Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HUDSON'S FURNITURE SHOWROOM, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1997

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)
HUDSON'S FURNITURE

3290 W STATE ROAD 46
SANFORD, FL 32771-8845

2b Employer Identification Number (EIN)
59-2216240

2c Plan Sponsor's telephone number
407-323-9644

2d Business code (see instructions)
442110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	C. FRED HUDSON III
	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**	296
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)**	287
a(2) Total number of active participants at the end of the plan year	**6a(2)**	271
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	27
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	298
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	298
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	119
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
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 2F 2G 2J 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
HUDSON'S FURNITURE SHOWROOM, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2216240

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 60 64 65	RECORDKEEPER	1031	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

UBS FINANCIAL SERVICES INC

13-2638166

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	4178	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 [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CBA AGG GR R - BNY MELLON INV SERV	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL DIVIDEND OPP R - COLUMBIA MGT	P.O. BOX 8081 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL/ACORN INTL R - COLUMBIA MGT IN	P.O. BOX 8081 BOSTON, MA 02266	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FKLN RISING DIVS R - FRANKLIN TEMP 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FKLN SM CAP GRTH R - FRANKLIN TEMP 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FKLN SM CAP VALUE R - FRANKLIN TEM 94-3167260	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FRANKLIN INCOME R - FRANKLIN TEMPL 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPPHMR INTL GRTH R - OFI GLOBAL AS 225 LIBERTY STREET NEW YORK, NY 10281	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VICTORY S ESTB VAL R - SUNGARD INV 31-1249295	0.25%

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
UBS FINANCIAL SERVICES INC	55	4178

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
HUDSON'S FURNITURE SHOWROOM, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2216240

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4754	7816
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	86040	80176
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1159134	1398505
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1249928	1486497
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	1249928	1486497

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)	44826	
(B) Participants	2a(1)(B)	288813	
(C) Others (including rollovers)	2a(1)(C)	23459	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		357098
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3265	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3266
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	65006	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		65006
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-88763
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		336607
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	65585	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		65585
f Corrective distributions (see instructions)	2f		22991
g Certain deemed distributions of participant loans (see instructions)	2g		10431
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1031	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1031
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		100038
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		236569
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MERRY J RAWLS CPA **(2)** EIN: 26-3336425

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	N/A	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			61069
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	N/A	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			155000
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		X		
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

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

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

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

Part V Trust Information

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 section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
HUDSON'S FURNITURE SHOWROOM, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
59-2216240

Part I Distributions

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

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

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

EIN(s): 04-6568107

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?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

5500 Schedule A 2014

HUDSONS FURNITURE SHOWROOM INC
Group # 64727

	BO	HMO
Name of insurance carrier / health plan	Blue Cross Blue Shield of Florida	Blue Cross Blue Shield of Florida
EIN	59-2015694	59-2403696
NAIC code	98167	95089
Contract or identification number	64727	64727
Number of persons covered at the end of the contract year	105	30
Beginning and ending dates of the contract year	01/01/2015-02/28/2015	01/01/2015-02/28/2015
Amount of fees and commissions paid to agents and brokers	$4,061	$1,283
Organization Code (3 = Insurance Agent/Broker)	3	3
Agent/Broker Name	VISION HR AGENCY, INC	VISION HR AGENCY, INC
Agent/Broker Address	347 S RIDGEWOOD AVE DAYTONA BEACH , FL 32114-4933	347 S RIDGEWOOD AVE DAYTONA BEACH , FL 32114-4933
Type of benefit	Blue Options, Bluescript	HMO, Prescription Drug
Whether contract is experience or non-experience rated	Experience rated	Experience rated
9a(1) Amount received	$101,517	$32,067
9a(4) Premium Earned	$101,517	$32,067
9b(4) Claims charged	$75,244	$23,309
9c(1)(A) Commissions	$4,061	$1,283
9c(1)(D) Other expenses	$15,207	$5,775
9c(1)(E) Taxes	$609	$0
9c(1)(F) Charges for risks or other contingencies	$6,396	$1,700
9c(1)(H) Total retention	$26,273	$8,757

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Financial Statements and
Supplemental Information with
Independent Auditor's Report

December 31, 2015

HUDSON'S FURNITURE SHOWROOM, INC. 401(k) PROFIT SHARING PLAN

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Schedule of Assets (Held at End of Year)	12
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M J R
Merry J. Rawls
Certified Public Accountant
425 W. Colonial Dr. # 103
Orlando, FL 32804 • (407) 648-4855

Independent Auditor's Report

To the Plan Administrator
Hudson's Furniture Showroom, Inc.
401(k) Profit Sharing Plan
Sanford, Florida

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified Fidelity Management Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements. I 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 a certification from the trustee as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules (pages 12 and 13) as of or for the year ended as of December 31, 2015, 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 paragraph, I do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Certified Public Accountant

