

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☒ 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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

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.	10/13/2017	ANDREA P. ATKINS
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 138
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 128 6a(2) 150 6b 0 6c 6 6d 156 6e 0 6f 156 6g 43 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)

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

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

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

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

Receipt Confirmation Code _____

<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
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan 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	300	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 ☐

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BAIRD CORE PLUS INV - US BANCORP 39-0281260	.27%	
(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DLWR SM CAP VAL INST 2005 MARKET STREET PHILADELPHIA, PA 19103	.25%	
(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLENMEDE SMCP EQ ADV 04-0025081	.40%	

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GS SMMD CAP GRTH IS 13-5108880	.10%	
(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS DIVRS R5 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	.35%	
(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTL VALUE R4 04-2865649	.15%	

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R3 04-2865649	.50%	
(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR INTL GROWTH A 225 LIBERTY STREET NEW YORK, NY 10281	.5%	
(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WF SM CO GROWTH ADM 330 W. 9TH STREET KANSAS CITY, MO 64105	.35%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
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	Asset and Liability Statement
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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)		2065
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3015	42327
(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)	47959	45337
(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)	1837732	1976002
(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	1888706	2065731

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	1888706	2065731
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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)	101065	
(C) Others (including rollovers)	2a(1)(C)	17547	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		118612
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	35	
(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)	1870	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1905
(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)	76592	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		76592
(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)		64415
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		261524

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	74265	
(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)		74265
f Corrective distributions (see instructions)	2f		9934
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)	300	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		300
j Total expenses. Add all expense amounts in column (b) and enter total	2j		84499

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		177025
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:

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.).....

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.)

	Yes	No	Amount
4a	X		18327
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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
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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
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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.
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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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

GALLERIA STONE AND TILE 401(K) PLAN

Independent Auditor's Report
Financial Statements

December 31, 2016 and 2015

GALLERIA STONE AND TILE 401(K) PLAN

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December 31, 2016 and 2015

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SUPPLEMENTAL SCHEDULES

Schedule 1 - Assets (Held at End of Year)	12-13
Schedule 2 - Delinquent Participant Contributions	14

Other schedules required by 29 CFR 2520.103 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not required or not applicable.

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)

www.whcpa.com



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 statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

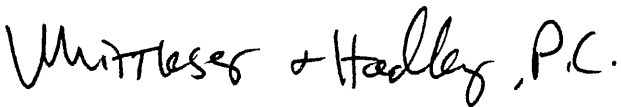
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedules

The supplemental schedules of assets (held at end of year) and delinquent participant contributions as of and for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, 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.

A handwritten signature in black ink that reads "Whittles & Hadley, P.C." in a cursive, slightly slanted script.

Hamden, Connecticut
October 13, 2017

GALLERIA STONE AND TILE 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	2016	2015
ASSETS		
Investments at fair value	<u>\$2,018,329</u>	<u>\$1,840,747</u>
Receivables		
Participants' contributions	2,065	-
Notes receivable from participants	<u>45,337</u>	<u>47,959</u>
Total Receivables	<u>47,402</u>	<u>47,959</u>
Total Assets	2,065,731	1,888,706
LIABILITIES		
Excess participant contributions payable	<u>-</u>	<u>9,934</u>
Net Assets Available for Benefits	<u><u>\$2,065,731</u></u>	<u><u>\$1,878,772</u></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, 2016

Additions to Net Assets Attributed to:

Investment Income

Net appreciation in fair value of investments	\$ 64,415
Interest and dividends	<u>76,627</u>

Total Investment Income	<u>141,042</u>
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Interest income on notes receivable from participants	<u>1,870</u>
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Contributions

Participants	101,065
Rollovers	<u>17,547</u>

Total Contributions	<u>118,612</u>
---------------------	----------------

Total Additions	<u>261,524</u>
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Deductions from Net Assets Attributed to:

Benefits paid to participants	74,265
Administrative expenses	<u>300</u>

Total Deductions	<u>74,565</u>
------------------	---------------

Net Increase	186,959
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Net Assets Available for Benefits

Beginning of year	<u>1,878,772</u>
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End of year	<u><u>\$ 2,065,731</u></u>
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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, 2016 and 2015

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. All employees of the Company who have completed three months of service are eligible to participate, provided they are at least 18 years of age. 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, 2016.

