

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
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	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>GALLERIA STONE AND TILE 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>		
	1c Effective date of plan <u>04/01/1999</u>		
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) <u>FERAZZOLI IMPORTS OF NEW ENGLAND, INC.</u> <u>234 MIDDLE STREET</u> <u>MIDDLETOWN, CT 06457</u>	2b Employer Identification Number (EIN) <u>06-1245179</u>	2c Plan Sponsor's telephone number <u>860-344-9966</u>	2d Business code (see instructions) <u>238300</u>

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.	10/17/2016	RICHARD YURIS
	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 ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 126
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) 116
a(2) Total number of active participants at the end of the plan year	6a(2) 128
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits.....	6c 10
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 138
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 138
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 43
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ 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)
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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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 GALLERIA STONE AND TILE 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FERAZZOLI IMPORTS OF NEW ENGLAND, INC.	D Employer Identification Number (EIN) 06-1245179	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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 INVESTMENT 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 64	RECORDKEEPER	94	Yes ☐ No ☐	Yes ☒ No ☐	0	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 ☐

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 INVESTMENT INSTITUTIONAL	60	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>GS SM MD CAP GRTH IS</p> <p>13-5108880</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.10%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENT INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>INVS DIVRS DIVD R5 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENT INSTITUTIONAL</p>		
<p>(b) Service Codes (see instructions)</p> <p>60</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>WF SM CO GROWTH ADM 330 W 9TH STREET KANSAS CITY, MO 64105</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p>		

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2015</u> and ending <u>12/31/2015</u>						
A Name of plan <u>GALLERIA STONE AND TILE 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> <u>001</u> </td> </tr> <tr style="background-color: #f2f2f2;"> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>001</u>		
B Three-digit plan number (PN) ►	<u>001</u>					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FERAZZOLI IMPORTS OF NEW ENGLAND, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>06-1245179</u> </td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) <u>06-1245179</u>			
D Employer Identification Number (EIN) <u>06-1245179</u>						

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	44825	3015
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	91571	47959
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1746985	1837732
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1883381	1888706

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1883381	1888706
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	108009	
(C) Others (including rollovers)	2a(1)(C)	10092	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		118101
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3090	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3090
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	99701	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		99701
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-106017
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		114875

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	99299	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		99299
f Corrective distributions (see instructions)	2f		10157
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	94	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		94
j Total expenses. Add all expense amounts in column (b) and enter total	2j		109550

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5325
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WHITTLESEY & HADLEY, P.C.

(2) EIN: 06-0903326

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.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			265000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?		X		

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

A Name of plan <u>GALLERIA STONE AND TILE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FERAZZOLI IMPORTS OF NEW ENGLAND, INC.</u>	D Employer Identification Number (EIN) <u>06-1245179</u>

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	<u>0</u>
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): <u>04-2647786</u>		
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 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
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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
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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
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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

GALLERIA STONE AND TILE 401(K) PLAN

**Independent Auditor's Report
Financial Statements**

December 31, 2015 and 2014

GALLERIA STONE AND TILE 401(K) PLAN

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December 31, 2015 and 2014

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Galleria Stone and Tile 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Galleria Stone and Tile 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, 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, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations - 2015

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Compiled 2014 Financial Statement

Plan management is responsible for the accompanying financial statement of the Galleria Stone and Tile 401(k) Plan, which comprises the statement of net assets available for benefits as of December 31, 2014. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the 2014 financial statement.



Hamden, Connecticut
October 14, 2016

GALLERIA STONE AND TILE 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>(Unaudited) 2014</u>
Assets		
Investments, at fair value	\$1,840,747	\$1,791,810
Receivables		
Notes receivable from participants	<u>47,959</u>	<u>91,571</u>
Total Assets	1,888,706	1,883,381
Liabilities		
Excess participant contributions payable	<u>9,934</u>	<u>10,157</u>
Net Assets Available for Benefits	<u>\$1,878,772</u>	<u>\$1,873,224</u>

The notes are an integral part of these financial statements.

