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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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:
- [ ] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
J.W. FLOOR COVERING/RESOURCE FLOORS EMPLOYEE SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
J.W. FLOOR COVERING, INC

9881 CARROLL CENTRE RD.
SAN DIEGO, CA 92126-4554

2b Employer Identification Number (EIN) 33-0192832

2c Plan Sponsor's telephone number 858-530-2901

2d Business code (see instructions) 238300

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.	02/01/2019	DAN SUHOVECKY
	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)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**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**	368
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	311
a(2) Total number of active participants at the end of the plan year	**6a(2)**	378
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	54
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	432
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	432
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	179
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:

2E 3D 2G 2J 2K 2F 2T

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)** [ ] 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)** [ ] 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)** [ ] **A** (Insurance Information) ___
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶	
J.W. FLOOR COVERING/RESOURCE FLOORS EMPLOYEE SAVINGS AND RETIREMENT PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500 J.W. FLOOR COVERING, INC	**D** Employer Identification Number (EIN) 33-0192832	

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).. . . . . [X] 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

EDWARD D. JONES & CO, LP
2907 SHELTER ISLAND DR STE 106
SAN DIEGO, CA 92106-2744

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

EDWARD D. JONES & CO, LP
12555 MANCHESTER ROAD
ST. LOUIS, MO 63131

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

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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)

ASCENSUS

11-3665754

(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?
37 99 15 60 50	NONE	1080	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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

(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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
J.W. FLOOR COVERING/RESOURCE FLOORS EMPLOYEE SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J.W. FLOOR COVERING, INC

D Employer Identification Number (EIN)
33-0192832

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	22055	23355
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	263184	290923
(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)	275535	317000
(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)	3063278	3343878
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	3624052	3975156
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3624052	3975156

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)		
	(B) Participants	2a(1)(B)	285120	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		285120
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	62	
	(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)	14305	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14367
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	31533	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		31533
	(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)		178091
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		509111
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	156927	
(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)		156927
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1080	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1080
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		158007
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		351104
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: JGD & ASSOCIATES LLP **(2)** EIN: 95-3132551

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		307800
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		500000
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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
J.W. FLOOR COVERING/RESOURCE FLOORS EMPLOYEE SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
J.W. FLOOR COVERING, INC

D Employer Identification Number (EIN)
33-0192832

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** 0

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): 45-0404698

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

J.W. FLOOR COVERING/RESOURCE FLOORS EMPLOYEE SAVINGS AND RETIREMENT PLAN

FINANCIAL REPORT

DECEMBER 31, 2005 THROUGH DECEMBER 31, 2017

J.W. FLOOR COVERING/RESOURCE FLOORS EMPLOYEE
SAVINGS AND RETIREMENT PLAN

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of conditions under which they are required.

JGD & Associates LLP
CERTIFIED PUBLIC ACCOUNTANTS

9191 Towne Centre Drive Suite 340 San Diego, CA 92122-1274
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INDEPENDENT AUDITOR'S REPORT

To the Fiduciary Committee of
J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
San Diego, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2005 through 2017, and the related statements of changes in net assets available for benefits for the years then ended, 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 for the 2005 through 2017 Financial Statements

Our responsibility is to express an opinion on the 2005 through 2017 financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2005 through 2017 financial statements. 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 on the 2011 through 2017 financial statements.

Basis for Disclaimer of Opinion on the 2011 through 2017 Financial Statements

As permitted by 29 CFR Section 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Schedule 1, which was certified by Ascensus Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2011 through 2017 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2011 through 2017, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2011 through 2017 Financial Statements

Because of the significance of the matter discussed in the Basis for Disclaimer of Opinion on the 2011 through 2017 financial statements paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2011 through 2017 financial statements. Accordingly, we do not express an opinion on the 2011 through 2017 financial statements.

Opinion of the 2005 through 2010 Financial Statements

In our opinion, the financial statements referred to in the first paragraph of J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan as of December 31, 2005 through 2010, and for the years then ended, present fairly, in all material respects, the financial status of J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan as of December 31, 2005 through 2010, and changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2005 through 2010, was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and the Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2005 through 2010 together referred to as "supplemental information," as of and for the year ended December 31, 2005 through 2010, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2005 through 2010 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and the Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2011 through 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2011 through 2017 financial statements paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2005 through 2017 Financial Statements

The form and content of the information included in the 2005 through 2017 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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 the Employee Retirement Income Security Act of 1974.



