Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1957

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

ED GARVEY & COMPANY

7400 N. LEHIGH AVENUE
NILES, IL 60714

7400 N. LEHIGH AVENUE
NILES, IL 60714

2b Employer Identification Number (EIN)
36-1120019

2c Sponsor's telephone number
847-647-1900

2d Business code (see instructions)
323100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2013	MICHAEL LEONARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2013	MICHAEL LEONARD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

ED GARVEY & COMPANY

7400 N. LEHIGH AVENUE
NILES, IL 60714

3b Administrator's EIN
36-1120019

3c Administrator's telephone number
847-647-1900

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**	227
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	171
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	50
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	222
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	223
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	196
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 2T 3B 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)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ED GARVEY & COMPANY

D Employer Identification Number (EIN)
36-1120019

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

MESIROW FINANCIAL

350 N CLARK ST FL 5
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	23676	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	1575	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF LG CAP VAL INV - STATE STREET B 225 FRANKLIN STREET BOSTON, MA 02111	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREY BASIC S&P 500 - DREYFUS TRANSF 13-2614959	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM CORE BOND SELECT - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM MID CAP VAL SEL - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM US EQUITY SELECT - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INT VAL R5 - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP GRTH STOCK ADV - T. ROWE PRICE 52-2269240	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP HIGH YIELD ADV - T. ROWE PRICE 52-2269240	0.40%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ED GARVEY & COMPANY

D Employer Identification Number (EIN)
36-1120019

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	1258534

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ED GARVEY & COMPANY

D Employer Identification Number (EIN)
36-1120019

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	483425	441222
(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)	73695	71436
(9) Value of interest in common/collective trusts	1c(9)	1312316	1258534
(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)	7035973	8129231
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8905409	9900423
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8905409	9900423

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)	132	
(B) Participants	2a(1)(B)	648661	
(C) Others (including rollovers)	2a(1)(C)	60726	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		709519
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	38	
(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)	3525	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3563
(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)	174393	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		174393
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17379
(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)		783518
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1688372
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	668103	
(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)		668103
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	25255	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25255
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		693358
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		995014
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BRONSWICK REICIN POLLACK, CPAS **(2)** EIN: 36-4409576

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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)

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ED GARVEY & COMPANY

D Employer Identification Number (EIN)
36-1120019

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-6568107 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EIN #36-1120019
PLAN #001

GARVEY COMPANIES'
SAVINGS AND RETIREMENT PLAN

FINANCIAL STATEMENTS

(MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2012 AND 2011

EIN #36-1120019
PLAN #001

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
FINANCIAL STATEMENTS
(MODIFIED CASH BASIS)
YEARS ENDED DECEMBER 31, 2012 AND 2011

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BRONSWICK REICIN POLLACK

2150 E. Lake Cook Road, Suite 430
Buffalo Grove, Illinois 60089

phone 847.808.9800
fax 847.808.9998

EIN #36-1120019
PLAN #001

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
The Garvey Companies' Savings and Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Garvey Companies' Savings and Retirement Plan (modified cash basis), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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 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 7, 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 (modified cash basis) and supplemental schedules. 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, 2012 and 2011, 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.

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Other Matter

The supplemental schedule for the year ended December 31, 2012 is required by the Department of Labor's (DOL) 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 is 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 this supplemental schedule.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

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

The form and content of the information included in the financial statements (modified cash basis) and supplemental schedules, other than that derived from the information certified by the trustee, has 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 Employment Retirement Income Security Act of 1974.

Bronswick Reicin Pollack, Ltd.

