest	10,157	11,197
	Target Corp	$20,000 Corporate bond; maturity date 7/15/2016; 5.875% interest	23,805	22,506
	Target Corp	$10,000 Corporate bond; maturity date 1/15/2022; 2.900% interest	10,392	9,593
	Texas Instrument Inc	$30,000 Corporate bond; maturity date 5/16/2016; 2.375% interest	31,164	31,096
	Texas Instrument Inc	$10,000 Corporate bond; maturity date 5/16/2016; 2.375% interest	10,175	10,365
	United Parcel Service	$20,000 Corporate bond; maturity date 1/15/2018; 5.500% interest	21,395	22,878
	US Bancorp	$10,000 Corporate bond; maturity date 5/15/2014; 4.200% interest	10,557	10,141
	Balance carried forward		1,095,672	5,629,908

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,095,672	5,629,908
	Verizon Communications	$30,000 Corporate bond; maturity date 9/15/2023; 5.150%	30,632	32,211
	Walgreen Co	$30,000 Corporate bond; maturity date 1/15/2019; 5.250% interest	32,251	33,538
	Wal-Mart Stores	$20,000 Corporate bond; maturity date 7/1/2015; 4.500% interest	21,754	21,222
	Wells Fargo & Co	$30,000 Corporate bond; maturity date 12/11/2017; 5.625% interest	33,659	34,386
	Abbott Laboratories	560 shares common stock	17,821	21,465
	Accenture PLC Ireland CL A	79 shares common stock	6,437	6,495
	Access Midstream Partners L P	40 shares common stock	2,079	2,263
	Aegon NV ADR	1,249 shares common stock	6,491	11,840
	Agco Corp	108 shares common stock	4,125	6,393
	Allergan Inc	205 shares common stock	19,489	22,772
	Alliant Energy Corp	115 shares common stock	4,545	5,934
	Allstate Corp	181 shares common stock	8,825	9,872
	America Movil S.A.B.	565 shares common stock	12,749	13,204
	American Express Co	135 shares common stock	8,404	12,249
	American Finl Group Inc	116 shares common stock	3,254	6,696
	Amerigas Partners Common Units	46 shares common stock	1,996	2,050
	Amerisourcbergen Corp	226 shares common stock	8,699	15,890
	Amerisourcbergen Corp	102 shares common stock	2,142	7,172
	Amsurg Corp	154 shares common stock	3,395	7,072
	Anadarko Petroleum Corp	80 shares common stock	4,683	6,346
	Astellas Pharma Inc	460 shares common stock	4,252	6,825
	Astrazeneca	335 shares common stock	16,105	19,889
	AT&T Inc	167 shares common stock	4,790	5,872
	Axis Capital Holdings Ltd	134 shares common stock	6,167	6,374
	Banco Do Brasil SA Spon ADR	480 shares common stock	4,877	4,984
	Banco Santander Brasil SA ADS	850 shares common stock	7,289	5,185
	Bank of America Corp	657 shares common stock	7,284	10,229
	Barclays PLC ADR	446 shares common stock	6,167	8,086
	Bed Bath & Beyond Inc	139 shares common stock	8,521	11,162
	Big 5 Sporting Goods Corp	288 shares common stock	6,402	5,708
	Biogen Idec Inc	78 shares common stock	13,298	21,807
	Boeing Co	46 shares common stock	6,176	6,279
	BP PLC ADS	541 shares common stock	23,256	26,298
	Bristol Myers Squibb Co.	162 shares common stock	5,584	8,610
	Brocade Commun Systems Inc	898 shares common stock	5,238	7,961
	C R Bard Inc NJ	35 shares common stock	3,969	4,688
	Cadence Design System	428 shares common stock	6,222	6,001
	Canon Inc	468 shares common stock	15,269	14,976
	Capital One Financial Corp	167 shares common stock	9,384	12,794
	Carrefour SA Sponsored ADR	2,327 shares common stock	10,531	18,337
	Caterpillar Inc	58 shares common stock	4,755	5,267
	CBRE Group Inc	263 shares common stock	4,911	6,917
	Cemex SAB De CV	407 shares common stock	2,920	4,815
	Centrais Eletricas Brasileiras	1,015 shares common stock	11,387	2,629
	Chevron Corp	100 shares common stock	7,937	12,491
	Balance carried forward		1,531,793	6,153,162