San Diego, California
January 24, 2019

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2005 through 2017

	2017	2016
ASSETS		
INVESTMENTS, AT FAIR VALUE (Notes 2, 3 and 4)		
Mutual funds	$ 4,607,625	$ 3,634,801
Investments, at fair value	4,607,625	3,634,801
RECEIVABLES		
Employer contribution - QNEC	62,226	0
Participants' contributions	27,916	23,355
Notes receivable from participants (Notes 2 and 3)	350,692	317,000
Total receivables	440,834	340,355
Total assets	5,048,459	3,975,156
LIABILITIES		
EXCESS DEFERRAL CONTRIBUTIONS	47,591	0
Total liabilities	47,591	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,000,868	$ 3,975,156

The accompanying notes are an integral part of these financial statements.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)
December 31, 2005 through 2017

	2015	2014	2013
ASSETS			
INVESTMENTS, AT FAIR VALUE (Notes 2, 3 and 4)			
Mutual funds	$ 3,326,462	$ 3,110,395	$ 3,353,233
Investments, at fair value	3,326,462	3,110,395	3,353,233
RECEIVABLES			
Employer contribution - QNEC	0	0	0
Participants' contributions	22,055	25,663	20,110
Notes receivable from participants (Notes 2 and 3)	275,535	255,007	205,718
Total receivables	297,590	280,670	225,828
Total assets	3,624,052	3,391,065	3,579,061
LIABILITIES			
EXCESS DEFERRAL CONTRIBUTIONS	0	0	0
Total liabilities	0	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,624,052	$ 3,391,065	$ 3,579,061

The accompanying notes are an integral part of these financial statements.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)
December 31, 2005 through 2017

	2012	2011	2010
ASSETS			
INVESTMENTS, AT FAIR VALUE (Notes 2, 3 and 4)			
Mutual funds	$ 2,564,697	$ 2,157,301	$ 2,338,577
Investments, at fair value	2,564,697	2,157,301	2,338,577
RECEIVABLES			
Employer contribution - QNEC	0	0	0
Participants' contributions	12,202	16,741	22,510
Notes receivable from participants (Notes 2 and 3)	196,899	171,718	125,912
Total receivables	209,101	188,459	148,422
Total assets	2,773,798	2,345,760	2,486,999
LIABILITIES			
EXCESS DEFERRAL CONTRIBUTIONS	0	0	0
Total liabilities	0	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,773,798	$ 2,345,760	$ 2,486,999

The accompanying notes are an integral part of these financial statements.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)
December 31, 2005 through 2017

	2009	2008	2007
ASSETS			
INVESTMENTS, AT FAIR VALUE (Notes 2, 3 and 4)			
Mutual funds	$ 2,029,684	$ 1,428,256	$ 2,342,799
Investments, at fair value	2,029,684	1,428,256	2,342,799
RECEIVABLES			
Employer contribution - QNEC	0	0	0
Participants' contributions	14,141	13,251	0
Notes receivable from participants (Notes 2 and 3)	90,894	95,377	104,959
Total receivables	105,035	108,628	104,959
Total assets	2,134,719	1,536,884	2,447,758
LIABILITIES			
EXCESS DEFERRAL CONTRIBUTIONS	0	0	0
Total liabilities	0	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,134,719	$ 1,536,884	$ 2,447,758

The accompanying notes are an integral part of these financial statements.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)
December 31, 2005 through 2017

	2006	2005
ASSETS		
INVESTMENTS, AT FAIR VALUE (Notes 2, 3 and 4)		
Mutual funds	$ 2,042,498	$ 1,688,345
Investments, at fair value	2,042,498	1,688,345
RECEIVABLES		
Employer contribution - QNEC	0	0
Participants' contributions	0	0
Notes receivable from participants (Notes 2 and 3)	85,792	88,239
Total receivables	85,792	88,239
Total assets	2,128,290	1,776,584
LIABILITIES		
EXCESS DEFERRAL CONTRIBUTIONS	0	0
Total liabilities	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,128,290	$ 1,776,584

The accompanying notes are an integral part of these financial statements.