October 11, 2016

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
ASSETS:		
Investments (Note 3)	$1,406,320	$1,163,890
Employee contributions receivable	160	-
Employer contribution receivable	1,290	-
Loans receivable from participants	80,180	86,040
Total Assets	1,487,950	1,249,930
LIABILITIES:	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,487,950	$ 1,249,930

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

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2015

Additions to Net Assets Attributed to:	
Investment income:	
Dividends	$ 65,010
Interest earned on participant loans	3,260
Net depreciation in fair value of investments	(88,760)
Contributions:	
Employee contributions	288,970
Employer contributions	46,120
Participant rollover	23,460
Total Additions	338,060
Deductions from Net Assets Attributed to:	
Participant benefits	99,010
Administrative expenses	1,030
Total Deductions	100,040
Net Increase	238,020
Net Assets Available for Benefits - Beginning of Year	1,249,930
Net Assets Available for Benefits - End of Year	$1,487,950

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

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2015 and 2014

Note 1 Description of Plan

The following description of the Hudson's Furniture Showroom, Inc. ("Company") 401(k) Profit Sharing Plan ("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 is a defined contribution plan covering employees who are age twenty-one or older. Employees of Hudson's Furniture Showroom, Inc. are eligible to participate. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective March 1, 2014, the Plan adopted a Fidelity Volume Submitter 401(k) Profit Sharing Plan. Effective March 1, 2014, there is a three month service requirement to become eligible to participate in the Plan. Effective March 2015, eligible employees became automatically enrolled in the plan unless an election not to participate was made.

Plan Sponsor and Administrator - Hudson's Furniture Showroom, Inc. serves as the plan sponsor and administrator. As of March 1, 2014, Fidelity Management Trust Company ("Fidelity") became the plan Trustee and record keeper.

Contributions - The Plan provides for participant salary reduction contributions pursuant to section 401(k) of the Internal Revenue Service. Participants direct the investment of their contributions into various investment options offered by the Plan. The plan allows Roth 401(k) deferrals and rollover contributions. Effective March 1, 2014, the employer may make discretionary Matching Employer Contributions on behalf of each eligible Participant in an amount equal to a percentage of the eligible contributions made by Participants. Profit sharing amounts may be contributed at the option of the Company's board of directors, subject to certain limitations.

For the year ended December 31, 2015, the employer elected to match 25% of participant contributions up to a maximum of 5% the participant's base annual salary.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of plan earnings and the employer's matching contribution, if any, and is charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Investment related expenses are included in net appreciation (or depreciation) of the fair value of investments.

Note 1 Description of Plan (continued)

Vesting - Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. Participants are vested in the Company's contributions, if any, based on continuous years of service at 20 percent per year and are 100 percent vested in employer contributions after five years of credited service.

Investment Options - Upon enrollment in the Plan, a participant may direct their contributions into various investment options made available by Fidelity (effective March 1, 2014).

Payment of Benefits - Upon termination, retirement, death, or disability, participants have the option of receiving a lump-sum amount equal to the value of the participant's account.

Forfeitures - Forfeitures may be used to reduce employer contributions and/or Plan administrative expenses. Forfeited nonvested accounts totaled $4,250 at December 31, 2015.

Participant Loans - Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest commensurate with the prevailing interest rate charged on similar commercial loans and must be repaid within a 5-year period unless the loan qualifies as a home loan. Principal and interest are paid ratable through payroll deductions and interest income is recognized ratably.

Note 2 Significant Accounting Policies

Accounting Basis - The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value.

Unrealized gains and losses are recognized in the period in which they occur. Interest and dividends are recognized in the period earned, and realized gains or losses on securities are recorded in the period of sale.

Payment of Benefits - Benefits are recorded when paid.

Note 2 **Significant Accounting Policies (continued)**

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

Subsequent Events - Subsequent events have been evaluated by management through October 11, 2016, which is the date the financial statements were available to be issued.

Note 3 **Unaudited Information Prepared and Certified By Plan Trustee**

The following information included in the accompanying financial statements, notes to financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. All investments are participant directed.

	2015	2014
Investments, at fair value:		
Fidelity Advisor Strategic Income Fund	$ 32,990	$ 31,690
Fidelity Advisor Freedom 2015 Fund Class T	86,540*	203,400*
Fidelity Advisor Freedom 2020 Fund Class T	247,860*	204,350*
Fidelity Advisor Freedom 2025 Fund Class T	130,810*	77,750*
Fidelity Advisor Freedom 2030 Fund Class T	105,450*	84,910*
Fidelity Advisor Freedom 2035 Fund Class T	187,090*	173,990*
Fidelity Advisor Freedom 2040 Fund Class T	59,990	51,980
Fidelity Advisor Freedom 2045 Fund Class T	45,050	45,750
Fidelity Advisor Freedom 2055 Fund Class T	41,780	-
Fidelity Advisor Asset Manager 50% Class T	42,260	37,830
Spartan 500 Index Fund	37,720	-
Clear bridge Aggressive Growth Fund	72,660*	42,850
Victory Established Value Fund Class R	76,940*	41,740
Oppenheimer International Growth Fund Class N	33,260	30,860