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.

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.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

NOTE 1 - DESCRIPTION OF PLAN (continued)

Notes Receivable from Participants - 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 rates between 4.25% and 4.50% at December 31, 2016 and 4.25% at December 31, 2015. Principal and interest is paid ratably in payments made no less frequently than quarterly through payroll deductions.

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, 2016 and 2015, the value of accumulated pension benefits remaining in the Plan for terminated participants was \$166,852 and \$228,254, respectively.

Forfeited Accounts - At December 31, 2016 and 2015, forfeited nonvested accounts totaled \$3,481 and \$3,016, respectively. These accounts can be used to pay administrative expenses or to reduce employer contributions.

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.

Investment Valuation and Income Recognition - 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.

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

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Expenses - Expenses incurred by the custodian and trustees with regard to the management of the Plan assets are paid for by the Plan. The Company pays for other expenses, such as administrative and accounting fees.

Payment of Benefits - Benefits are recorded when paid.

Subsequent Events - The Plan has evaluated subsequent events occurring between the end of the most recent fiscal year end and October 13, 2017 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, except as disclosed in Note 14.

NOTE 3 - INFORMATION PROVIDED BY THE PLAN TRUSTEE

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

NOTE 4 - INVESTMENTS

The December 31, 2016 and 2015 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, 2016, 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 \$2,018,329 and \$1,840,747 at December 31, 2016 and 2015, respectively, and related appreciation in the fair value of investments of \$64,415 for the year ended December 31, 2016.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

NOTE 5 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 or 2015.

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

Money Market Fund - Valued through investment vehicles using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

These 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.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

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, 2016 and 2015. As prescribed by FASB ASU 2015-12, the investments are disaggregated by general type.

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	\$1,976,002	\$ -	\$ -	\$1,976,002
Money market fund	42,327	-	-	42,327
Total	\$2,018,329	\$ -	\$ -	\$2,018,329

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

NOTE 6 - TAX 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2013.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

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.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is 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 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

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, 2016 and 2015 totaled \$2,018,329 and \$1,840,747, respectively. Fees paid by the Plan for the investment management services amounted to \$300 for the year ended December 31, 2016.

NOTE 11 - EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

Contributions received from participants for 2015 were 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, 2016 and 2015

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, 2016 and 2015:

	2016	2015
Net assets available for benefits per the financial statements	\$ 2,065,731	\$ 1,878,772
Add: excess participant contributions payable	<u>-</u>	<u>9,934</u>
Net assets available for benefits per Form 5500	<u>\$ 2,065,731</u>	<u>\$ 1,888,706</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the year ended December 31, 2016:

Benefits paid to participants per the financial statements	\$ 74,265
Add: excess participant contributions payable reported as corrective distributions on Form 5500	<u>9,934</u>
Total benefits paid to participants per Form 5500	<u>\$ 84,199</u>

As a result, net income per the financial statements is higher than the net income on Form 5500 by \$9,934 for the year ended December 31, 2016.

NOTE 13 - NONEXEMPT TRANSACTIONS

It was noted in 2016 that there were unintentional delays by the Company in submitting employee contributions in the aggregate amount of \$18,327 to the Plan's custodian. The Company intends to reimburse the Plan for the lost interest in the amount of approximately \$20 in October 2017.

NOTE 14 - SUBSEQUENT EVENT

Effective April 2017, the Company changed the Plan's trustee and record keeper to Capital Bank and Trust Company, an affiliate of American Funds.