J.W Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2005 through 2017

	2017	2016
ADDITIONS TO (SUBTRACTIONS FROM) NET ASSETS ATTRIBUTED TO		
Investment income (loss) (Notes 2, 3 and 4)		
Net appreciation (depreciation) in fair value of investments	$ 809,342	$ 178,091
Dividends	43,646	31,533
Interest	2,969	62
Net investment income (loss)	855,957	209,686
Interest income on notes receivable from participants (Notes 2 and 3)	17,806	14,305
Contributions		
Employer - matching	0	0
Employer - QNEC	62,226	0
Participants'	236,228	285,120
Total contributions	298,454	285,120
Total additions (subtractions)	1,172,217	509,111
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	131,214	156,927
Administrative expenses (Note 3)	15,291	1,080
Total deductions	146,505	158,007
Net increase (decrease)	1,025,712	351,104
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	3,975,156	3,624,052
End of year	$ 5,000,868	$ 3,975,156

The accompanying notes are an integral part of these financial statements.

J.W Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)
Years ended December 31, 2005 through 2017

	2015	2014	2013
ADDITIONS TO (SUBTRACTIONS FROM) NET ASSETS ATTRIBUTED TO			
Investment income (loss) (Notes 2, 3 and 4)			
Net appreciation (depreciation) in fair value of investments	$ 104,634	$ 177,126	$ 661,133
Dividends	27,465	24,048	23,620
Interest	0	0	0
Net investment income (loss)	132,099	201,174	684,753
Interest income on notes receivable from participants (Notes 2 and 3)	13,195	12,149	10,604
Contributions			
Employer - matching	0	0	28,964
Employer - QNEC	0	0	0
Participants'	198,964	196,477	214,647
Total contributions	198,964	196,477	243,611
Total additions (subtractions)	344,258	409,800	938,968
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO			
Benefits paid to participants	109,501	595,246	131,935
Administrative expenses (Note 3)	1,770	2,550	1,770
Total deductions	111,271	597,796	133,705
Net increase (decrease)	232,987	(187,996)	805,263
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	3,391,065	3,579,061	2,773,798
End of year	$ 3,624,052	$ 3,391,065	$ 3,579,061

The accompanying notes are an integral part of these financial statements.

J.W Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)
Years ended December 31, 2005 through 2017

	2012	2011	2010
ADDITIONS TO (SUBTRACTIONS FROM) NET ASSETS ATTRIBUTED TO			
Investment income (loss) (Notes 2, 3 and 4)			
Net appreciation (depreciation) in fair value of investments	$ 354,839	$ (117,739)	$ 217,254
Dividends	27,711	24,753	25,525
Interest	56	0	7
Net investment income (loss)	382,606	(92,986)	242,786
Interest income on notes receivable from participants (Notes 2 and 3)	9,567	9,174	6,752
Contributions			
Employer - matching	0	0	0
Employer - QNEC	0	0	0
Participants'	187,450	205,368	202,024
Total contributions	187,450	205,368	202,024
Total additions (subtractions)	579,623	121,556	451,562
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO			
Benefits paid to participants	149,845	260,975	96,372
Administrative expenses (Note 3)	1,740	1,820	2,910
Total deductions	151,585	262,795	99,282
Net increase (decrease)	428,038	(141,239)	352,280
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	2,345,760	2,486,999	2,134,719
End of year	$ 2,773,798	$ 2,345,760	$ 2,486,999

The accompanying notes are an integral part of these financial statements.

J.W Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)
Years ended December 31, 2005 through 2017

	2009	2008	2007
ADDITIONS TO (SUBTRACTIONS FROM) NET ASSETS ATTRIBUTED TO			
Investment income (loss) (Notes 2, 3 and 4)			
Net appreciation (depreciation) in fair value of investments	$ 445,702	$ (814,751)	$ 265,197
Dividends	23,437	0	0
Interest	146	1,677	3,353
Net investment income (loss)	469,285	(813,074)	268,550
Interest income on notes receivable from participants (Notes 2 and 3)	2,891	4,083	4,631
Contributions			
Employer - matching	0	0	0
Employer - QNEC	0	0	0
Participants'	197,765	256,926	198,944
Total contributions	197,765	256,926	198,944
Total additions (subtractions)	669,941	(552,065)	472,125
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO			
Benefits paid to participants	69,560	356,404	150,811
Administrative expenses (Note 3)	2,546	2,405	1,846
Total deductions	72,106	358,809	152,657
Net increase (decrease)	597,835	(910,874)	319,468
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	1,536,884	2,447,758	2,128,290
End of year	$ 2,134,719	$ 1,536,884	$ 2,447,758

The accompanying notes are an integral part of these financial statements.