Note 3 Unaudited Information Prepared and Certified By Plan Trustees (continued)

	2015	2014
Investments, at fair value (continued):		
Franklin Small Cap Growth Fund Class R	36,380	35,120
Fidelity Advisor Health Care Fund Class T	80,240*	-
Others less than $25,000	89,300	101,670
	$1,406,320	$1,163,890
* Investments that are five percent or more of the Plan's net assets at December 31, 2015 and 2014		
Loans receivable from participants	$ 80,180	$ 86,040
Dividend income	$ 65,010	
Net decline in fair value of investments	$(88,760)	

Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

	Fair Value	Level 1
December 31, 2015		
Mutual Funds	$1,406,320	$1,406,320
December 31, 2014		
Mutual Funds	$1,163,890	$1,163,890

Financial Accounting Standards Board ASC 820-10, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level 3 inputs are unobservable and have the lowest priority and are used only when Level 1 or Level 2 inputs are not available.

Note 3 Unaudited Information Prepared and Certified By Plan Trustee (continued)

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value and are available for investments held at year end.

Level 1 Fair Value Measurements:

The fair value of mutual funds is based on quoted prices in active markets for shares held in the Plan at year end.

Note 4 Income Tax Status

Effective August 17, 2015, the plan adopted Fidelity Basic Plan Document No. 17 401(k) profit sharing plan (volume submitter plan) which is a defined contribution plan. Prior to August 17, 2015, the plan in place was Fidelity Basic Plan Document No. 14. The Plan obtained an IRS opinion letter dated March 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the IRS opinion, Fidelity and the administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 5 Plan Termination

Although the Employer intends the Plan to be permanent and continuing, the Employer has the right to terminate the Plan subject to the provisions of EISA. In the event of the Plan termination, accrued benefits, to the extent funded or required to be funded, must be distributed to the participants.

Note 6 Party-in-Interest Transaction

Record keeping, plan consulting, and investment services were provided by Fidelity Management Trust Company. The plan paid $ 1,030 for these services during the year ended December 31, 2015.

Substantially all plan investments are mutual funds. Investments are managed by Fidelity Management Trust Company.

Note 7 Reconciliation of Financial Statements to Form 5500

Contributions receivable from employees in the amount of $160 and from the employer in the amount of $1,290 as of December 31, 2015, are reported in the 2015 financial statements but not in the 2015 Form 5500. These contributions will be reported in the 2016 Form 5500, which is reported on the cash basis of accounting for employee contributions.

Note 8 Delinquent Participant Contributions

During the year, the plan sponsor changed the payroll service being used to pay employees and to withhold employee plan contributions. Primarily as a result of the change, which included a change in the remittance procedures, some participant contributions were delayed in transfer to the trustee for a brief period of time.

Supplemental Schedules

(See Independent Auditor’s Report)

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
EIN: 59-2216240
Plan Number:001
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 (1)	(e) Current Value
	Fidelity	Fidelity Government Money Market		$7,816
	Fidelity	Fidelity Advisor Health Care Fund Class T		80,237
	Fidelity	Fidelity Advisor Stock Selector Mid Cap Fund		6,991
	Fidelity	Fidelity Advisor Strategic Income Fund		32,991
	Fidelity	Fidelity Advisor Freedom 2015 Fund Class T		86,539
	Fidelity	Fidelity Advisor Freedom 2025 Fund Class T		130,809
	Fidelity	Fidelity Advisor Freedom 2020 Fund Class T		247,861
	Fidelity	Fidelity Advisor Freedom 2030 Fund Class T		105,447
	Fidelity	Fidelity Advisor Freedom 2035 Fund Class T		187,090
	Fidelity	Fidelity Advisor Freedom 2040 Fund Class T		59,988
	Fidelity	Fidelity Advisor Freedom 2045 Fund Class T		45,047
	Fidelity	Fidelity Advisor Freedom 2050 Fund Class T		2,104
	Fidelity	Fidelity Advisor Freedom 2055 Fund Class T		41,779
	Fidelity	Fidelity Advisor Total Bond Class T		755
	Fidelity	Fidelity Advisor Asset Manager 50% - Class T		42,264
	Fidelity	Fidelity Advisor Asset Manager 30% - Class T		2,896
	Fidelity	Fidelity Advisor Asset Manager 70% - Class T		5,865
	Fidelity	Fidelity Advisor Asset Manager 85% - Class T		513
	Fidelity	Spartan Emerging Markets Index Fund		6,466
	Fidelity	Spartan Mid Cap Index Adv		20,925
	Fidelity	Spartan International Index Fund		2,678
	Fidelity	Spartan 500 Index Fund		37,723
	Fidelity	Spartan International Tr Index Adv		107
	Fidelity	Spartan Long-Term Treasury Bond Index Fund		181
	ClearBridge	Aggressive Growth Fund		72,657
	Columbia	Acorn International Fund Class R		5,644
	Columbia	Dividend Opportunity Fund Class R		5,921
	Victory	Established Value Fund Class R		76,936
	Oppenheimer	International Growth Fund Class N		33,260
	Franklin	Rising Dividends Fund Class R		7,577
	Franklin	Small Cap Growth Fund Class R		36,380
	Franklin	Small Cap Value Fund Class R		7,164
	Franklin	Income Series Class R		5,709
				1,406,320
	Participant Loans Receivable	4.25 percent, various maturity dates	0	80,176
				$1,486,496

(1) Investments are directed by participants under an individual account plan. Accordingly, column (d) is omitted.