September 25, 2013
Buffalo Grove, Illinois

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

Assets	2012	2011
Investments at fair value :		
Common/collective trusts		
Fidelity Advisor Stable Value Portfolio Class I	$ 1,258,534	$ 1,312,316
Registered investment companies:		
T Rowe Price Growth Stock Fund Advisor Class	1,248,354	969,894
Fidelity Advisor Freedom 2015 Fund - Inst. Class	857,781	855,555
Fidelity Advisor Small Cap Fund - Inst.Class	794,397	830,934
Thornburg International Value Fund Class R5	731,561	606,004
Fidelity Advisor Mid Cap II Fund - Inst. Class	604,727	584,654
Fidelity Advisor Freedom 2025 Fund - Inst. Class	545,099	545,189
T Rowe Price High-Yield Fund Advisor Class	479,612	491
JPMorgan Core Bond Fund Select Class	461,067	383,478
JPMorgan U S Equity Fund Select Class	435,359	208,582
Dreyfus Basic S&P 500 Stock Index Fund	357,820	353,713
Fidelity Advisor Freedom 2020 Fund - Inst. Class	356,497	348,366
American Beacon Large Capital Value Fund Inv. Class	324,852	334,254
Fidelity Advisor Freedom 2030 Fund - Inst. Class	235,993	154,318
JPMorgan Mid Cap Value Fund Select Class	203,247	104,847
Fidelity Advisor Freedom 2040 Fund - Inst. Class	194,020	158,146
Fidelity Advisor Freedom 2035 Fund - Inst. Class	176,910	133,373
Fidelity Advisor Freedom 2010 Fund - Inst. Class	45,097	42,969
Fidelity Advisor Freedom 2045 Fund - Inst. Class	31,438	23,241
Fidelity Advisor Freedom 2050 Fund - Inst. Class	17,548	11,892
Fidelity Advisor Freedom 2005 Fund - Inst. Class	14,532	14,210
Fidelity Advisor Freedom Income Fund - Inst. Class	13,320	14,418
Fidelity Advisor High Income Advantage Fund Class I	-	357,446
Interest bearing cash accounts		
Fidelity Money Market Trust Retirement Portfolio	441,222	483,425
Total Investments	9,828,987	8,831,715
Notes receivable from particpants	71,436	73,695
Net Assets Available for Benefits at Fair Value	9,900,423	8,905,410
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(42,150)	(41,895)
Net Assets Available for Benefits	$ 9,858,273	$ 8,863,515

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

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
PLAN YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
Additions to net assets attributed to:		
Investment Income:		
Net realized and unrealized appreciation (depreciation) in the fair value of investments	$ 783,517	$ (513,012)
Dividend income	191,517	235,250
Interest income - interest bearing cash accounts	38	48
Total Investment Gains (Losses)	975,072	(277,714)
Contributions:		
Participants	648,661	591,158
Rollovers	60,726	-
Employer	132	197
Total Contributions	709,519	591,355
Interest income - notes receivable from participants	3,525	3,794
Total Additions	1,688,116	317,435
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	668,103	482,538
Administrative expenses	25,255	24,255
Total Deductions	693,358	506,793
Net Increase (Decrease)	994,758	(189,358)
Net assets available for benefits at contract value Beginning of year	8,863,515	9,052,873
End of year	$ 9,858,273	$ 8,863,515

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

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Garvey Companies' Savings and Retirement (The Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a salary reduction (Sec. 401K) feature covering all full time employees of The Garvey Group, L.L.C., C-Graphic L.L.C. d/b/a Global Fulfillment Services, United General Graphics L.L.C., Tru-Line Lithographing, Inc., and Ed. Garvey and Company (all of which are under common control). Participants' must be age eighteen or older to participate in the Plan. There is a three month service requirement for elective deferrals and a one year service requirement for all other contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustee of the plan is Fidelity Management Trust Company.

Contributions

Each year, participants may contribute up to 90% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. In addition, the Company may make matching and/or company-discretionary contributions for a plan year. Matching contributions, if any, are allocated in proportion to the amount of each participant's deferral. Company-discretionary contributions are allocated among participants in the ratio that compensation of each participant bears to the total compensation of all participants. The Company has no obligation to make matching or company-discretionary contributions in any year. Effective February 1, 2008, all new employees are automatically added to the plan with a 3% contribution rate. If a new employee does not wish to be a member of the plan, the employee must take the required steps with the Trustee to opt out. As of June 1, 2012 Roth 401(k) contributions are allowed.

Participant Accounts

Each participant's account is funded with the participant's contribution and allocations of the Company's contributions, if any, and Plan earnings or losses. Allocations are based on participant account balances, as defined by the Plan. 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 contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000, or 50% of their account balance, whichever is lower. The maximum term of a loan is ten years for a primary residence, and five years for all other loans. The loans are secured by the balance in the participants' account and bear interest at prevailing rates as determined by the Plan administrator. Principal and interest are to be repaid through payroll deductions.