J.W Floor Covering/Resource Floors Employee Savings and Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)
Years ended December 31, 2005 through 2017

	2006	2005
ADDITIONS TO (SUBTRACTIONS FROM) NET ASSETS ATTRIBUTED TO		
Investment income (loss) (Notes 2, 3 and 4)		
Net appreciation (depreciation) in fair value of investments	$ 270,250	$ 173,394
Dividends	0	0
Interest	0	0
Net investment income (loss)	270,250	173,394
Interest income on notes receivable from participants (Notes 2 and 3)	3,496	3,350
Contributions		
Employer - matching	0	47,964
Employer - QNEC	0	0
Participants'	183,646	208,626
Total contributions	183,646	256,590
Total additions (subtractions)	457,392	433,334
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	105,060	136,054
Administrative expenses (Note 3)	626	874
Total deductions	105,686	136,928
Net increase (decrease)	351,706	296,406
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	1,776,584	1,480,178
End of year	$ 2,128,290	$ 1,776,584

The accompanying notes are an integral part of these financial statements.

NOTE 1--DESCRIPTION OF PLAN

The following description of the J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General : The Plan, which was adopted on July 1, 1996 and amended on April 30, 2016, is a defined contribution plan covering substantially all employees of J.W. Floor Covering, Inc. and Resource Floors (collectively, the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Fiduciary Committee is responsible for oversight of the Plan and determines the appropriateness and monitors performance of the Plan's investment offerings.

Contributions : Participant salary reduction contributions: Each year, participants may contribute a minimum of 2% up to a maximum of 14% of pretax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Such contributions are 100% vested and non-forfeitable. Participant contributions are subject to certain Internal Revenue Service (IRS) limitations.

Employer discretionary matching contributions: The Company may make discretionary matching contributions equal to a uniform percentage of each participant's contribution. These contributions are subject to overall employer contribution limits and additions to individual participant account limits. Each participant will be vested in employer discretionary matching contributions per the vesting schedule. For the plan years ended December 31, 2013 and 2005, the Company made employer discretionary matching contributions of $28,964 and $47,964, respectively. The Company elected not to make employer discretionary matching contributions for the remaining years during the audit period.

Participant rollover contributions: Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollover).

NOTE 1--DESCRIPTION OF PLAN (Continued)

Eligibility to participate	:	Employees who have reached age eighteen and completed one year of service by the end of a twelve-month period in which they have worked 1,000 hours are eligible to participate in the Plan as of the next succeeding entry date which is semi-annually, the first day of the Plan year and the first day of the seventh month of the Plan year.
Forfeitures	:	At December 31, 2005 through 2017, forfeited nonvested accounts held by the Plan totaled $0. These accounts are used to reduce future employer contributions. During the years ended December 31, 2005 through 2017, no forfeited nonvested accounts were used to offset plan expenses or to reduce employer contributions.
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 account balance. The loans are secured by the balance in the participant's account. The loan interest rate, is set at 2% above the prime rate, as defined.
Participant accounts	:	Participants direct the investment of their contributions into various investment options offered by the Plan. Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's salary reduction and rollover contributions, employer discretionary matching contributions and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
Payment of benefits	:	On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. The distribution shall be made to the participant or beneficiary in accordance with the election of the participant. Participants may defer receiving these benefits until their normal retirement age if their vested account balance exceeds $5,000. Participants may also elect to withdraw in cash certain vested amounts within his or her contribution account to the extent necessary to meet a financial hardship, in accordance with the regulations and rulings of the Internal Revenue Code (IRC). After the withdrawal, a stipulated period of time must lapse, as defined by the Plan, before a participant can make additional deferred contributions.

NOTE 1--DESCRIPTION OF PLAN (Continued)

Vesting : Participants are vested immediately in their participant salary reduction and rollover contributions plus actual earnings thereon. Vesting in the remainder of their accounts (employer discretionary matching contributions) is based on years of continuous service. Accrued benefits vest as follows:

Years of Service	Vested Interest
Less than 3	0%
3 or more	100%

For vesting purposes, a year of service is defined as a plan year in which an employee works at least 1,000 hours or the total of an employee's countable periods of service without regard to hours of service.

Participants become fully vested upon termination for reason of retirement, death or disability, or if the Plan is terminated. Non-vested benefits are forfeited by participants upon termination for reasons other than normal retirement, death or disability.

NOTE 2--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting : The financial statements of the Plan are presented on the accrual basis of accounting.

Administrative expenses : Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and to distributions from participant accounts are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Excess contributions payable : Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2017 excess contributions to the applicable participants prior to December 31, 2018.

Investment valuation and income recognition : Investments are reported at fair 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. The Plan's Fiduciary Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, and trustee. See Note 4 for discussion of fair value measurements.