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
EIN: 59-2216240
Plan Number: 001
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ✓	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$61,069	$61,069			

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Financial Statements and
Supplemental Information with
Independent Auditor's Report

December 31, 2015

HUDSON'S FURNITURE SHOWROOM, INC. 401(k) PROFIT SHARING PLAN

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M J R
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Independent Auditor's Report

To the Plan Administrator
Hudson's Furniture Showroom, Inc.
401(k) Profit Sharing Plan
Sanford, Florida

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified Fidelity Management Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements. I 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 a certification from the trustee as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules (pages 12 and 13) as of or for the year ended as of December 31, 2015, 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 paragraph, I do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Certified Public Accountant

October 11, 2016

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
ASSETS:		
Investments (Note 3)	$1,406,320	$1,163,890
Employee contributions receivable	160	-
Employer contribution receivable	1,290	-
Loans receivable from participants	80,180	86,040
Total Assets	1,487,950	1,249,930
LIABILITIES:	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,487,950	$ 1,249,930

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

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2015

Additions to Net Assets Attributed to:	
Investment income:	
Dividends	$ 65,010
Interest earned on participant loans	3,260
Net depreciation in fair value of investments	(88,760)
Contributions:	
Employee contributions	288,970
Employer contributions	46,120
Participant rollover	23,460
Total Additions	338,060
Deductions from Net Assets Attributed to:	
Participant benefits	99,010
Administrative expenses	1,030
Total Deductions	100,040
Net Increase	238,020
Net Assets Available for Benefits - Beginning of Year	1,249,930
Net Assets Available for Benefits - End of Year	$1,487,950

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

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2015 and 2014

Note 1 Description of Plan

The following description of the Hudson's Furniture Showroom, Inc. ("Company") 401(k) Profit Sharing Plan ("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 is a defined contribution plan covering employees who are age twenty-one or older. Employees of Hudson's Furniture Showroom, Inc. are eligible to participate. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective March 1, 2014, the Plan adopted a Fidelity Volume Submitter 401(k) Profit Sharing Plan. Effective March 1, 2014, there is a three month service requirement to become eligible to participate in the Plan. Effective March 2015, eligible employees became automatically enrolled in the plan unless an election not to participate was made.

Plan Sponsor and Administrator - Hudson's Furniture Showroom, Inc. serves as the plan sponsor and administrator. As of March 1, 2014, Fidelity Management Trust Company ("Fidelity") became the plan Trustee and record keeper.

Contributions - The Plan provides for participant salary reduction contributions pursuant to section 401(k) of the Internal Revenue Service. Participants direct the investment of their contributions into various investment options offered by the Plan. The plan allows Roth 401(k) deferrals and rollover contributions. Effective March 1, 2014, the employer may make discretionary Matching Employer Contributions on behalf of each eligible Participant in an amount equal to a percentage of the eligible contributions made by Participants. Profit sharing amounts may be contributed at the option of the Company's board of directors, subject to certain limitations.

For the year ended December 31, 2015, the employer elected to match 25% of participant contributions up to a maximum of 5% the participant's base annual salary.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of plan earnings and the employer's matching contribution, if any, and is charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Investment related expenses are included in net appreciation (or depreciation) of the fair value of investments.

Note 1 Description of Plan (continued)

Vesting - Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. Participants are vested in the Company's contributions, if any, based on continuous years of service at 20 percent per year and are 100 percent vested in employer contributions after five years of credited service.

Investment Options - Upon enrollment in the Plan, a participant may direct their contributions into various investment options made available by Fidelity (effective March 1, 2014).

Payment of Benefits - Upon termination, retirement, death, or disability, participants have the option of receiving a lump-sum amount equal to the value of the participant's account.

Forfeitures - Forfeitures may be used to reduce employer contributions and/or Plan administrative expenses. Forfeited nonvested accounts totaled $4,250 at December 31, 2015.

Participant Loans - Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest commensurate with the prevailing interest rate charged on similar commercial loans and must be repaid within a 5-year period unless the loan qualifies as a home loan. Principal and interest are paid ratable through payroll deductions and interest income is recognized ratably.

Note 2 Significant Accounting Policies

Accounting Basis - The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value.

Unrealized gains and losses are recognized in the period in which they occur. Interest and dividends are recognized in the period earned, and realized gains or losses on securities are recorded in the period of sale.

Payment of Benefits - Benefits are recorded when paid.