SUPPLEMENTAL SCHEDULES

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2016
(Unaudited)

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	256.324 Units	\$ **	\$ 25,238
*	Fidelity Freedom 2015 Fund	4,140.889 Units	**	50,892
*	Fidelity Freedom 2020 Fund	18,544.958 Units	**	277,989
*	Fidelity Freedom 2025 Fund	41,785.980 Units	**	536,950
*	Fidelity Freedom 2030 Fund	9,911.646 Units	**	156,505
*	Fidelity Freedom 2035 Fund	38,131.881 Units	**	497,240
*	Fidelity Freedom 2040 Fund	19,427.148 Units	**	177,759
*	Fidelity Freedom 2045 Fund	8,301.480 Units	**	85,754
*	Fidelity Freedom 2050 Fund	617.316 Units	**	6,408
*	Fidelity Freedom 2055 Fund	9.203 Units	**	107
*	Fidelity Large Cap Stock Fund	393.356 Units	**	11,549
*	Fidelity Low Priced Stock Fund	677.182 Units	**	33,507
*	Fidelity Spartan 500 Index Fund	145.586 Units	**	11,405
*	Fidelity GNMA Fund	2,547.535 Units	**	29,118
*	Fidelity Total Market Index Fund	1.646 Units	**	106
*	Fidelity Emerging Markets Index Fund	159.814 Units	**	1,352
	Oppenheimer International Growth Fund	1.531 Units	**	53
	Delaware Small Cap Value Fund	0.861 Units	**	54
	Baird Core Plus Bond Fund	3,200.636 Units	**	36,679
	Glenmede Small Cap Equity Fund	103.998 Units	**	2,997
	MFS Mid Cap Value Fund	2.518 Units	**	53
	MFS International Value Class R4 Fund	189.084 Units	**	6,612
	Invesco Diversified Dividend Fund R5	1,433.931 Units	**	27,675

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2016
(Unaudited)

SCHEDULE 1 (continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Rate of Interest, Collateral or Maturity Value	(d)		(e) Current	
			Cost		Value	
	Money Market Fund					
*	Fidelity Government Money Market Fund	42,326.730 Units	\$	**	\$	42,327
	Subtotal			**		2,018,329
*	Participant Notes Receivable	Interest at 4.25% - 4.50%		**		45,337
	Total Investments		\$	**	\$	2,063,666

* Represents Party-In-Interest

** Cost of investments is not presented as all investments are participant directed.

This schedule was prepared based on information certified by trustee of the plan's assets.

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4a

Schedule of Delinquent Participant Contributions

December 31, 2016
(Unaudited)

SCHEDULE 2

Participant Contributions Transferred Late to the Plan				Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted	Check Here If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Corrections Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction In Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
\$ 1,991	1/1/2016	1/6/2016		\$ -	\$ 1,991	\$ -	\$ -
\$ 2,158	1/15/2016	2/8/2016		\$ -	\$ 2,158	\$ -	\$ -
\$ 2,078	1/22/2016	2/8/2016		\$ -	\$ 2,078	\$ -	\$ -
\$ 2,118	1/29/2016	2/8/2016		\$ -	\$ 2,118	\$ -	\$ -
\$ 2,060	2/5/2016	2/16/2016		\$ -	\$ 2,060	\$ -	\$ -
\$ 2,008	3/4/2016	3/9/2016		\$ -	\$ 2,008	\$ -	\$ -
\$ 1,964	5/6/2016	5/11/2016		\$ -	\$ 1,964	\$ -	\$ -
\$ 1,884	11/25/2016	11/30/2016		\$ -	\$ 1,884	\$ -	\$ -
\$ 2,066	12/30/2016	1/5/2017		\$ -	\$ 2,066	\$ -	\$ -