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Investment Options

Plan investments are participant directed. Upon enrollment in the Plan, a participant may direct contributions in any of the then available investment fund options. Participants may change or transfer their investment options at any time via telephone or a secure internet website.

Payment of Benefits and Other Withdrawals

Upon termination of service due to death, disability, or retirement, a participant or beneficiary shall be entitled to his/her vested benefit. Distributions may be made in a lump sum payment, a series of installments, or partial payment. A participant may also elect to leave the balance in their account for withdrawal at a later point in time. The Plan's minimum automatic distribution of a terminated participant's account is $1,000. Prior to termination withdrawals for participants under 59 1/2 may be allowed based financial hardship.

Forfeitures

Forfeitures are retained by the Plan and will first be used to pay administrative expenses. Any remaining amounts will be used to reduce any company contributions payable under the Plan. The balance in the forfeiture account was $1,008 at December 31, 2012 and $713 at December 31, 2011.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan follows the modified cash basis of accounting, which is the cash basis of accounting except for investments, which are adjusted to fair value. The modified cash basis of accounting is a comprehensive basis of accounting other than the accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments in the plan are stated at fair value (See Note 4). Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded when received. Net appreciation / (depreciation) includes the plan's realized gains and losses on investments bought and sold as well as held at year end.

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

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, 2012 or 2011. 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.

Payments of Benefits

Benefits and distributions are recorded when paid.

Plan Operating Expenses

Expenses of maintaining the plan are paid by the Company. Expenses relating to the purchase or sale of investments are included in the cost or deducted from the proceeds, respectively. Certain participant services and recordkeeping fees are charged to the participants' account.

Recent Accounting Pronouncements

In May 2011, new accounting guidance on fair value measurements was issued which requires updates to the fair value measurement disclosure to conform GAAP and International Financial Reporting Standards, effective for interim and annual periods beginning after December 15, 2011. The adoption of the new guidance will have no effect on the Plan's financial statements.

NOTE 3 – INVESTMENT APPRECIATION / DEPRECIATION

During 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year, along with dividends and interest appreciated/(depreciated) as follows:

	December 31, 2012	December 31, 2011
Registered Investment Companies	$ 957,910	$ (294,046)
Common/Collective Trusts	17,124	16,284
	$ 975,034	$ (277,762)

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and lowest priority to unobservable inputs (level 3). 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:
A. Quoted prices for similar assets or liabilities in active markets;
B. Quoted prices for identical or similar assets or liabilities in inactive markets;
C. Inputs other than quoted prices that are observable for the asset or liability;
D. Inputs that are derived principally from or corroborated by observable market data or 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 or liabilities 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 to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in methodologies used at December 31, 2012 and 2011

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Registered investment companies 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 and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trust Fund: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participation transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to insure that securities liquidations will be carried out in an orderly business manner.

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair values as of December 31, 2012 and 2011:

	Level 1	Level 2	Level 3	Total
December 31, 2012				
Mutual funds:				
Index funds	$ 357,820	$ -	$ -	$ 357,820
Bond/income funds	940,679			940,679
Life-cycle funds	2,474,915			2,474,915
Other funds	4,355,817			4,355,817
Total mutual funds	8,129,231	-	-	8,129,231
Common/Collective Trusts	-	1,258,534	-	1,258,534
Interest Bearing Money Market	441,222	-	-	441,222
	$ 8,570,453	$ 1,258,534	$ -	$ 9,828,987

	Level 1	Level 2	Level 3	Total
December 31, 2011				
Mutual funds:				
Index funds	$ 353,713	$ -	$ -	$ 353,713
Bond/income funds	741,415			741,415
Life-cycle funds	2,287,259			2,287,259
Other funds	3,653,587			3,653,587
Total mutual funds	7,035,974	-	-	7,035,974
Common/Collective Trusts	-	1,312,316	-	1,312,316
Interest Bearing Money Market	483,425	-	-	483,425
	$ 7,519,399	$ 1,312,316	$ -	$ 8,831,715