GALLERIA STONE AND TILE 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2015

Additions to Net Assets Attributed to:

Investment Income

Interest and dividends	\$ 99,701
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Interest income on notes receivable from participants	3,090
---	-------

Contributions

Participants	98,075
--------------	--------

Rollovers	10,092
-----------	--------

Total Contributions	108,167
---------------------	---------

Total Additions	210,958
-----------------	---------

Deductions from Net Assets Attributed to:

Net depreciation in fair value of investments	106,017
---	---------

Benefits paid to participants	99,299
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Administrative expenses	94
-------------------------	----

Total Deductions	205,410
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Net Increase	5,548
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Net Assets Available for Benefits

Beginning of year	1,873,224
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End of year	\$ 1,878,772
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The notes are an integral part of these financial statements.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Galleria Stone and Tile 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established for the benefit of eligible employees of the participating Companies who have reached the age of twenty-one during a plan year. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - Participants may elect to make pre-tax contributions equal to any whole dollar amount or whole percentage of his/her compensation, up to 100% of compensation. The contribution may not exceed the amount specified in Section 402(g)(5) of the Internal Revenue Code (IRC), as indexed for inflation. The Plan allows certain catch-up contributions if the participant is age 50 or over. The Plan provides for a discretionary matching contribution by the Company as specified by resolution of the Board of Directors each Plan year. The Company may also contribute a discretionary amount, which amount shall be deemed an Employer's Non-Elective Contribution. There were no employer contributions made to the plan for the year ended December 31, 2015.

The Plan also has a Roth 401(k) investment option which allows participants to elect to designate all or a portion of their annual compensation, subject to the maximum limitation as defined in the Internal Revenue Code, as an after-tax contribution. The Roth 401(k) contributions are invested separately in funds selected by the participant. The participants' Roth 401(k) account balances and earnings thereon may be withdrawn tax-free subject to the provisions of the Plan document, as revised.

Participant Accounts - Each participant's account is credited with the participant's contribution, the Company's contributions, if applicable, and an allocation of Plan earnings and charged with an allocation of administrative expenses. Earnings allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF PLAN (continued)

Vesting - Participants are immediately vested in their voluntary pre-tax and after-tax contributions plus actual earnings thereon. Participants are fully vested in their account balances upon attaining their normal retirement date while in active service of the Company or upon the termination of credited services as a result of death or disability. Otherwise, vesting on the discretionary contributions and the matching contributions are determined on years of service based on the following vesting schedule:

<u>Vesting Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

A participant must complete 1,000 hours of service during a Plan year to be credited with a year of service.

Participant Notes Receivable - Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or one-half of the vested portion of their account balance. Loan terms range from one to five years, or longer if used for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with prevailing rates. The notes currently bear interest at a rate of 4.25% at December 31, 2015 and 2014. Principal and interest is paid ratably in payments made no less frequently than quarterly.

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the vested interest in his or her account by way of lump-sum distribution. If the value of the terminated participant's vested benefit exceeds \$1,000 but does not exceed \$5,000, the entire vested benefit may be paid to the participant by a direct rollover to an individual retirement account.

Investment Elections - Upon enrollment in the Plan, a participant may direct contributions among investment options in increments of one percent. Participants may change their investment choices at any time.

Terminated Participants - As of December 31, 2015 and 2014, the value of accumulated pension benefits remaining in the Plan for terminated participants was \$228,254 and \$311,733, respectively.

Forfeited Accounts - At December 31, 2015 and 2014, forfeited nonvested accounts totaled \$3,016 and \$1,786, respectively. These accounts can be used to pay administrative expenses or to reduce employer contributions.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Early Adoption of Accounting Policy - To reduce the complexity of Plan investment accounting and disclosures, management has elected to apply the early adoption provisions of FASB ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. The Plan will continue to disaggregate investments that are measured using fair value by general type; however, the Plan is no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure information about fair value measurements shall be provided by general type of plan asset.

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

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.

Valuation of Investments - The Plan's investments are stated at fair value. Investments are held by Fidelity Management Trust Company (the "trustee"), and consist of investments in mutual funds, which are recorded at fair value based upon quoted market prices.

Administrative Expenses - Expenses incurred by the custodian and trustee with regard to the management of the Plan assets are paid for by the Plan. Other expenses are paid for by the Company.

Payment of Benefits - Benefits are recorded when paid.

Participant Notes Receivable - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based on the terms of the Plan document.

Accounting for Uncertain Tax Positions - The Plan follows Accounting Standards Codification ("ASC") 740-10, *Accounting for Uncertainty in Income Taxes*. The standard clarifies the accounting for uncertainty in income taxes recognized in a Plan's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The years open to examination by the taxing authorities are the years ended December 31, 2012 and forward.