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2016

<u>Fund Name</u>	<u>Share Balance 12/31/2016</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
GS SM/MD CAP GRTH IS	0.000	\$0.00	\$19.66	\$0.00
MFS INTL VALUE R4	189.084	\$6,868.71	\$34.97	\$6,612.27
OPPHMR INTL GROWTH A	1.531	\$52.85	\$34.89	\$53.42
INVS DIVRS DIVD R5	1,433.931	\$26,815.80	\$19.30	\$27,674.87
WF SM CO GROWTH ADM	0.000	\$0.00	\$43.27	\$0.00
DLWR SM CAP VAL INST	0.861	\$52.79	\$62.97	\$54.22
BAIRD CORE PLUS INV	3,200.636	\$38,012.20	\$11.46	\$36,679.29
MFS MID CAP VALUE R3	2.518	\$52.98	\$21.12	\$53.18
GLENMEDE SMCP EQ ADV	103.998	\$2,732.75	\$28.82	\$2,997.22
FID GNMA	2,547.535	\$29,802.97	\$11.43	\$29,118.33
FID CONTRAFUND	256.324	\$25,375.00	\$98.46	\$25,237.66
FID LOW PRICED STK	677.182	\$33,910.36	\$49.48	\$33,506.97
FID LARGE CAP STOCK	393.356	\$11,164.25	\$29.36	\$11,548.93
FID FREEDOM 2020	18,544.958	\$285,839.65	\$14.99	\$277,988.92
FID FREEDOM 2030	9,911.646	\$158,975.22	\$15.79	\$156,504.89
FID FREEDOM 2040	19,427.148	\$180,318.39	\$9.15	\$177,758.40
FID FREEDOM 2015	4,140.889	\$52,201.48	\$12.29	\$50,891.53
FID FREEDOM 2025	41,785.980	\$550,416.30	\$12.85	\$536,949.84
FID FREEDOM 2035	38,131.881	\$505,145.31	\$13.04	\$497,239.73
FID TOT MKT IDX PR	1.646	\$106.27	\$64.53	\$106.22
FID 500 INDEX PR	145.586	\$10,867.62	\$78.34	\$11,405.21
FID FREEDOM 2045	8,301.480	\$85,379.02	\$10.33	\$85,754.29
FID FREEDOM 2050	617.316	\$6,446.25	\$10.38	\$6,407.74
FID FREEDOM 2055	9.203	\$108.51	\$11.65	\$107.21
FID EM MKTS IDX PR	159.814	\$1,360.30	\$8.46	\$1,352.03
FID MID CAP IDX PR	0.000	\$0.00	\$18.17	\$0.00
FID GOVT MMRK PRM	42,326.730	\$42,326.73	\$1.00	\$42,326.73
OUTSTANDING LOAN BALANCE				\$45,336.89
				=====
			NET ASSETS 12/31/2016:	\$2,063,665.99
				=====

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.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the Instructions to the Form 5500.**OMB Nos. 1510-0110
1510-0089**2016****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

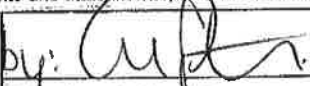
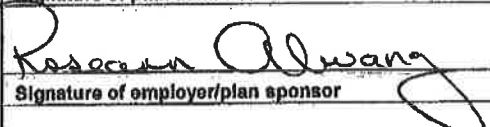
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 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 	<u>10/13/17</u> Date	Andrea P. Atkins Enter name of individual signing as plan administrator
SIGN HERE 	<u>10/13/17</u> Date	Roseann Alwang 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

For Paperwork Reduction Act Notice, see the instructions for Form 5500.

Form 5500 (2016)
v. 160206

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	5 138
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) 128
a(2) Total number of active participants at the end of the plan year	6a(2) 150
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 6
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 156
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 156
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)

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

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

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

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

Receipt Confirmation Code _____

GALLERIA STONE AND TILE 401(K) PLAN

Independent Auditor's Report
Financial Statements

December 31, 2016 and 2015

GALLERIA STONE AND TILE 401(K) PLAN

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December 31, 2016 and 2015

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SUPPLEMENTAL SCHEDULES

Schedule 1 - Assets (Held at End of Year)	12-13
Schedule 2 - Delinquent Participant Contributions	14

Other schedules required by 29 CFR 2520.103 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not required or not applicable.

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)

www.whcpa.com



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 statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

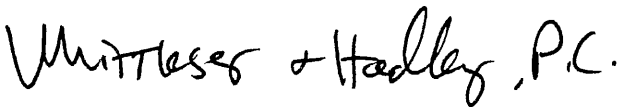
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedules

The supplemental schedules of assets (held at end of year) and delinquent participant contributions as of and for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, 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.