NOTE 5 – FIDELITY ADVISOR STABLE VALUE PORTFOLIO CLASS I

The Fidelity Advisor Stable Value Portfolio is a commingled pool managed by the Fidelity Management Trust Co. The Fund is considered a fully benefit responsive investment according to the AICPA Statement of Position 94-4. The portfolio strives to preserve principal investments while earning interest income and trying to maintain a stable $1 unit price. The pool invests in investment contracts issued by major insurance companies and other approved financial institutions, and in certain types of fixed income securities. A small portion of the pool is in invested in a money market fund to provide daily liquidity.

The contract is included in the financial statements at contract value as reported to the plan by Fidelity. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

NOTE 5 - FIDELITY ADVISOR STABLE VALUE PORTFOLIO CLASS I (continued)

As described in Note 4, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011 was $1,258,534 and $1,312,316, respectively. The crediting interest rate is based on a formula agreed upon by the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the plans prohibition on competing investment options or deletion or equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which could limit the plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The average yields earned by the guaranteed investment contract are as follows:

	December 31,	
Average Yields:		
Based on actual earnings	1.69	1.74
Based on interest rate credited to participants	1.11	1.26

NOTE 6 - TAX CONSIDERATIONS

Income Tax Status of the Plan

The IRS has determined and informed the Plan sponsor by a letter dated November 25, 1997, that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code.

Evaluation of Tax Position

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 if the plan has taken an uncertain position that "more likely than not" would not be sustained in a tax examination, with a tax examination

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

Evaluation of Tax Position – (continued)

being presumed to occur. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE 7 - DOL LIMITED-SCOPE AUDIT

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Act of 1974, the following information was certified as complete and accurate by the trustee Fidelity Management Trust Company for the years ended December 31, 2012 and 2011:

- Investment assets
- Investment income and activity
- Schedule of assets held for investment purposes
- Schedule of reportable transactions (when applicable)

	December 31, 2012	December 31, 2011
Investments, at Fair Value:		
Registered Investment Companies	$ 8,129,231	$ 7,035,973
Common/Collective Trusts	1,258,534	1,312,316
Interest Bearing Cash	441,222	483,425
Investment Income	975,072	(277,714)

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

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 at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect participants' account balances and amounts reported in the statement of net assets available for benefits.

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

NOTE 10 - RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $25,255 and $24,255 for the years ended December 31, 2012 and 2011, respectively. The Company pays all other administrative fees of the Plan.

NOTE 11 - PARTICIPANT – DIRECTED INVESTMENT PROGRAMS

Participants may direct the allocation of amounts deferred to the available investment options. The following schedule shows all participant directed investment options and those investments that represented 5% or more of the Plan's net assets as of December 31, 2012 and 2011.

Investments at fair value :	**2012**		**2011**	
Common/collective trusts:				
Fidelity Advisor Stable Value Portfolio Class I	$1,258,534	*	$1,312,316	*
Registered investment companies:				
T Rowe Price Growth Stock Fund Advisor Class	1,248,354	*	969,894	*
Fidelity Advisor Freedom 2015 Fund - Inst. Class	857,781	*	855,555	*
Fidelity Advisor Small Cap Fund - Inst.Class	794,397	*	830,934	*
Thornburg International Value Fund Class R5	731,561	*	606,004	*
Fidelity Advisor Mid Cap II Fund - Inst. Class	604,727	*	584,654	*
Fidelity Advisor Freedom 2025 Fund - Inst. Class	545,099	*	545,189	*
JPMorgan Core Bond Fund Select Class	461,067	*	383,478	
Fidelity Advisor High Income Advantage Fund Class I	-		357,446	
Dreyfus Basic S&P 500 Stock Index Fund	357,820		353,713	
Fidelity Advisor Freedom 2020 Fund - Inst. Class	356,497		348,366	
American Beacon Large Capital Value Fund Inv. Class	324,852		334,254	
JPMorgan U S Equity Fund Select Class	435,359		208,582	
Fidelity Advisor Freedom 2040 Fund - Inst. Class	194,020		158,146	
Fidelity Advisor Freedom 2030 Fund - Inst. Class	235,993		154,318	
Fidelity Advisor Freedom 2035 Fund - Inst. Class	176,910		133,373	
JPMorgan Mid Cap Value Fund Select Class	203,247		104,847	
Fidelity Advisor Freedom 2010 Fund - Inst. Class	45,097		42,969	
Fidelity Advisor Freedom 2045 Fund - Inst. Class	31,438		23,241	
Fidelity Advisor Freedom Income Fund - Inst. Class	13,320		14,418	
Fidelity Advisor Freedom 2005 Fund - Inst. Class	14,532		14,210	
Fidelity Advisor Freedom 2050 Fund - Inst. Class	17,548		11,892	
T Rowe Price High-Yield Fund Advisor Class	479,612		491	
Interest bearing cash				
Fidelity Money Market Trust Retirement Portfolio	441,222		483,425	
	$ 9,828,987		$ 8,831,715	