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

NOTE 2--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes receivable from participants	:	Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses have been recorded as of December 31, 2005 through 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant 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.
Use of estimates	:	The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
Subsequent events	:	The Plan has evaluated subsequent events through January 24, 2019, the date the financial statements were available to be issued.

NOTE 3--CERTIFIED INFORMATION

Schedule 1 is a summary of the certified information regarding the Plan, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Ascensus Trust Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that the information is complete and accurate as of December 31, 2011 through 2017. Certified information by year is summarized on Schedule 1 of this report.

NOTE 4--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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). 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. The three levels of the fair value hierarchy under FASB ASC 820 and a description of the valuation methodologies used for assets measured at fair value are described as follows:

Level 1 Fair Value Measurements

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.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 4--FAIR VALUE MEASUREMENTS (Continued)

Level 2 Fair Value Measurements

Inputs to the valuation methodology include (a) quoted prices for similar assets or liabilities in active markets, (b) quoted prices for identical or similar assets or liabilities in inactive markets, (c) inputs other than quoted prices that are observable for the asset or liability or (d) 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.

The Plan held no level 2 assets as of December 31, 2005 through 2017.

Level 3 Fair Value Measurements

The Plan held no level 3 assets as of December 31, 2005 through 2017.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while plan management 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.

Schedule 2 sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2005 through 2017.

NOTE 5--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 100% vested in their employer contributions.

NOTE 6--TAX STATUS

For the years ended December 31, 2005 through 2017, IRS determination letters have not been obtained for the Plan instrument as adopted, but IRS "prototype" opinion letters dated March 31, 2014 and March 31, 2008, have been obtained by Ascensus Inc., the service provider, regarding the original plan document. Although the Plan has been amended since receiving the IRS "prototype" opinion letters, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, plan management believes that the Plan is qualified and the related trust is tax exempt.

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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the U.S. Department of Labor (DOL) Employee Benefits Security Administration (EBSA). Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, 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 income tax examinations by taxing jurisdiction; however, there are currently no income tax examinations for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2005.

NOTE 7--PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Ascensus Trust Company. Ascensus Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The plan sponsor pays directly any other fees related to the Plan's operations.

NOTE 8--RISKS 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 the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 9--NONEXEMPT TRANSACTIONS

Participant contributions and loan repayments of $277,820 and $23,602 were withheld from participants' pay throughout the 2017 plan year and were not remitted to the Plan timely. Participant contributions and loan repayments of $283,678 and $24,122 were withheld from participants' pay throughout the 2016 plan year and were not remitted to the Plan timely. Each remittance constituted a loan from the Plan to the plan sponsor. The late contributions and loan repayments were remitted to the Plan during the 2017 and 2016 plan years. Lost earnings on these participant contributions and loan repayments were determined to be immaterial.

Participant contributions and loan repayments were also withheld from participants' pay throughout 2005 to 2015 plan years and were not remitted to the Plan timely. The late contributions and loan repayments were remitted to the Plan during the 2005 to 2015 plan years. The DOL is auditing late contributions and loan repayments for the years ended December 31, 2017 and 2016, therefore, the Schedule H – Line 4a has been approximated for the years ended December 31, 2005 to 2015. Lost earnings on these participant contributions and loan repayments for the 11-year period were determined to be immaterial.

During some of the years between December 31, 2005 and December 31, 2016, the results of the non-discrimination testing resulted in excess deferrals that were supposed to be refunded to the participants. However, these refunds were not distributed to the participants and as a result the Company will need to make a one-for-one employer discretionary contribution to the plan in the amount of $62,226.

NOTE 10--Form 5500 LATE FILINGS

The Plan has not filed their Form 5500 for the years ended December 31, 2005 to 2017. The Plan Administrator is working with an ERISA attorney and their third-party administrator to complete the filing requirements of the Delinquent Filer Voluntary Compliance Program (DFVCP) for the December 31, 2005 to 2017 plan years, so the Plan can be in compliance. Part of the DFVCP program is file the missing Form 5500 including all schedules and attachments which would include these audited financial statements. At the time of issuance, management believes that it will be able to successfully complete the DFVCP requirements.