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,531,793	6,153,162
	Chicos FAS Inc	368 shares common stock	5,107	6,933
	Cirrus Logic Inc	255 shares common stock	5,983	5,208
	Cisco Sys Inc	550 shares coommon stock	11,258	12,336
	CitiGroup Inc New	324 shares common stock	16,433	16,884
	Coca-Cola Co	500 shares common stock	17,412	20,655
	Coeur D Alene Mines Corp	432 shares common stock	7,925	4,687
	Colgate Palmolive Co	288 shares common stock	13,598	18,780
	Colgate Palmolive Co	98 shares common stock	3,852	6,391
	Comcast Corp	32 shares common stock	787	1,663
	Comerica Inc	91 shares common stock	3,813	4,326
	Costco Wholesale Corp	91 shares common stock	7,251	10,831
	Covidien PLC	83 shares common stock	4,844	5,652
	CRH PLC ADR	815 shares common stock	15,835	20,823
	CSX Corp	257 shares common stock	6,530	7,394
	CVS Caremark Corp	134 shares common stock	4,840	9,590
	Daiichi Sankyo Co LTD Spon ADR	660 shares common stock	12,723	12,141
	Daimler AG	135 shares common stock	5,830	11,732
	Daj Nippon Prtg Ltd	710 shares common stock	8,315	7,554
	Deutsche Telekom	682 shares common stock	11,627	11,771
	Dow Chemical Co	228 shares common stock	5,822	10,123
	Duke Energy Corp	31 shares common stock	2,027	2,139
	Eaton Corp	130 shares common stock	7,569	9,896
	Ebay Inc	337 shares common stock	14,538	18,490
	El Paso Pepeline Partners LP	170 shares common stock	7,234	6,120
	Eli Lilly & Co	113 shares common stock	5,050	5,763
	EMC Corp-Mass	337 shares common stock	7,870	8,476
	EMC Corp-Mass	176 shares common stock	4,563	4,426
	Emerson Electric Co	129 shares common stock	6,920	9,053
	Enbridge Energy Ptnrs LP	175 shares common stock	5,247	5,227
	Energy Trans Eqty LP	287 shares common stock	18,586	23,459
	Energy Transfer Partners LP	151 shares common stock	7,818	8,645
	Eni SPA Amer Dep Rcpt	345 shares common stock	15,495	16,729
	Enterprise Prod Prtnrs LP	684 shares common stock	40,662	45,349
	EOG Resources Inc	41 shares common stock	5,326	6,881
	Eqt Midstream Ptnrs LP	44 shares common stock	1,985	2,587
	Ericsson L M Tel Co	909 shares common stock	9,430	11,126
	Estee Lauder Co Inc CL A	284 shares common stock	19,404	21,391
	EV Energy Partners LP	61 shares common stock	2,178	2,070
	Everest Re Group Ltd	44 shares common stock	6,493	6,858
	Exxon Mobil Corp	164 shares common stock	13,253	16,597
	First American Finl Corp	259 shares common stock	5,561	7,304
	First Pac Ltc Sp ADR	1,250 shares common stock	6,969	7,150
	Flextronics Intl Ltd	720 shares common stock	4,797	5,594
	Ford Motor Company	323 shares common stock	3,576	4,984
	Balance carried forward		1,924,129	6,614,950