* Equals or exceeds 5% of net assets available for benefits

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS (MODIFIED CASH BASIS)
DECEMBER 31, 2012 AND 2011

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits and net decrease in net assets per the financial statements at December 31, 2012 and 2011 to form 5500:

	December 31, 2012	2011
Net assets available for benefits per the financial statements	$ 9,858,273	$ 8,863,515
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	42,150	41,895
Net assets available for benefits per the Form 5500	$ 9,900,423	$ 8,905,410

Net decrease in Net Assets per financial statements	$ 994,758
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(255)
Net decrease in Net Assets per Form 5500	$ 995,013

NOTE 13 - AMENDMENTS TO PLAN

Effective June 1, 2012 the Plan was amended to allow Roth 401(k) contributions.

NOTE 14 - SUBSEQUENT EVENTS

Plan management has evaluated events and transactions through September 25, 2013, the date the financial statements were available to be issued, and concluded that no additional events have occurred that require adjustment or disclosure to these financial statements. In July of 2013 the Garvey Group L.L.C. acquired a Los Angeles based printing operation whose employees will be eligible to participate in the plan.

SUPPLEMENTARY SCHEDULE REQUIRED BY

THE DEPARTMENT OF LABOR

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
(MODIFIED CASH BASIS)
DECEMBER 31, 2012

(a)	b) Identity of issuer, borrower, lessor, or similar property	c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value	
**	Fidelity Management Trust Company	Stable Value Portfolio Class I	$ 1,216,384	*	$ 1,258,534	*
**	Fidelity Management Trust Company	Freedom Income Fund - Inst. Class	-			
**	Fidelity Management Trust Company	Small Cap Fund - Inst.Class	758,434	*	794,397	*
**	Fidelity Management Trust Company	Money Market Trust Retirement Portfolio	441,222		441,222	
**	Fidelity Management Trust Company	Freedom Income Fund Class I	12,976		13,320	
**	Fidelity Management Trust Company	Freedom 2005 Fund - Inst. Class	13,673		14,532	
**	Fidelity Management Trust Company	Freedom 2010 Fund - Inst. Class	42,021		45,097	
**	Fidelity Management Trust Company	Freedom 2015 Fund - Inst. Class	806,517	*	857,781	*
**	Fidelity Management Trust Company	Freedom 2020 Fund - Inst. Class	328,965		356,497	
**	Fidelity Management Trust Company	Freedom 2025 Fund - Inst. Class	499,435	*	545,099	*
**	Fidelity Management Trust Company	Freedom 2030 Fund - Inst. Class	217,631		235,993	
**	Fidelity Management Trust Company	Freedom 2035 Fund - Inst. Class	161,616		176,910	
**	Fidelity Management Trust Company	Freedom 2040 Fund - Inst. Class	174,917		194,020	
**	Fidelity Management Trust Company	Freedom 2045 Fund - Inst. Class	29,030		31,438	
**	Fidelity Management Trust Company	Freedom 2050 Fund - Inst. Class	15,925		17,548	
**	Fidelity Management Trust Company	Mid Cap II Fund - Inst. Class	564,093	*	604,727	*
**	American Beacon Advisors	Large Capital Value Fund Inv. Class	283,880		324,852	
**	Dreyfus / BNY Mellon Asset Mgmt	Basic S&P 500 Stock Index Fund	319,970		357,820	
**	J P Morgan Asset Management	Core Bond Fund Select Class	454,526	*	461,067	*
**	J P Morgan Asset Management	Mid Cap Value Fund Select Class	186,896		203,247	
**	J P Morgan Asset Management	U S Equity Fund Select Class	401,665		435,359	
**	T Rowe Price & Associates	High-Yield Fund Advisor Class	465,519	*	479,612	*
**	T Rowe Price & Associates	Growth Stock Fund Advisor Class	1,070,168	*	1,248,354	*
**	Thornburg International	International Value Fund Class R5	647,932	*	731,561	*
	Participant Loans	6% to 10.50%	71,436		71,436	
	Totals		$ 9,184,831		$ 9,900,423	