Hamden, Connecticut
October 13, 2017

GALLERIA STONE AND TILE 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	2016	2015
ASSETS		
Investments at fair value	<u>\$2,018,329</u>	<u>\$1,840,747</u>
Receivables		
Participants' contributions	2,065	-
Notes receivable from participants	<u>45,337</u>	<u>47,959</u>
Total Receivables	<u>47,402</u>	<u>47,959</u>
Total Assets	2,065,731	1,888,706
LIABILITIES		
Excess participant contributions payable	<u>-</u>	<u>9,934</u>
Net Assets Available for Benefits	<u><u>\$2,065,731</u></u>	<u><u>\$1,878,772</u></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, 2016

Additions to Net Assets Attributed to:

Investment Income

Net appreciation in fair value of investments	\$ 64,415
Interest and dividends	<u>76,627</u>

Total Investment Income	<u>141,042</u>
-------------------------	----------------

Interest income on notes receivable from participants	<u>1,870</u>
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Contributions

Participants	101,065
Rollovers	<u>17,547</u>

Total Contributions	<u>118,612</u>
---------------------	----------------

Total Additions	<u>261,524</u>
-----------------	----------------

Deductions from Net Assets Attributed to:

Benefits paid to participants	74,265
Administrative expenses	<u>300</u>

Total Deductions	<u>74,565</u>
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Net Increase	186,959
--------------	---------

Net Assets Available for Benefits

Beginning of year	<u>1,878,772</u>
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End of year	<u><u>\$ 2,065,731</u></u>
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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, 2016 and 2015

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. All employees of the Company who have completed three months of service are eligible to participate, provided they are at least 18 years of age. 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, 2016.

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.

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.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

NOTE 1 - DESCRIPTION OF PLAN (continued)

Notes Receivable from Participants - 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 rates between 4.25% and 4.50% at December 31, 2016 and 4.25% at December 31, 2015. Principal and interest is paid ratably in payments made no less frequently than quarterly through payroll deductions.

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, 2016 and 2015, the value of accumulated pension benefits remaining in the Plan for terminated participants was \$166,852 and \$228,254, respectively.

Forfeited Accounts - At December 31, 2016 and 2015, forfeited nonvested accounts totaled \$3,481 and \$3,016, respectively. These accounts can be used to pay administrative expenses or to reduce employer contributions.

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.

Investment Valuation and Income Recognition - 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.

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

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Expenses - Expenses incurred by the custodian and trustees with regard to the management of the Plan assets are paid for by the Plan. The Company pays for other expenses, such as administrative and accounting fees.

Payment of Benefits - Benefits are recorded when paid.

Subsequent Events - The Plan has evaluated subsequent events occurring between the end of the most recent fiscal year end and October 13, 2017 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, except as disclosed in Note 14.

NOTE 3 - INFORMATION PROVIDED BY THE PLAN TRUSTEE

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

NOTE 4 - INVESTMENTS

The December 31, 2016 and 2015 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, 2016, 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 \$2,018,329 and \$1,840,747 at December 31, 2016 and 2015, respectively, and related appreciation in the fair value of investments of \$64,415 for the year ended December 31, 2016.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

NOTE 5 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability;

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 or 2015.

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

Money Market Fund - Valued through investment vehicles using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

These 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.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

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, 2016 and 2015. As prescribed by FASB ASU 2015-12, the investments are disaggregated by general type.

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	\$1,976,002	\$ -	\$ -	\$1,976,002
Money market fund	42,327	-	-	42,327
Total	\$2,018,329	\$ -	\$ -	\$2,018,329

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

NOTE 6 - TAX 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2013.

GALLERIA STONE AND TILE 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015

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.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is 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 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

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, 2016 and 2015 totaled \$2,018,329 and \$1,840,747, respectively. Fees paid by the Plan for the investment management services amounted to \$300 for the year ended December 31, 2016.

NOTE 11 - EXCESS PARTICIPANT CONTRIBUTIONS PAYABLE

Contributions received from participants for 2015 were 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, 2016 and 2015

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, 2016 and 2015:

	2016	2015
Net assets available for benefits per the financial statements	\$ 2,065,731	\$ 1,878,772
Add: excess participant contributions payable	<u>-</u>	<u>9,934</u>
Net assets available for benefits per Form 5500	<u><u>\$ 2,065,731</u></u>	<u><u>\$ 1,888,706</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, 2016:

Benefits paid to participants per the financial statements	\$ 74,265
Add: excess participant contributions payable reported as corrective distributions on Form 5500	<u>9,934</u>
Total benefits paid to participants per Form 5500	<u><u>\$ 84,199</u></u>

As a result, net income per the financial statements is higher than the net income on Form 5500 by \$9,934 for the year ended December 31, 2016.