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		1,924,129	6,614,950
	Franklin Resources Inc	143 shares common stock	7,131	8,255
	Freeport Mcmoran CP&GLD	134 shares common stock	4,212	5,057
	Fresh Del Monte Produce	206 shares common stock	5,317	5,830
	Fujifilm Hldgs Corp	405 shares common stock	11,975	11,524
	Gannett Company Inc	236 shares common stock	3,710	6,981
	GDF Suez Spon ADR	1,145 shares common stock	25,730	27,102
	General Electric Co	832 shares common stock	17,439	23,321
	General Electric Co	695 shares common stock	13,589	19,481
	Genesis Energy LP Com	255 shares common stock	12,448	13,405
	Gilead Science	328 shares common stock	21,081	24,633
	Glaxosmithkline	307 shares common stock	14,500	16,391
	Goldman Sachs Group Inc	74 shares common stock	8,912	13,117
	Google Inc	27 shares common stock	19,835	30,259
	H Lundbeck A/S	295 shares common stock	6,770	7,505
	Halliburton Co Holdings Co	141 shares common stock	5,169	7,156
	Hanesbrands Inc	98 shares common stock	5,073	6,886
	Hartford Fin Sers Grp	295 shares common stock	8,064	10,688
	HCA Holdings Inc	79 shares common stock	3,157	3,769
	Helmerich & Payne Inc	90 shares common stock	4,578	7,567
	Hertz Global Holdings Inc	184 shares common stock	2,254	5,266
	Hess Corp	85 shares common stock	5,422	7,055
	Hewlett Packard Co.	141 shares common stock	4,465	3,945
	Honda Motor Co Ltd	165 shares common stock	5,892	6,823
	HSBC Holding Place	196 shares common stock	9,924	10,805
	Hyatt Hotels Corp	69 shares common stock	2,455	3,413
	Idacorp Inc	116 shares common stock	5,098	6,013
	Ingersoll-Rand PLC SHS	91 shares common stock	5,859	5,606
	Ingredion Inc	92 shares common stock	5,133	6,298
	Intel Corp	359 shares common stock	8,671	9,318
	Interactive Corp	121 shares common stock	3,243	8,307
	International Paper Co	168 shares common stock	4,093	8,237
	Intesa Sanpaola S.P.A. ADR	1,400 shares common stock	24,866	20,930
	Italcementi Fabrich Riunte	935 shares common stock	9,668	7,985
	ITT Corp New	155 shares common stock	6,592	6,730
	J Sainsbury PLC Spon ADR	361 shares common stock	8,021	8,872
	Johnson & Johnson	85 shares common stock	5,550	7,785
	Johnson Controls Incorporated	308 shares common stock	9,966	15,800
	Johnson Controls Incorporated	122 shares common stock	6,038	6,259
	JP Morgan Chase & Co	413 shares common stock	15,795	24,152
	Juniper Networks	614 shares common stock	11,231	13,858
	Kinder Morgan Incorp	179 shares common stock	14,824	14,438
	Kohls Corporation Wisc	82 shares common stock	4,462	4,653
	Koninklijke Ahold ADR	719 shares common stock	5,186	12,949
	Korn/Ferry Intl Dela	314 shares common stock	5,777	8,202
	Balance carried forward		2,313,304	7,097,576

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,313,304	7,097,576
	Lear Corp	84 shares common stock	6,035	6,801
	Legg Mason Inc	158 shares common stock	6,735	6,870
	Lincoln NTL Corp Ind	119 shares common stock	5,111	6,143
	Linn Energy LLC UTS Rep Ltd L	253 shares common stock	6,232	7,790
	Macy's Inc	156 shares common stock	7,462	8,330
	Magellan Midstream Partners LP	233 shares common stock	12,971	14,742
	Marathon Oil Corp	166 shares common stock	4,625	5,860
	Marathon Petroleum Corp	42 shares common stock	2,343	3,853
	Marks & Spencer Group	780 shares common stock	9,800	11,181
	Markwest Engy Ptnrs LP	209 shares common stock	14,361	13,821
	Mckesson Corp	68 shares common stock	11,149	10,975
	McKesson Corp	42 shares common stock	3,469	6,779
	Medtronic Inc	97 shares common stock	4,251	5,567
	Merck & Co Inc	122 shares common stock	4,461	6,106
	MetLife Inc	85 shares common stock	3,081	4,583
	Microsoft Corp	70 shares common stock	1,818	2,619
	Mitsubishi UFJ Financial Group	1,610 shares common stock	11,048	10,755
	Mondelez Intl Inc	599 shares common stock	15,069	21,145
	Mondelez Intl Inc	191 shares common stock	5,063	6,742
	Monsanto Co	186 shares common stock	15,041	21,678
	Morgan Stanley	162 shares common stock	3,860	5,080
	MS&AD Insurance	950 shares common stock	14,249	12,730
	Myriad Genetic Inc	203 shares common stock	4,770	4,259
	Nasdaq OMX Group Inc	191 shares common stock	5,528	7,602
	Netscout Systems Inc	217 shares common stock	5,317	6,421
	Nextera Engery Inc	42 shares common stock	2,307	3,596
	Nike Inc	241 shares common stock	12,497	18,952
	Nippon Tel & Tel	621 shares common stock	13,963	16,792
	Nissan MTR Co Ltd Spnd Adr	1,075 shares common stock	21,435	18,060
	Oasis Petroleum Inc	127 shares common stock	6,014	5,965
	Occidental Petroleum Corp	112 shares common stock	10,338	10,651
	Occidental Petroleum Corp	217 shares common stock	20,313	20,637
	Ocwen Finl Corp	117 shares common stock	1,535	6,488
	Oil Co Lukoil SPN ADR	180 shares common stock	11,267	11,362
	Olin Corp	260 shares common stock	6,051	7,501
	Omnicom Group Inc	111 shares common stock	3,401	6,700
	Oneok Partners LP	229 shares common stock	11,350	12,057
	Oracle Corp	149 shares common stock	4,511	5,701
	Orange New	1,417 shares common stock	22,266	17,500
	Oshkosh Corp	136 shares common stock	6,678	6,852
	P G & E Corporation	80 shares common stock	3,482	3,222
	Patterson UTI Energy Inc	221 shares common stock	5,979	5,596
	PepsiCo Inc	233 shares common stock	16,085	19,325
	PepsiCo Inc	44 shares common stock	2,822	3,649
	Balance carried forward		2,679,447	7,516,614