Note 2 **Significant Accounting Policies (continued)**

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

Subsequent Events - Subsequent events have been evaluated by management through October 11, 2016, which is the date the financial statements were available to be issued.

Note 3 **Unaudited Information Prepared and Certified By Plan Trustee**

The following information included in the accompanying financial statements, notes to financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. All investments are participant directed.

	2015	2014
Investments, at fair value:		
Fidelity Advisor Strategic Income Fund	$ 32,990	$ 31,690
Fidelity Advisor Freedom 2015 Fund Class T	86,540*	203,400*
Fidelity Advisor Freedom 2020 Fund Class T	247,860*	204,350*
Fidelity Advisor Freedom 2025 Fund Class T	130,810*	77,750*
Fidelity Advisor Freedom 2030 Fund Class T	105,450*	84,910*
Fidelity Advisor Freedom 2035 Fund Class T	187,090*	173,990*
Fidelity Advisor Freedom 2040 Fund Class T	59,990	51,980
Fidelity Advisor Freedom 2045 Fund Class T	45,050	45,750
Fidelity Advisor Freedom 2055 Fund Class T	41,780	-
Fidelity Advisor Asset Manager 50% Class T	42,260	37,830
Spartan 500 Index Fund	37,720	-
Clear bridge Aggressive Growth Fund	72,660*	42,850
Victory Established Value Fund Class R	76,940*	41,740
Oppenheimer International Growth Fund Class N	33,260	30,860

Note 3 Unaudited Information Prepared and Certified By Plan Trustees (continued)

	2015	2014
Investments, at fair value (continued):		
Franklin Small Cap Growth Fund Class R	36,380	35,120
Fidelity Advisor Health Care Fund Class T	80,240*	-
Others less than $25,000	89,300	101,670
	$1,406,320	$1,163,890
* Investments that are five percent or more of the Plan's net assets at December 31, 2015 and 2014		
Loans receivable from participants	$ 80,180	$ 86,040
Dividend income	$ 65,010	
Net decline in fair value of investments	$(88,760)	

Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

	Fair Value	Level 1
December 31, 2015		
Mutual Funds	$1,406,320	$1,406,320
December 31, 2014		
Mutual Funds	$1,163,890	$1,163,890

Financial Accounting Standards Board ASC 820-10, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level 3 inputs are unobservable and have the lowest priority and are used only when Level 1 or Level 2 inputs are not available.

Note 3 Unaudited Information Prepared and Certified By Plan Trustee (continued)

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value and are available for investments held at year end.

Level 1 Fair Value Measurements:

The fair value of mutual funds is based on quoted prices in active markets for shares held in the Plan at year end.

Note 4 Income Tax Status

Effective August 17, 2015, the plan adopted Fidelity Basic Plan Document No. 17 401(k) profit sharing plan (volume submitter plan) which is a defined contribution plan. Prior to August 17, 2015, the plan in place was Fidelity Basic Plan Document No. 14. The Plan obtained an IRS opinion letter dated March 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the IRS opinion, Fidelity and the administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 5 Plan Termination

Although the Employer intends the Plan to be permanent and continuing, the Employer has the right to terminate the Plan subject to the provisions of EISA. In the event of the Plan termination, accrued benefits, to the extent funded or required to be funded, must be distributed to the participants.

Note 6 Party-in-Interest Transaction

Record keeping, plan consulting, and investment services were provided by Fidelity Management Trust Company. The plan paid $ 1,030 for these services during the year ended December 31, 2015.

Substantially all plan investments are mutual funds. Investments are managed by Fidelity Management Trust Company.

Note 7 Reconciliation of Financial Statements to Form 5500

Contributions receivable from employees in the amount of $160 and from the employer in the amount of $1,290 as of December 31, 2015, are reported in the 2015 financial statements but not in the 2015 Form 5500. These contributions will be reported in the 2016 Form 5500, which is reported on the cash basis of accounting for employee contributions.

Note 8 Delinquent Participant Contributions

During the year, the plan sponsor changed the payroll service being used to pay employees and to withhold employee plan contributions. Primarily as a result of the change, which included a change in the remittance procedures, some participant contributions were delayed in transfer to the trustee for a brief period of time.

Supplemental Schedules

(See Independent Auditor’s Report)