NOTE 13 - NONEXEMPT TRANSACTIONS

It was noted in 2016 that there were unintentional delays by the Company in submitting employee contributions in the aggregate amount of \$18,327 to the Plan's custodian. The Company intends to reimburse the Plan for the lost interest in the amount of approximately \$20 in October 2017.

NOTE 14 - SUBSEQUENT EVENT

Effective April 2017, the Company changed the Plan's trustee and record keeper to Capital Bank and Trust Company, an affiliate of American Funds.

SUPPLEMENTAL SCHEDULES

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2016
(Unaudited)

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	256.324 Units	\$ **	\$ 25,238
*	Fidelity Freedom 2015 Fund	4,140.889 Units	**	50,892
*	Fidelity Freedom 2020 Fund	18,544.958 Units	**	277,989
*	Fidelity Freedom 2025 Fund	41,785.980 Units	**	536,950
*	Fidelity Freedom 2030 Fund	9,911.646 Units	**	156,505
*	Fidelity Freedom 2035 Fund	38,131.881 Units	**	497,240
*	Fidelity Freedom 2040 Fund	19,427.148 Units	**	177,759
*	Fidelity Freedom 2045 Fund	8,301.480 Units	**	85,754
*	Fidelity Freedom 2050 Fund	617.316 Units	**	6,408
*	Fidelity Freedom 2055 Fund	9.203 Units	**	107
*	Fidelity Large Cap Stock Fund	393.356 Units	**	11,549
*	Fidelity Low Priced Stock Fund	677.182 Units	**	33,507
*	Fidelity Spartan 500 Index Fund	145.586 Units	**	11,405
*	Fidelity GNMA Fund	2,547.535 Units	**	29,118
*	Fidelity Total Market Index Fund	1.646 Units	**	106
*	Fidelity Emerging Markets Index Fund	159.814 Units	**	1,352
	Oppenheimer International Growth Fund	1.531 Units	**	53
	Delaware Small Cap Value Fund	0.861 Units	**	54
	Baird Core Plus Bond Fund	3,200.636 Units	**	36,679
	Glenmede Small Cap Equity Fund	103.998 Units	**	2,997
	MFS Mid Cap Value Fund	2.518 Units	**	53
	MFS International Value Class R4 Fund	189.084 Units	**	6,612
	Invesco Diversified Dividend Fund R5	1,433.931 Units	**	27,675

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2016
(Unaudited)

SCHEDULE 1 (continued)

(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
	Money Market Fund			
*	Fidelity Government Money Market Fund	42,326.730 Units	\$ **	\$ 42,327
	Subtotal		**	2,018,329
*	Participant Notes Receivable	Interest at 4.25% - 4.50%	**	45,337
	Total Investments		\$ **	\$2,063,666

* Represents Party-In-Interest

** Cost of investments is not presented as all investments are participant directed.

This schedule was prepared based on information certified by trustee of the plan's assets.

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4a

Schedule of Delinquent Participant Contributions

December 31, 2016
(Unaudited)

SCHEDULE 2

Participant Contributions Transferred Late to the Plan				Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted	Check Here If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Corrections Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction In Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
\$ 1,991	1/1/2016	1/6/2016		\$ -	\$ 1,991	\$ -	\$ -
\$ 2,158	1/15/2016	2/8/2016		\$ -	\$ 2,158	\$ -	\$ -
\$ 2,078	1/22/2016	2/8/2016		\$ -	\$ 2,078	\$ -	\$ -
\$ 2,118	1/29/2016	2/8/2016		\$ -	\$ 2,118	\$ -	\$ -
\$ 2,060	2/5/2016	2/16/2016		\$ -	\$ 2,060	\$ -	\$ -
\$ 2,008	3/4/2016	3/9/2016		\$ -	\$ 2,008	\$ -	\$ -
\$ 1,964	5/6/2016	5/11/2016		\$ -	\$ 1,964	\$ -	\$ -
\$ 1,884	11/25/2016	11/30/2016		\$ -	\$ 1,884	\$ -	\$ -
\$ 2,066	12/30/2016	1/5/2017		\$ -	\$ 2,066	\$ -	\$ -