NOTE 11--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following are reconciliations of net assets available for benefits per the financial statements to the Form 5500 and the change in net assets available for benefits per the financial statements to the Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	$ 5,000,868	$ 3,975,156
Employer receivable	(62,226)	
Excess deferral contributions accrued	47,591	0
Net assets available for benefits per the Form 5500	$ 4,986,233	$ 3,975,156

	2017
Change in net assets available for benefits per financial statements	$ 1,025,712
Employer's contribution – current year	(62,226)
Excess deferral contributions – current year	47,591
Change in net assets available for benefits per Form 5500	$ 1,011,077

SUPPLEMENTARY INFORMATION

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 1 - CERTIFIED INFORMATION
December 31, 2005 through 2017

	2017	2016
Mutual funds, at fair value	$ 4,607,625	$ 3,634,801
Notes receivable from participants	350,692	317,000
Total investments and assets certified by the trustee	$ 4,958,317	$ 3,951,801
Changes in net assets certified by the trustee:		
Net appreciation (depreciation) in fair value of investments	$ 809,342	$ 178,091
Dividends	43,646	31,533
Interest	2,969	62
Interest income on notes receivable from participants	17,806	14,305
Administrative expenses	(15,291)	(1,080)

The accompanying notes are an integral part of these financial statements.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 1 - CERTIFIED INFORMATION (CONTINUED)
December 31, 2005 through 2017

	2015	2014	2013
Mutual funds, at fair value	$ 3,326,462	$ 3,110,395	$ 3,353,233
Notes receivable from participants	275,535	255,007	205,718
Total investments and assets certified by the trustee	$ 3,601,997	$ 3,365,402	$ 3,558,951
Changes in net assets certified by the trustee:			
Net appreciation (depreciation) in fair value of investments	$ 104,634	$ 177,126	$ 661,133
Dividends	27,465	24,048	23,620
Interest	0	0	0
Interest income on notes receivable from participants	13,195	12,149	10,604
Administrative expenses	(1,770)	(2,550)	(1,770)

The accompanying notes are an integral part of these financial statements.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 1 - CERTIFIED INFORMATION (CONTINUED)
December 31, 2005 through 2017

	2012	2011	2010
Mutual funds, at fair value	$ 2,564,697	$ 2,157,301	$ 0
Notes receivable from participants	196,899	171,718	0
Total investments and assets certified by the trustee	$ 2,761,596	$ 2,329,019	$ 0
Changes in net assets certified by the trustee:			
Net appreciation (depreciation) in fair value of investments	$ 354,839	$ (117,739)	$ 0
Dividends	27,711	24,753	0
Interest	56	0	0
Interest income on notes receivable from participants	9,567	9,174	0
Administrative expenses	(1,740)	(1,820)	0

The accompanying notes are an integral part of these financial statements.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 1 - CERTIFIED INFORMATION (CONTINUED)
December 31, 2005 through 2017

	2009	2008	2007
Mutual funds, at fair value	$ 0	$ 0	$ 0
Notes receivable from participants	0	0	0
Total investments and assets certified by the trustee	$ 0	$ 0	$ 0
Changes in net assets certified by the trustee:			
Net appreciation (depreciation) in fair value of investments	$ 0	$ 0	$ 0
Dividends	0	0	0
Interest	0	0	0
Interest income on notes receivable from participants	0	0	0
Administrative expenses	0	0	0

The accompanying notes are an integral part of these financial statements.

	2006	2005
Mutual funds, at fair value	$ 0	$ 0
Notes receivable from participants	0	0
Total investments and assets certified by the trustee	$ 0	$ 0
Changes in net assets certified by the trustee:		
Net appreciation (depreciation) in fair value of investments	$ 0	$ 0
Dividends	0	0
Interest	0	0
Interest income on notes receivable from participants	0	0
Administrative expenses	0	0

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 2 - FAIR VALUE MEASUREMENTS
Assets at Fair Value as of December 31, 2005 through 2017

	2017	2016
Level 1		
Mutual funds	$ 4,607,625	$ 3,634,801
Total investments, at fair value	$ 4,607,625	$ 3,634,801

The Plan held no level 2 or 3 assets as of December 31, 2005 through 2017.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 2 - FAIR VALUE MEASUREMENTS (CONTINUED)
Assets at Fair Value as of December 31, 2005 through 2017

	2015	2014	2013
Level 1			
Mutual funds	$ 3,326,462	$ 3,110,395	$ 3,353,233
Total investments, at fair value	$ 3,326,462	$ 3,110,395	$ 3,353,233

The Plan held no level 2 or 3 assets as of December 31, 2005 through 2017.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 2 - FAIR VALUE MEASUREMENTS (CONTINUED)
Assets at Fair Value as of December 31, 2005 through 2017

	2012	2011	2010
Level 1			
Mutual funds	$ 2,564,697	$ 2,157,301	$ 2,338,577
Total investments, at fair value	$ 2,564,697	$ 2,157,301	$ 2,338,577