Subsequent Events - The Plan has evaluated subsequent events occurring between the end of the most recent fiscal year end and October 14, 2016, the date the financial statements were available to be issued, and has determined that there are no material events that require disclosure in the financial statements.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 3 - INFORMATION PROVIDED BY THE PLAN TRUSTEE

All financial information appearing in the financial statements and supplemental schedule has been certified by the trustee that holds the Plan's investments, receives contributions and executes disbursements.

NOTE 4 - INVESTMENTS

The December 31, 2015 and 2014 statements of net assets available for benefits, the investment activities included in the statement of changes in net assets available for benefits for the year ended December 31, 2015, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian 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. The information certified includes total investments of \$1,840,747 and \$1,791,810 at December 31, 2015 and 2014, respectively, and related depreciation in the fair value of investments of \$106,017 for the year ended December 31, 2015.

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan follows ASC 820-10, *Fair Value Measurements and Disclosures*, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Assets are recorded at fair value in the statements of net assets available for benefits and are categorized based upon the level of judgment associated with the inputs used to measure their fair value. An asset's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under ASC 820-10 are directly related to the amount of subjectivity associated with the inputs to fair valuation of these assets and are as follows:

Level 1 - Inputs are based upon unadjusted quoted prices for identical assets traded in active markets that the Plan has the ability to access.

Level 2 - Inputs are based upon quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, inputs other than quoted market prices that are observable for the asset, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

Level 3 - Inputs are based on valuation techniques that require inputs that are unobservable and significant to the fair value measurement. The inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The following presents by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2015 and 2014. As prescribed by FASB ASU 2015-12, the investments are disaggregated by general type.

Assets at Fair Value as of December 31, 2015				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Mutual funds	\$1,837,731	\$ -	\$ -	\$1,837,731
Money market fund	<u>3,016</u>	<u>-</u>	<u>-</u>	<u>3,016</u>
Total	<u>\$1,840,747</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,840,747</u>

Assets at Fair Value as of December 31, 2014				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Mutual funds	\$1,746,985	\$ -	\$ -	\$1,746,985
Money market fund	<u>44,825</u>	<u>-</u>	<u>-</u>	<u>44,825</u>
Total	<u>\$1,791,810</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,791,810</u>

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

NOTE 6 - TAX EXEMPT STATUS

On March 31, 2014, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Section 401(a) of the IRC. Although the Plan has not received a determination letter specific to the Plan itself, and the Plan has since been amended, the Plan administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - COMMITMENTS AND CONTINGENCIES

The Plan has no material loan commitments, other commitments or contingent liabilities.

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The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is as least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 - TRANSACTIONS WITH RELATED PARTIES

Plan assets include investments in mutual funds managed by Fidelity Investments, an affiliate of Fidelity Management Trust Company. Fidelity Management Trust Company is the Plan's Trustee and, as such, transactions with the trustee qualify as party-in-interest transactions. Assets invested in the funds at December 31, 2015 and 2014 totaled \$1,840,747 and \$1,791,810, respectively. Fees paid by the Plan for the investment management services amounted to \$94 for the year ended December 31, 2015.

NOTE 11 - EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

Contributions received from participants for 2015 are net of payments of \$9,934 made in March 2016 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. This amount is also included in the accompanying statement of net assets available for benefits as excess participant contributions payable at December 31, 2015.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ 1,878,772	\$ 1,873,224
Add: excess participant contributions payable	<u>9,934</u>	<u>10,157</u>
Net assets available for benefits per Form 5500	<u><u>\$ 1,888,706</u></u>	<u><u>\$ 1,883,381</u></u>

The following is a reconciliation of contributions received per the financial statements to Form 5500 for the year ended December 31, 2015:

Participant contributions received per the financial statements	\$ 98,075
Add: excess participant contributions payable	<u>9,934</u>
Participant contributions received per Form 5500	<u><u>\$ 108,009</u></u>

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the year ended December 31, 2015:

Benefits paid to participants per the financial statements	\$ 99,299
Add: excess participant contributions payable reported as corrective distributions on Form 5500	<u>10,157</u>
Total benefits paid to participants per Form 5500	<u><u>\$ 109,456</u></u>

As a result, net income per the financial statements is higher than the net income on Form 5500 by \$223 for the year ended December 31, 2015.