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2016
(Unaudited)

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	256.324 Units	\$ **	\$ 25,238
*	Fidelity Freedom 2015 Fund	4,140.889 Units	**	50,892
*	Fidelity Freedom 2020 Fund	18,544.958 Units	**	277,989
*	Fidelity Freedom 2025 Fund	41,785.980 Units	**	536,950
*	Fidelity Freedom 2030 Fund	9,911.646 Units	**	156,505
*	Fidelity Freedom 2035 Fund	38,131.881 Units	**	497,240
*	Fidelity Freedom 2040 Fund	19,427.148 Units	**	177,759
*	Fidelity Freedom 2045 Fund	8,301.480 Units	**	85,754
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*	Fidelity Freedom 2055 Fund	9.203 Units	**	107
*	Fidelity Large Cap Stock Fund	393.356 Units	**	11,549
*	Fidelity Low Priced Stock Fund	677.182 Units	**	33,507
*	Fidelity Spartan 500 Index Fund	145.586 Units	**	11,405
*	Fidelity GNMA Fund	2,547.535 Units	**	29,118
*	Fidelity Total Market Index Fund	1.646 Units	**	106
*	Fidelity Emerging Markets Index Fund	159.814 Units	**	1,352
	Oppenheimer International Growth Fund	1.531 Units	**	53
	Delaware Small Cap Value Fund	0.861 Units	**	54
	Baird Core Plus Bond Fund	3,200.636 Units	**	36,679
	Glenmede Small Cap Equity Fund	103.998 Units	**	2,997
	MFS Mid Cap Value Fund	2.518 Units	**	53
	MFS International Value Class R4 Fund	189.084 Units	**	6,612
	Invesco Diversified Dividend Fund R5	1,433.931 Units	**	27,675

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2016
(Unaudited)

SCHEDULE 1 (continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Rate of Interest, Collateral or Maturity Value	SCHEDULE 1 (continued)	
			(d) Cost	(e) Current Value
	Money Market Fund			
*	Fidelity Government Money Market Fund	42,326.730 Units	\$ **	\$ 42,327
	Subtotal		**	2,018,329
*	Participant Notes Receivable	Interest at 4.25% - 4.50%	**	45,337
	Total Investments		\$ **	\$2,063,666

* Represents Party-In-Interest

** Cost of investments is not presented as all investments are participant directed.

This schedule was prepared based on information certified by trustee of the plan's assets.

GALLERIA STONE AND TILE 401(K) PLAN

EIN: 06-1245179, Plan # 001
Form 5500, Schedule H, Line 4a

Schedule of Delinquent Participant Contributions

December 31, 2016
(Unaudited)

SCHEDULE 2

Participant Contributions Transferred Late to the Plan				Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted	Check Here If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Corrections Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction In Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
\$ 1,991	1/1/2016	1/6/2016		\$ -	\$ 1,991	\$ -	\$ -
\$ 2,158	1/15/2016	2/8/2016		\$ -	\$ 2,158	\$ -	\$ -
\$ 2,078	1/22/2016	2/8/2016		\$ -	\$ 2,078	\$ -	\$ -
\$ 2,118	1/29/2016	2/8/2016		\$ -	\$ 2,118	\$ -	\$ -
\$ 2,060	2/5/2016	2/16/2016		\$ -	\$ 2,060	\$ -	\$ -
\$ 2,008	3/4/2016	3/9/2016		\$ -	\$ 2,008	\$ -	\$ -
\$ 1,964	5/6/2016	5/11/2016		\$ -	\$ 1,964	\$ -	\$ -
\$ 1,884	11/25/2016	11/30/2016		\$ -	\$ 1,884	\$ -	\$ -
\$ 2,066	12/30/2016	1/5/2017		\$ -	\$ 2,066	\$ -	\$ -