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
EIN: 59-2216240
Plan Number:001
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 (1)	(e) Current Value
	Fidelity	Fidelity Government Money Market		$7,816
	Fidelity	Fidelity Advisor Health Care Fund Class T		80,237
	Fidelity	Fidelity Advisor Stock Selector Mid Cap Fund		6,991
	Fidelity	Fidelity Advisor Strategic Income Fund		32,991
	Fidelity	Fidelity Advisor Freedom 2015 Fund Class T		86,539
	Fidelity	Fidelity Advisor Freedom 2025 Fund Class T		130,809
	Fidelity	Fidelity Advisor Freedom 2020 Fund Class T		247,861
	Fidelity	Fidelity Advisor Freedom 2030 Fund Class T		105,447
	Fidelity	Fidelity Advisor Freedom 2035 Fund Class T		187,090
	Fidelity	Fidelity Advisor Freedom 2040 Fund Class T		59,988
	Fidelity	Fidelity Advisor Freedom 2045 Fund Class T		45,047
	Fidelity	Fidelity Advisor Freedom 2050 Fund Class T		2,104
	Fidelity	Fidelity Advisor Freedom 2055 Fund Class T		41,779
	Fidelity	Fidelity Advisor Total Bond Class T		755
	Fidelity	Fidelity Advisor Asset Manager 50% - Class T		42,264
	Fidelity	Fidelity Advisor Asset Manager 30% - Class T		2,896
	Fidelity	Fidelity Advisor Asset Manager 70% - Class T		5,865
	Fidelity	Fidelity Advisor Asset Manager 85% - Class T		513
	Fidelity	Spartan Emerging Markets Index Fund		6,466
	Fidelity	Spartan Mid Cap Index Adv		20,925
	Fidelity	Spartan International Index Fund		2,678
	Fidelity	Spartan 500 Index Fund		37,723
	Fidelity	Spartan International Tr Index Adv		107
	Fidelity	Spartan Long-Term Treasury Bond Index Fund		181
	ClearBridge	Aggressive Growth Fund		72,657
	Columbia	Acorn International Fund Class R		5,644
	Columbia	Dividend Opportunity Fund Class R		5,921
	Victory	Established Value Fund Class R		76,936
	Oppenheimer	International Growth Fund Class N		33,260
	Franklin	Rising Dividends Fund Class R		7,577
	Franklin	Small Cap Growth Fund Class R		36,380
	Franklin	Small Cap Value Fund Class R		7,164
	Franklin	Income Series Class R		5,709
				1,406,320
	Participant Loans Receivable	4.25 percent, various maturity dates	0	80,176
				$1,486,496

(1) Investments are directed by participants under an individual account plan. Accordingly, column (d) is omitted.

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
EIN: 59-2216240
Plan Number: 001
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ✓	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$61,069	$61,069			

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Financial Statements and
Supplemental Information with
Independent Auditor's Report

December 31, 2015

HUDSON'S FURNITURE SHOWROOM, INC. 401(k) PROFIT SHARING PLAN

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M J R
Merry J. Rawls
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Independent Auditor's Report

To the Plan Administrator
Hudson's Furniture Showroom, Inc.
401(k) Profit Sharing Plan
Sanford, Florida

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified Fidelity Management Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements. I 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 a certification from the trustee as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules (pages 12 and 13) as of or for the year ended as of December 31, 2015, 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 paragraph, I do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Certified Public Accountant

October 11, 2016

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
ASSETS:		
Investments (Note 3)	$1,406,320	$1,163,890
Employee contributions receivable	160	-
Employer contribution receivable	1,290	-
Loans receivable from participants	80,180	86,040
Total Assets	1,487,950	1,249,930
LIABILITIES:	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,487,950	$ 1,249,930

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

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2015

Additions to Net Assets Attributed to:	
Investment income:	
Dividends	$ 65,010
Interest earned on participant loans	3,260
Net depreciation in fair value of investments	(88,760)
Contributions:	
Employee contributions	288,970
Employer contributions	46,120
Participant rollover	23,460
Total Additions	338,060
Deductions from Net Assets Attributed to:	
Participant benefits	99,010
Administrative expenses	1,030
Total Deductions	100,040
Net Increase	238,020
Net Assets Available for Benefits - Beginning of Year	1,249,930
Net Assets Available for Benefits - End of Year	$1,487,950

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

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2015 and 2014

Note 1 Description of Plan

The following description of the Hudson's Furniture Showroom, Inc. ("Company") 401(k) Profit Sharing Plan ("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 is a defined contribution plan covering employees who are age twenty-one or older. Employees of Hudson's Furniture Showroom, Inc. are eligible to participate. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective March 1, 2014, the Plan adopted a Fidelity Volume Submitter 401(k) Profit Sharing Plan. Effective March 1, 2014, there is a three month service requirement to become eligible to participate in the Plan. Effective March 2015, eligible employees became automatically enrolled in the plan unless an election not to participate was made.

Plan Sponsor and Administrator - Hudson's Furniture Showroom, Inc. serves as the plan sponsor and administrator. As of March 1, 2014, Fidelity Management Trust Company ("Fidelity") became the plan Trustee and record keeper.

Contributions - The Plan provides for participant salary reduction contributions pursuant to section 401(k) of the Internal Revenue Service. Participants direct the investment of their contributions into various investment options offered by the Plan. The plan allows Roth 401(k) deferrals and rollover contributions. Effective March 1, 2014, the employer may make discretionary Matching Employer Contributions on behalf of each eligible Participant in an amount equal to a percentage of the eligible contributions made by Participants. Profit sharing amounts may be contributed at the option of the Company's board of directors, subject to certain limitations.

For the year ended December 31, 2015, the employer elected to match 25% of participant contributions up to a maximum of 5% the participant's base annual salary.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of plan earnings and the employer's matching contribution, if any, and is charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Investment related expenses are included in net appreciation (or depreciation) of the fair value of investments.