SUPPLEMENTARY INFORMATION

GALLERIA STONE AND TILE 401(K) PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2015

EIN: 06-1245179 Plan # 001

SCHEDULE 1

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Rate of Interest, Collateral or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
*	Fidelity Contrafund Fund	219.125 Units	\$ -	\$ 21,682
*	Fidelity Freedom 2015 Fund	3,587.444 Units	-	42,762
*	Fidelity Freedom 2020 Fund	15,373.885 Units	-	223,383
*	Fidelity Freedom 2025 Fund	38,906.365 Units	-	483,995
*	Fidelity Freedom 2030 Fund	10,184.688 Units	-	154,909
*	Fidelity Freedom 2035 Fund	46,464.375 Units	-	581,269
*	Fidelity Freedom 2040 Fund	18,565.135 Units	-	163,188
*	Fidelity Freedom 2045 Fund	6,731.892 Units	-	66,848
*	Fidelity Freedom 2050 Fund	464.631 Units	-	4,632
*	Fidelity Large Cap Stock Fund	378.720 Units	-	9,896
*	Fidelity Low Priced Stock Fund	643.002 Units	-	30,703
*	Fidelity Spartan 500 Index Fund	84.130 Units	-	6,041
*	Fidelity Spartan Mid Cap Index Fund	52.701 Units	-	860
	Goldman Sachs Small/Mid Cap Growth Fund A	773.941 Units	-	15,711
	Invesco Diversified Dividend Fund R5	940.347 Units	-	16,531
	Wells Fargo Small Company Growth Admin Fund	380.462 Units	-	15,321
	Money Market Fund			
*	Fidelity Government Money Market Fund	3,015.680 Units	-	3,016
	Subtotal		-	1,840,747
*	Participant Notes Receivable	Interest at 4.25%	-	47,959
	Total Investments		<u>\$ -</u>	<u>\$ 1,888,706</u>

*Represents Party-In-Interest

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 1210-0082 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form Is Open to Public Inspection
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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	
B This return/report is:	☒ a single-employer plan;	☐ a DFE (specify) _____	
	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here. ☐			
D Check box if filing under:	☒ Form 5558;		
	☐ automatic extension;		
	☐ the DFVC program;		
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan Galleria Stone and Tile 401(k) Plan		1b Three-digit plan number (PN) 001	1c Effective date of plan 04/01/1999
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) Ferazzoli Imports of New England, Inc. 234 Middle Street Middletown CT 06457		2b Employer Identification Number (EIN) 06-1245179	2c Plan Sponsor's telephone number (860) 344-9966
		2d Business code (see instructions) 238300	

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

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

SIGN HERE		10/14/16	Richard Yuris
	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

GALLERIA STONE AND TILE 401(K) PLAN

**Independent Auditor's Report
Financial Statements**

December 31, 2015 and 2014

GALLERIA STONE AND TILE 401(K) PLAN

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December 31, 2015 and 2014

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WHITTLESEY & HADLEY, P.C.

Certified Public Accountants/Consultants

One Hamden Center
2319 Whitney Avenue, Suite 2A
Hamden, Connecticut 06518

203.397.2525 (voice)
203.397.3463 (fax)

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Galleria Stone and Tile 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Galleria Stone and Tile 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, 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, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations - 2015

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Compiled 2014 Financial Statement

Plan management is responsible for the accompanying financial statement of the Galleria Stone and Tile 401(k) Plan, which comprises the statement of net assets available for benefits as of December 31, 2014. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the 2014 financial statement.



Hamden, Connecticut
October 14, 2016

GALLERIA STONE AND TILE 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>(Unaudited) 2014</u>
Assets		
Investments, at fair value	\$1,840,747	\$1,791,810
Receivables		
Notes receivable from participants	<u>47,959</u>	<u>91,571</u>
Total Assets	1,888,706	1,883,381
Liabilities		
Excess participant contributions payable	<u>9,934</u>	<u>10,157</u>
Net Assets Available for Benefits	<u>\$1,878,772</u>	<u>\$1,873,224</u>

The notes are an integral part of these financial statements.