The Plan held no level 2 or 3 assets as of December 31, 2005 through 2017.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 2 - FAIR VALUE MEASUREMENTS (CONTINUED)
Assets at Fair Value as of December 31, 2005 through 2017

	2009	2008	2007
Level 1			
Mutual funds	$ 2,029,684	$ 1,428,256	$ 2,342,799
Total investments, at fair value	$ 2,029,684	$ 1,428,256	$ 2,342,799

The Plan held no level 2 or 3 assets as of December 31, 2005 through 2017.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
SCHEDULE 2 - FAIR VALUE MEASUREMENTS (CONTINUED)
Assets at Fair Value as of December 31, 2005 through 2017

	2006	2005
Level 1		
Mutual funds	$ 2,042,498	$ 1,688,345
Total investments, at fair value	$ 2,042,498	$ 1,688,345

The Plan held no level 2 or 3 assets as of December 31, 2005 through 2017.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	Janus Henderson	Janus Henderson Triton Fund	$	$ 18,061
	American Funds	American Funds New Perspective Fund		1,509,098
	American Funds	American Funds Fundamental Investment Fund		885,444
	American Funds	American Funds American Balanced Fund		301,323
	American Funds	American Funds Bond Fund of American Fund		117,688
	American Funds	American Funds Growth Fund of American Fund		1,469,452
	American Funds	American Funds U.S. Government Money Market Fund		306,559
	Total investments		0	4,607,625
*	Participant Loans	Interest rates range from 2.75% - 6.25% with maturity dates ranging from 2018 to 2047.	0	350,692
	Total		$ 0	$ 4,958,317

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2016

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 1,148,974
	American Funds	American Funds Fundamental Investment Fund		693,842
	American Funds	American Funds American Balanced Fund		246,520
	American Funds	American Funds Bond Fund of American Fund		101,899
	American Funds	American Funds Growth Fund of American Fund		1,152,643
	American Funds	American Funds U.S. Government Money Market Fund		290,923
	Total investments		0	3,634,801
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2017 to 2042.	0	317,000
	Total		$ 0	$ 3,951,801

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 1,137,379
	American Funds	American Funds Fundamental Investment Fund		599,216
	American Funds	American Funds American Balanced Fund		183,854
	American Funds	American Funds Bond Fund of American Fund		90,028
	American Funds	American Funds Growth Fund of American Fund		1,052,801
	American Funds	American Funds U.S. Government Money Market Fund		263,184
	Total investments		0	3,326,462
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2016 to 2042.	0	275,535
	Total		$ 0	$ 3,601,997

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 1,060,219
	American Funds	American Funds Fundamental Investment Fund		552,164
	American Funds	American Funds American Balanced Fund		196,956
	American Funds	American Funds Bond Fund of American Fund		82,967
	American Funds	American Funds Growth Fund of American Fund		985,200
	American Funds	American Funds U.S. Government Money Market Fund		232,889
	Total investments		0	3,110,395
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2015 to 2042.	0	255,007
	Total		$ 0	$ 3,365,402

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
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 investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 1,133,731
	American Funds	American Funds Fundamental Investment Fund		550,497
	American Funds	American Funds American Balanced Fund		221,748
	American Funds	American Funds Bond Fund of American Fund		81,310
	American Funds	American Funds Growth Fund of American Fund		1,155,444
	American Funds	American Funds U.S. Government Money Market Fund		210,503
	Total investments		0	3,353,233
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2014 to 2042.	0	205,718
	Total		$ 0	$ 3,558,951

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 911,232
	American Funds	American Funds Fundamental Investment Fund		392,450
	American Funds	American Funds American Balanced Fund		159,775
	American Funds	American Funds Bond Fund of American Fund		86,244
	American Funds	American Funds Growth Fund of American Fund		841,154
	American Funds	American Funds U.S. Government Money Market Fund		173,842
	Total investments		0	2,564,697
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2013 to 2042.	0	196,899
	Total		$ 0	$ 2,761,596

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 740,973
	American Funds	American Funds Fundamental Investment Fund		354,714
	American Funds	American Funds American Balanced Fund		122,749
	American Funds	American Funds Bond Fund of American Fund		78,929
	American Funds	American Funds Growth Fund of American Fund		713,983
	American Funds	American Funds U.S. Government Money Market Fund		145,953
	Total investments		0	2,157,301
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2012 to 2032.	0	171,718
	Total		$ 0	$ 2,329,019