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		2,679,447	7,516,614
	Petroleo Brasileiro SA ADR	730 shares common stock	18,291	10,724
	Pfizer Inc	508 shares common stock	9,059	15,560
	Philip Morris International Inc.	141 shares common stock	12,670	12,285
	Philip Morris International Inc.	27 shares common stock	1,974	2,353
	Plains All American Piplin L P	348 shares common stock	18,280	18,016
	PNC Financial Services Group	85 shares common stock	5,364	6,594
	Portugal Telecom SGPS SA	1,145 shares common stock	10,832	4,946
	Posco ADS	145 shares common stock	12,118	11,310
	Post Properties Inc	132 shares common stock	6,099	5,970
	PPL Corp	89 shares common stock	2,318	2,678
	Priceline.com Inc New	11 shares common stock	10,449	12,786
	Proassurance CP	126 shares common stock	5,490	6,108
	Procter & Gamble Co	227 shares common stock	15,727	18,480
	Proctor & Gamble Co	60 shares common stock	3,650	4,885
	Prudential Financial Inc	78 shares common stock	4,680	7,193
	PVH Corporation	39 shares common stock	4,849	5,305
	Qualcomm Inc	266 shares common stock	14,523	19,751
	Ralph Lauren Corp CL A	81 shares common stock	13,663	14,302
	Regency Energy Ptnrs LP UTS	240 shares common stock	6,599	6,303
	Regions Financial Corp	418 shares common stock	2,940	4,134
	RF Micro Devices Inc	1,299 shares common stock	6,851	6,703
	Sanderson Farms	89 shares common stock	6,043	6,437
	Sanofi ADR	318 shares common stock	13,578	17,054
	Schlumberger Ltd	60 shares common stock	3,709	5,407
	Skyworks Solutions Inc	241 shares common stock	6,773	6,883
	Southern Co	53 shares common stock	2,219	2,179
	St. Jude Medical Inc	60 shares common stock	3,746	3,717
	Starbucks Corp	192 shares common stock	9,700	15,051
	Starwood HTLS & RSTS WW Inc	43 shares common stock	2,828	3,416
	State Street Corp	249 shares common stock	16,707	18,274
	Stryker Corp	163 shares common stock	8,645	12,248
	Suez Environnement Unspon ADR	1,225 shares common stock	6,642	11,062
	SunTrust Banks Inc	242 shares common stock	5,606	8,908
	Surmodics Inc	257 shares common stock	7,009	6,268
	Swift Transportation Co CL A	332 shares common stock	5,297	7,374
	Swiss RE LTD	115 shares common stock	6,721	10,624
	Takeda Pharmaceutical Co	345 shares common stock	8,360	7,942
	Targa Res Ptnrs LP Rep UTS	89 shares common stock	4,401	4,655
	TE Connectivity LTD.	135 shares common stock	3,967	7,440
	Telecom Italia	1,810 shares common stock	36,709	18,028
	Telefonica Brasil SA Spon ADR	280 shares common stock	5,536	5,382
	Telefonica SA	327 shares common stock	7,025	5,343
	Telenav Inc	943 shares common stock	8,180	6,214
	Tesco PLC	640 shares common stock	9,772	10,778
	Balance carried forward		3,055,046	7,913,684