GALLERIA STONE AND TILE 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2015

Additions to Net Assets Attributed to:

Investment Income

Interest and dividends	\$ 99,701
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Interest income on notes receivable from participants	3,090
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Contributions

Participants	98,075
--------------	--------

Rollovers	10,092
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Total Contributions	108,167
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Total Additions	210,958
-----------------	---------

Deductions from Net Assets Attributed to:

Net depreciation in fair value of investments	106,017
---	---------

Benefits paid to participants	99,299
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Administrative expenses	94
-------------------------	----

Total Deductions	205,410
------------------	---------

Net Increase	5,548
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Net Assets Available for Benefits

Beginning of year	1,873,224
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End of year	\$ 1,878,772
-------------	--------------

The notes are an integral part of these financial statements.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Galleria Stone and Tile 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established for the benefit of eligible employees of the participating Companies who have reached the age of twenty-one during a plan year. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - Participants may elect to make pre-tax contributions equal to any whole dollar amount or whole percentage of his/her compensation, up to 100% of compensation. The contribution may not exceed the amount specified in Section 402(g)(5) of the Internal Revenue Code (IRC), as indexed for inflation. The Plan allows certain catch-up contributions if the participant is age 50 or over. The Plan provides for a discretionary matching contribution by the Company as specified by resolution of the Board of Directors each Plan year. The Company may also contribute a discretionary amount, which amount shall be deemed an Employer's Non-Elective Contribution. There were no employer contributions made to the plan for the year ended December 31, 2015.

The Plan also has a Roth 401(k) investment option which allows participants to elect to designate all or a portion of their annual compensation, subject to the maximum limitation as defined in the Internal Revenue Code, as an after-tax contribution. The Roth 401(k) contributions are invested separately in funds selected by the participant. The participants' Roth 401(k) account balances and earnings thereon may be withdrawn tax-free subject to the provisions of the Plan document, as revised.

Participant Accounts - Each participant's account is credited with the participant's contribution, the Company's contributions, if applicable, and an allocation of Plan earnings and charged with an allocation of administrative expenses. Earnings allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF PLAN (continued)

Vesting - Participants are immediately vested in their voluntary pre-tax and after-tax contributions plus actual earnings thereon. Participants are fully vested in their account balances upon attaining their normal retirement date while in active service of the Company or upon the termination of credited services as a result of death or disability. Otherwise, vesting on the discretionary contributions and the matching contributions are determined on years of service based on the following vesting schedule:

<u>Vesting Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

A participant must complete 1,000 hours of service during a Plan year to be credited with a year of service.

Participant Notes Receivable - Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or one-half of the vested portion of their account balance. Loan terms range from one to five years, or longer if used for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with prevailing rates. The notes currently bear interest at a rate of 4.25% at December 31, 2015 and 2014. Principal and interest is paid ratably in payments made no less frequently than quarterly.

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the vested interest in his or her account by way of lump-sum distribution. If the value of the terminated participant's vested benefit exceeds \$1,000 but does not exceed \$5,000, the entire vested benefit may be paid to the participant by a direct rollover to an individual retirement account.

Investment Elections - Upon enrollment in the Plan, a participant may direct contributions among investment options in increments of one percent. Participants may change their investment choices at any time.

Terminated Participants - As of December 31, 2015 and 2014, the value of accumulated pension benefits remaining in the Plan for terminated participants was \$228,254 and \$311,733, respectively.

Forfeited Accounts - At December 31, 2015 and 2014, forfeited nonvested accounts totaled \$3,016 and \$1,786, respectively. These accounts can be used to pay administrative expenses or to reduce employer contributions.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Early Adoption of Accounting Policy - To reduce the complexity of Plan investment accounting and disclosures, management has elected to apply the early adoption provisions of FASB ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. The Plan will continue to disaggregate investments that are measured using fair value by general type; however, the Plan is no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure information about fair value measurements shall be provided by general type of plan asset.

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

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.

Valuation of Investments - The Plan's investments are stated at fair value. Investments are held by Fidelity Management Trust Company (the "trustee"), and consist of investments in mutual funds, which are recorded at fair value based upon quoted market prices.

Administrative Expenses - Expenses incurred by the custodian and trustee with regard to the management of the Plan assets are paid for by the Plan. Other expenses are paid for by the Company.

Payment of Benefits - Benefits are recorded when paid.

Participant Notes Receivable - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based on the terms of the Plan document.