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 821,877
	American Funds	American Funds Fundamental Investment Fund		410,915
	American Funds	American Funds American Balanced Fund		101,101
	American Funds	American Funds Bond Fund of American Fund		76,407
	American Funds	American Funds Growth Fund of American Fund		785,841
	American Funds	American Funds U.S. Government Money Market Fund		142,436
	Total investments		0	2,338,577
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2011 to 2032.	0	125,912
	Total		$ 0	$ 2,464,489

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 720,941
	American Funds	American Funds Fundamental Investment Fund		359,096
	American Funds	American Funds American Balanced Fund		85,521
	American Funds	American Funds Bond Fund of American Fund		65,255
	American Funds	American Funds Growth Fund of American Fund		676,455
	American Funds	American Funds U.S. Government Money Market Fund		122,416
	Total investments		0	2,029,684
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2010 to 2032.	0	90,894
	Total		$ 0	$ 2,120,578

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2008

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 490,012
	American Funds	American Funds Fundamental Investment Fund		243,711
	American Funds	American Funds American Balanced Fund		63,484
	American Funds	American Funds Bond Fund of American Fund		52,249
	American Funds	American Funds Growth Fund of American Fund		463,487
	American Funds	American Funds Cash Management Trust Fund		115,313
	Total investments		0	1,428,256
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2009 to 2032.	0	95,377
	Total		$ 0	$ 1,523,633

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2007

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 902,443
	American Funds	American Funds Fundamental Investment Fund		458,184
	American Funds	American Funds American Balanced Fund		73,130
	American Funds	American Funds Bond Fund of American Fund		52,550
	American Funds	American Funds Growth Fund of American Fund		781,601
	American Funds	American Funds Cash Management Trust Fund		74,891
	Total investments		0	2,342,799
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2009 to 2032.	0	104,959
	Total		$ 0	$ 2,447,758

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2006

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 774,170
	American Funds	American Funds Fundamental Investment Fund		427,784
	American Funds	American Funds American Balanced Fund		62,496
	American Funds	American Funds Bond Fund of American Fund		45,884
	American Funds	American Funds Growth Fund of American Fund		665,267
	American Funds	American Funds Cash Management Trust Fund		66,897
	Total investments		0	2,042,498
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2007 to 2032.	0	85,792
	Total		$ 0	$ 2,128,290

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund			
	American Funds	American Funds New Perspective Fund	$	$ 618,947
	American Funds	American Funds Fundamental Investment Fund		336,157
	American Funds	American Funds American Balanced Fund		46,582
	American Funds	American Funds Bond Fund of American Fund		39,356
	American Funds	American Funds Growth Fund of American Fund		573,715
	American Funds	American Funds Cash Management Trust Fund		73,588
	Total investments		0	1,688,345
*	Participant Loans	Interest rates range from 2.75% - 5.85% with maturity dates ranging from 2006 to 2032.	0	88,239
	Total		$ 0	$ 1,776,584

* Indicates party-in-interest

In accordance with ERISA section 404(c), cost information is not required when reporting investments of an individual account plan that is participant or beneficiary directed.

J.W. Floor Covering/Resource Floors Employee Savings and Retirement Plan
(EIN # 33-0192832) (Plan #002)
Schedule H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Years ended December 31, 2005 through 2017

Total that Constitutes Nonexempt Prohibited Transactions

Plan Year	Participant Contributions Transferred Late To the Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2017	$ 301,422 [1]	$ 301,422	$	$	$
2016	307,800 [1]	307,800			
2005 - 2015	2,653,148 [1]	2,653,148			

[1] Includes late participant loan repayments

* See Note 9

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

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		
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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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		
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l		

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(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)		
	(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)		

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
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: **(2)** EIN:

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			
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			

			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**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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**			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	**4o**			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name J.W. FLOOR COVERING/RESOURCE FLOORS EMPLOYEE SAVINGS AND RETIREMENT **EIN:** 36-3192832
Plan Sponsor's Name J.W. FLOOR COVERING, INC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds American Balanced Fund A	0	246,520
	American Funds	American Funds Bond of America A	0	101,899
	American Funds	American Funds Fundamental Inv A	0	693,842
	American Funds	American Funds Growth Fund of America A	0	1,152,643
	American Funds	American Funds New Perspective Fund A	0	1,148,974
	American Funds	American Funds U.S. Govt Money Mkt A	0	290,923
	Participant's Loan Account	Various Rates and Maturities	0	317,000