Note 1 Description of Plan (continued)

Vesting - Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. Participants are vested in the Company's contributions, if any, based on continuous years of service at 20 percent per year and are 100 percent vested in employer contributions after five years of credited service.

Investment Options - Upon enrollment in the Plan, a participant may direct their contributions into various investment options made available by Fidelity (effective March 1, 2014).

Payment of Benefits - Upon termination, retirement, death, or disability, participants have the option of receiving a lump-sum amount equal to the value of the participant's account.

Forfeitures - Forfeitures may be used to reduce employer contributions and/or Plan administrative expenses. Forfeited nonvested accounts totaled $4,250 at December 31, 2015.

Participant Loans - Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest commensurate with the prevailing interest rate charged on similar commercial loans and must be repaid within a 5-year period unless the loan qualifies as a home loan. Principal and interest are paid ratable through payroll deductions and interest income is recognized ratably.

Note 2 Significant Accounting Policies

Accounting Basis - The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value.

Unrealized gains and losses are recognized in the period in which they occur. Interest and dividends are recognized in the period earned, and realized gains or losses on securities are recorded in the period of sale.

Payment of Benefits - Benefits are recorded when paid.

Note 2 **Significant Accounting Policies (continued)**

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

Subsequent Events - Subsequent events have been evaluated by management through October 11, 2016, which is the date the financial statements were available to be issued.

Note 3 **Unaudited Information Prepared and Certified By Plan Trustee**

The following information included in the accompanying financial statements, notes to financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. All investments are participant directed.

	2015	2014
Investments, at fair value:		
Fidelity Advisor Strategic Income Fund	$ 32,990	$ 31,690
Fidelity Advisor Freedom 2015 Fund Class T	86,540*	203,400*
Fidelity Advisor Freedom 2020 Fund Class T	247,860*	204,350*
Fidelity Advisor Freedom 2025 Fund Class T	130,810*	77,750*
Fidelity Advisor Freedom 2030 Fund Class T	105,450*	84,910*
Fidelity Advisor Freedom 2035 Fund Class T	187,090*	173,990*
Fidelity Advisor Freedom 2040 Fund Class T	59,990	51,980
Fidelity Advisor Freedom 2045 Fund Class T	45,050	45,750
Fidelity Advisor Freedom 2055 Fund Class T	41,780	-
Fidelity Advisor Asset Manager 50% Class T	42,260	37,830
Spartan 500 Index Fund	37,720	-
Clear bridge Aggressive Growth Fund	72,660*	42,850
Victory Established Value Fund Class R	76,940*	41,740
Oppenheimer International Growth Fund Class N	33,260	30,860

Note 3 Unaudited Information Prepared and Certified By Plan Trustees (continued)

	2015	2014
Investments, at fair value (continued):		
Franklin Small Cap Growth Fund Class R	36,380	35,120
Fidelity Advisor Health Care Fund Class T	80,240*	-
Others less than $25,000	89,300	101,670
	$1,406,320	$1,163,890
* Investments that are five percent or more of the Plan's net assets at December 31, 2015 and 2014		
Loans receivable from participants	$ 80,180	$ 86,040
Dividend income	$ 65,010	
Net decline in fair value of investments	$(88,760)	

Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

	Fair Value	Level 1
December 31, 2015		
Mutual Funds	$1,406,320	$1,406,320
December 31, 2014		
Mutual Funds	$1,163,890	$1,163,890

Financial Accounting Standards Board ASC 820-10, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level 3 inputs are unobservable and have the lowest priority and are used only when Level 1 or Level 2 inputs are not available.

Note 3 Unaudited Information Prepared and Certified By Plan Trustee (continued)

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value and are available for investments held at year end.

Level 1 Fair Value Measurements:

The fair value of mutual funds is based on quoted prices in active markets for shares held in the Plan at year end.

Note 4 Income Tax Status

Effective August 17, 2015, the plan adopted Fidelity Basic Plan Document No. 17 401(k) profit sharing plan (volume submitter plan) which is a defined contribution plan. Prior to August 17, 2015, the plan in place was Fidelity Basic Plan Document No. 14. The Plan obtained an IRS opinion letter dated March 2008, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the IRS opinion, Fidelity and the administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 5 Plan Termination

Although the Employer intends the Plan to be permanent and continuing, the Employer has the right to terminate the Plan subject to the provisions of EISA. In the event of the Plan termination, accrued benefits, to the extent funded or required to be funded, must be distributed to the participants.

Note 6 Party-in-Interest Transaction

Record keeping, plan consulting, and investment services were provided by Fidelity Management Trust Company. The plan paid $ 1,030 for these services during the year ended December 31, 2015.

Substantially all plan investments are mutual funds. Investments are managed by Fidelity Management Trust Company.