Accounting for Uncertain Tax Positions - The Plan follows Accounting Standards Codification ("ASC") 740-10, *Accounting for Uncertainty in Income Taxes*. The standard clarifies the accounting for uncertainty in income taxes recognized in a Plan's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The years open to examination by the taxing authorities are the years ended December 31, 2012 and forward.

Subsequent Events - The Plan has evaluated subsequent events occurring between the end of the most recent fiscal year end and October 14, 2016, the date the financial statements were available to be issued, and has determined that there are no material events that require disclosure in the financial statements.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 3 - INFORMATION PROVIDED BY THE PLAN TRUSTEE

All financial information appearing in the financial statements and supplemental schedule has been certified by the trustee that holds the Plan's investments, receives contributions and executes disbursements.

NOTE 4 - INVESTMENTS

The December 31, 2015 and 2014 statements of net assets available for benefits, the investment activities included in the statement of changes in net assets available for benefits for the year ended December 31, 2015, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian 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. The information certified includes total investments of \$1,840,747 and \$1,791,810 at December 31, 2015 and 2014, respectively, and related depreciation in the fair value of investments of \$106,017 for the year ended December 31, 2015.

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan follows ASC 820-10, *Fair Value Measurements and Disclosures*, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Assets are recorded at fair value in the statements of net assets available for benefits and are categorized based upon the level of judgment associated with the inputs used to measure their fair value. An asset's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under ASC 820-10 are directly related to the amount of subjectivity associated with the inputs to fair valuation of these assets and are as follows:

Level 1 - Inputs are based upon unadjusted quoted prices for identical assets traded in active markets that the Plan has the ability to access.

Level 2 - Inputs are based upon quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, inputs other than quoted market prices that are observable for the asset, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

Level 3 - Inputs are based on valuation techniques that require inputs that are unobservable and significant to the fair value measurement. The inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The following presents by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2015 and 2014. As prescribed by FASB ASU 2015-12, the investments are disaggregated by general type.

Assets at Fair Value as of December 31, 2015				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Mutual funds	\$1,837,731	\$ -	\$ -	\$1,837,731
Money market fund	<u>3,016</u>	<u>-</u>	<u>-</u>	<u>3,016</u>
Total	<u>\$1,840,747</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,840,747</u>

Assets at Fair Value as of December 31, 2014				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets:				
Mutual funds	\$1,746,985	\$ -	\$ -	\$1,746,985
Money market fund	<u>44,825</u>	<u>-</u>	<u>-</u>	<u>44,825</u>
Total	<u>\$1,791,810</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,791,810</u>

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

NOTE 6 - TAX EXEMPT STATUS

On March 31, 2014, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Section 401(a) of the IRC. Although the Plan has not received a determination letter specific to the Plan itself, and the Plan has since been amended, the Plan administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - COMMITMENTS AND CONTINGENCIES

The Plan has no material loan commitments, other commitments or contingent liabilities.

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The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is as least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 - TRANSACTIONS WITH RELATED PARTIES

Plan assets include investments in mutual funds managed by Fidelity Investments, an affiliate of Fidelity Management Trust Company. Fidelity Management Trust Company is the Plan's Trustee and, as such, transactions with the trustee qualify as party-in-interest transactions. Assets invested in the funds at December 31, 2015 and 2014 totaled \$1,840,747 and \$1,791,810, respectively. Fees paid by the Plan for the investment management services amounted to \$94 for the year ended December 31, 2015.

NOTE 11 - EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

Contributions received from participants for 2015 are net of payments of \$9,934 made in March 2016 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. This amount is also included in the accompanying statement of net assets available for benefits as excess participant contributions payable at December 31, 2015.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2015 and 2014

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ 1,878,772	\$ 1,873,224
Add: excess participant contributions payable	<u>9,934</u>	<u>10,157</u>
Net assets available for benefits per Form 5500	<u><u>\$ 1,888,706</u></u>	<u><u>\$ 1,883,381</u></u>

The following is a reconciliation of contributions received per the financial statements to Form 5500 for the year ended December 31, 2015:

Participant contributions received per the financial statements	\$ 98,075
Add: excess participant contributions payable	<u>9,934</u>
Participant contributions received per Form 5500	<u><u>\$ 108,009</u></u>

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the year ended December 31, 2015:

Benefits paid to participants per the financial statements	\$ 99,299
Add: excess participant contributions payable reported as corrective distributions on Form 5500	<u>10,157</u>
Total benefits paid to participants per Form 5500	<u><u>\$ 109,456</u></u>

As a result, net income per the financial statements is higher than the net income on Form 5500 by \$223 for the year ended December 31, 2015.