ALL TILE, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments	(d) Cost	(e) Current Value
	Balance brought forward		3,055,046	7,913,684
	Texas Instruments Inc	175 shares common stock	6,072	7,684
	Tim Participacoes SA	433 shares common stock	10,158	11,362
	TJX Cos Inc	270 shares common stock	11,038	17,207
	Toki Marine Hldgs Inc	412 shares common stock	11,690	13,781
	Total S.A.	305 shares common stock	16,911	18,687
	Toyota Motor Corp	93 shares common stock	7,119	11,338
	Travelers Companies Inc	64 shares common stock	4,011	5,794
	Trex Company Inc	140 shares common stock	6,975	11,134
	UBS AG	685 shares common stock	9,767	13,186
	Unilever	375 shares common stock	12,838	15,086
	United Parcel Service Inc	186 shares common stock	14,704	19,545
	United STS STL CP	76 shares common stock	3,348	2,242
	United Technologies Corp	77 shares common stock	6,441	8,763
	United Therapeutics Corp	83 shares common stock	5,429	9,386
	UnitedHealth Group Inc	111 shares common stock	3,909	8,358
	US Silica Holdings Inc	248 shares common stock	5,769	8,459
	Valero Energy Corp	131 shares common stock	3,313	6,602
	Valmont Industries	40 shares common stock	5,901	5,965
	Verizon Communications	77 shares common stock	2,885	3,784
	Visa Inc	77 shares common stock	9,001	17,146
	Vishay Intertechnology Inc	446 shares common stock	3,244	5,914
	Vodafone Group	340 shares common stock	8,610	13,365
	Walt Disney Co	117 shares common stock	5,238	8,939
	Wells Fargo & Co	462 shares common stock	15,549	20,975
	Wells Fargo & Co	270 shares common stock	7,686	12,258
	Western Refining, Inc	196 shares common stock	6,977	8,312
	Whiting Petroleum Corp	119 shares common stock	5,693	7,363
	Williams Partners LTD	192 shares common stock	9,422	9,765
	WM Morrison Supermarkets Plc	755 shares common stock	14,933	16,512
	Yahoo Inc	275 shares common stock	8,093	11,121
	Zions Bancorp	136 shares common stock	3,062	4,074
	Total		$ 3,300,832	$ 8,247,791

* Represents a party-in-interest as defined by ERISA.
** Costs omitted for participant directed investments.
*** Reported at contract value for purpose of this schedule. Fair value at December 31, 2013 was $405,580.

Reference is made to the accompanying Independent Auditor's Report relating to information contained in this schedule.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan All Tile, Inc. Employees' Profit Sharing Plan and Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1978

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

All Tile, Inc.

1201 Chase

Elk Grove Village IL 60007

2b Employer Identification Number (EIN) 36-2091214

2c Sponsor's telephone number (847) 364-9191

2d Business code (see instructions) 423200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/14/14	JOHN WELCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/14	JOHN WELCH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ___

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan All Tile, Inc. Employees' Profit Sharing Plan and Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1978

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

All Tile, Inc.

1201 Chase

Elk Grove Village IL 60007

2b Employer Identification Number (EIN) 36-2091214

2c Sponsor's telephone number (847) 364-9191

2d Business code (see instructions) 423200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			JOHN WELCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			JOHN WELCH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	113
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	104
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	116
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	90
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2H 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 1 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan

All Tile, Inc. Employees' Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

All Tile, Inc.

D Employer Identification Number (EIN)

36-2091214

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

Conseco

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2299444	65900	VARIOUS	1	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ as filed w/state dept of insurance

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	001
All Tile, Inc. Employees' Profit Sharing Plan and Trust		
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
All Tile, Inc.	36-2091214	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

"Y "

Morgan Stanley Smith Barney
13-2919773

27

				" "	
None	33,191	☐ ☒	☐ ☐		☐ ☐

The Weiss Group, Inc.
36-4028918

15 37 64

				" "	
None	25,052	☐ ☒	☐ ☐		☐ ☐

Shepard Schwartz & Harris LLP
36-1220454

10

				" "	
None	14,975	☐ ☒	☐ ☐		☐ ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan

All Tile, Inc. Employees' Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

All Tile, Inc.

D Employer Identification Number (EIN)

36-2091214

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3,372	14,865
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	78,811	90,285
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6,970,784	8,132,578
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	16,024	16,557

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7,068,991	8,254,285
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3,372	3,928
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	3,372	3,928
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7,065,619	8,250,357

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	28,277	
(B) Participants	2a(1)(B)	265,171	
(C) Others (including rollovers)	2a(1)(C)	33,544	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		326,992
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3,611	
(F) Other	2b(1)(F)	532	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4,143
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	48,950	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	38,473	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		87,423
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1,337,094
c Other income	2c		237
d Total income. Add all **income** amounts in column (b) and enter total	2d		1,755,889
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	492,866	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		492,866
f Corrective distributions (see instructions)	2f		2,576
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	42,518	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	33,191	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		75,709
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		571,151
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1,184,738
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: Shepard Schwartz & Harris LLP (2) EIN: 36-1220454

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1,000,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN
All Tile, Inc. Employees' Profit Sh	36-3878165

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan

All Tile, Inc. Employees' Profit Sharing Plan and Trust

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500

All Tile, Inc.

D Employer Identification Number (EIN)
36-2091214

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 27-3169253 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):