Note 7 Reconciliation of Financial Statements to Form 5500

Contributions receivable from employees in the amount of $160 and from the employer in the amount of $1,290 as of December 31, 2015, are reported in the 2015 financial statements but not in the 2015 Form 5500. These contributions will be reported in the 2016 Form 5500, which is reported on the cash basis of accounting for employee contributions.

Note 8 Delinquent Participant Contributions

During the year, the plan sponsor changed the payroll service being used to pay employees and to withhold employee plan contributions. Primarily as a result of the change, which included a change in the remittance procedures, some participant contributions were delayed in transfer to the trustee for a brief period of time.

Supplemental Schedules

(See Independent Auditor’s Report)

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
EIN: 59-2216240
Plan Number:001
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 (1)	(e) Current Value
	Fidelity	Fidelity Government Money Market		$7,816
	Fidelity	Fidelity Advisor Health Care Fund Class T		80,237
	Fidelity	Fidelity Advisor Stock Selector Mid Cap Fund		6,991
	Fidelity	Fidelity Advisor Strategic Income Fund		32,991
	Fidelity	Fidelity Advisor Freedom 2015 Fund Class T		86,539
	Fidelity	Fidelity Advisor Freedom 2025 Fund Class T		130,809
	Fidelity	Fidelity Advisor Freedom 2020 Fund Class T		247,861
	Fidelity	Fidelity Advisor Freedom 2030 Fund Class T		105,447
	Fidelity	Fidelity Advisor Freedom 2035 Fund Class T		187,090
	Fidelity	Fidelity Advisor Freedom 2040 Fund Class T		59,988
	Fidelity	Fidelity Advisor Freedom 2045 Fund Class T		45,047
	Fidelity	Fidelity Advisor Freedom 2050 Fund Class T		2,104
	Fidelity	Fidelity Advisor Freedom 2055 Fund Class T		41,779
	Fidelity	Fidelity Advisor Total Bond Class T		755
	Fidelity	Fidelity Advisor Asset Manager 50% - Class T		42,264
	Fidelity	Fidelity Advisor Asset Manager 30% - Class T		2,896
	Fidelity	Fidelity Advisor Asset Manager 70% - Class T		5,865
	Fidelity	Fidelity Advisor Asset Manager 85% - Class T		513
	Fidelity	Spartan Emerging Markets Index Fund		6,466
	Fidelity	Spartan Mid Cap Index Adv		20,925
	Fidelity	Spartan International Index Fund		2,678
	Fidelity	Spartan 500 Index Fund		37,723
	Fidelity	Spartan International Tr Index Adv		107
	Fidelity	Spartan Long-Term Treasury Bond Index Fund		181
	ClearBridge	Aggressive Growth Fund		72,657
	Columbia	Acorn International Fund Class R		5,644
	Columbia	Dividend Opportunity Fund Class R		5,921
	Victory	Established Value Fund Class R		76,936
	Oppenheimer	International Growth Fund Class N		33,260
	Franklin	Rising Dividends Fund Class R		7,577
	Franklin	Small Cap Growth Fund Class R		36,380
	Franklin	Small Cap Value Fund Class R		7,164
	Franklin	Income Series Class R		5,709
				1,406,320
	Participant Loans Receivable	4.25 percent, various maturity dates	0	80,176
				$1,486,496

(1) Investments are directed by participants under an individual account plan. Accordingly, column (d) is omitted.

Hudson's Furniture Showroom, Inc. 401(k) Profit Sharing Plan
EIN: 59-2216240
Plan Number: 001
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ✓	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$61,069	$61,069			

5500 Schedule A 2014

HUDSONS FURNITURE SHOWROOM INC
Group # 64727

	BO	HMO
Name of insurance carrier / health plan	Blue Cross Blue Shield of Florida	Blue Cross Blue Shield of Florida
EIN	59-2015694	59-2403696
NAIC code	98167	95089
Contract or identification number	64727	64727
Number of persons covered at the end of the contract year	108	32
Beginning and ending dates of the contract year	03/01/2014-12/31/2014	03/01/2014-12/31/2014
Amount of fees and commissions paid to agents and brokers	$19,176	$6,910
Organization Code (3 = Insurance Agent/Broker)	3	3
Agent/Broker Name	BROWN & BROWN OF FLORIDA	BROWN & BROWN OF FLORIDA
Agent/Broker Address	220 S RIDGEWOOD AVE DAYTONA BEACH , FL 32114-4318	220 S RIDGEWOOD AVE DAYTONA BEACH , FL 32114-4318
Type of benefit	Blue Options, Bluescript	HMO, Prescription Drug
Whether contract is experience or non-experience rated	Experience rated	Experience rated
9a(1) Amount received	$479,411	$172,759
9a(4) Premium Earned	$479,411	$172,759
9b(4) Claims charged	$355,340	$125,578
9c(1)(A) Commissions	$19,176	$6,910
9c(1)(D) Other expenses	$71,816	$31,114
9c(1)(E) Taxes	$2,876	$0
9c(1)(F) Charges for risks or other contingencies	$30,203	$9,156
9c(1)(H) Total retention	$124,072	$47,180