SUPPLEMENTARY INFORMATION

GALLERIA STONE AND TILE 401(K) PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2015

EIN: 06-1245179 Plan # 001

SCHEDULE 1

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Rate of Interest, Collateral or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
*	Fidelity Contrafund Fund	219.125 Units	\$ -	\$ 21,682
*	Fidelity Freedom 2015 Fund	3,587.444 Units	-	42,762
*	Fidelity Freedom 2020 Fund	15,373.885 Units	-	223,383
*	Fidelity Freedom 2025 Fund	38,906.365 Units	-	483,995
*	Fidelity Freedom 2030 Fund	10,184.688 Units	-	154,909
*	Fidelity Freedom 2035 Fund	46,464.375 Units	-	581,269
*	Fidelity Freedom 2040 Fund	18,565.135 Units	-	163,188
*	Fidelity Freedom 2045 Fund	6,731.892 Units	-	66,848
*	Fidelity Freedom 2050 Fund	464.631 Units	-	4,632
*	Fidelity Large Cap Stock Fund	378.720 Units	-	9,896
*	Fidelity Low Priced Stock Fund	643.002 Units	-	30,703
*	Fidelity Spartan 500 Index Fund	84.130 Units	-	6,041
*	Fidelity Spartan Mid Cap Index Fund	52.701 Units	-	860
	Goldman Sachs Small/Mid Cap Growth Fund A	773.941 Units	-	15,711
	Invesco Diversified Dividend Fund R5	940.347 Units	-	16,531
	Wells Fargo Small Company Growth Admin Fund	380.462 Units	-	15,321
	Money Market Fund			
*	Fidelity Government Money Market Fund	3,015.680 Units	-	3,016
	Subtotal		-	1,840,747
*	Participant Notes Receivable	Interest at 4.25%	-	47,959
	Total Investments		<u>\$ -</u>	<u>\$ 1,888,706</u>

*Represents Party-In-Interest

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2015

<u>Fund Name</u>	<u>Share Balance 12/31/2015</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
GS SM/MD CAP GRTH IS	773.941	\$16,958.95	\$20.30	\$15,711.00
INVS DIVRS DIVD R5	940.347	\$17,265.67	\$17.58	\$16,531.30
WF SM CO GROWTH ADM	380.462	\$16,667.93	\$40.27	\$15,321.20
FID CONTRAFUND	219.125	\$21,680.67	\$98.95	\$21,682.42
FID US GOVT RES	0.000	\$0.00	\$1.00	\$0.00
FID LOW PRICED STK	643.002	\$32,243.46	\$47.75	\$30,703.35
FID LARGE CAP STOCK	378.720	\$10,759.25	\$26.13	\$9,895.95
FID FREEDOM 2020	15,373.885	\$238,308.95	\$14.53	\$223,382.55
FID FREEDOM 2030	10,184.688	\$165,064.94	\$15.21	\$154,909.10
FMMT RETIRE GOV II	0.000	\$0.00	\$1.00	\$0.00
FID FREEDOM 2040	18,565.135	\$174,740.21	\$8.79	\$163,187.54
FID FREEDOM 2015	3,587.444	\$45,587.62	\$11.92	\$42,762.33
FID FREEDOM 2025	38,906.365	\$515,088.19	\$12.44	\$483,995.18
FID FREEDOM 2035	46,464.375	\$620,145.31	\$12.51	\$581,269.33
SPTN 500 INDEX ADV	84.130	\$6,160.22	\$71.80	\$6,040.53
FID FREEDOM 2045	6,731.892	\$71,106.40	\$9.93	\$66,847.69
FID FREEDOM 2050	464.631	\$4,928.97	\$9.97	\$4,632.37
SPTN MID CAP IDX ADV	52.701	\$891.30	\$16.32	\$860.08
FID GOVT MMRK PRM	3,015.680	\$3,015.68	\$1.00	\$3,015.68
OUTSTANDING LOAN BALANCE				\$47,958.73
				=====
		NET ASSETS 12/31/2015:		\$1,888,706.33
				=====

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.