* Equals or exceeds 5.0% of net assets available for benefits.

** A party-in-interest as defined by per ERISA

Fidelity Management Trust Company, the trustee, has certified the above information as complete and accurate.

EIN #36-1120019
PLAN #001

GARVEY COMPANIES'
SAVINGS AND RETIREMENT PLAN

FINANCIAL STATEMENTS

(MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2012 AND 2011

EIN #36-1120019
PLAN #001

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
FINANCIAL STATEMENTS
(MODIFIED CASH BASIS)
YEARS ENDED DECEMBER 31, 2012 AND 2011

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BRONSWICK REICIN POLLACK

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EIN #36-1120019
PLAN #001

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
The Garvey Companies' Savings and Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Garvey Companies' Savings and Retirement Plan (modified cash basis), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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 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 7, 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 (modified cash basis) and supplemental schedules. 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, 2012 and 2011, 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.

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Other Matter

The supplemental schedule for the year ended December 31, 2012 is required by the Department of Labor's (DOL) 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 is 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 this supplemental schedule.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

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

The form and content of the information included in the financial statements (modified cash basis) and supplemental schedules, other than that derived from the information certified by the trustee, has 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 Employment Retirement Income Security Act of 1974.

Bronswick Reicin Pollack, Ltd.

September 25, 2013
Buffalo Grove, Illinois

SUPPLEMENTARY SCHEDULE REQUIRED BY

THE DEPARTMENT OF LABOR

GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
(MODIFIED CASH BASIS)
DECEMBER 31, 2012

(a)	b) Identity of issuer, borrower, lessor, or similar property	c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value	
**	Fidelity Management Trust Company	Stable Value Portfolio Class I	$ 1,216,384	*	$ 1,258,534	*
**	Fidelity Management Trust Company	Freedom Income Fund - Inst. Class	-			
**	Fidelity Management Trust Company	Small Cap Fund - Inst.Class	758,434	*	794,397	*
**	Fidelity Management Trust Company	Money Market Trust Retirement Portfolio	441,222		441,222	
**	Fidelity Management Trust Company	Freedom Income Fund Class I	12,976		13,320	
**	Fidelity Management Trust Company	Freedom 2005 Fund - Inst. Class	13,673		14,532	
**	Fidelity Management Trust Company	Freedom 2010 Fund - Inst. Class	42,021		45,097	
**	Fidelity Management Trust Company	Freedom 2015 Fund - Inst. Class	806,517	*	857,781	*
**	Fidelity Management Trust Company	Freedom 2020 Fund - Inst. Class	328,965		356,497	
**	Fidelity Management Trust Company	Freedom 2025 Fund - Inst. Class	499,435	*	545,099	*
**	Fidelity Management Trust Company	Freedom 2030 Fund - Inst. Class	217,631		235,993	
**	Fidelity Management Trust Company	Freedom 2035 Fund - Inst. Class	161,616		176,910	
**	Fidelity Management Trust Company	Freedom 2040 Fund - Inst. Class	174,917		194,020	
**	Fidelity Management Trust Company	Freedom 2045 Fund - Inst. Class	29,030		31,438	
**	Fidelity Management Trust Company	Freedom 2050 Fund - Inst. Class	15,925		17,548	
**	Fidelity Management Trust Company	Mid Cap II Fund - Inst. Class	564,093	*	604,727	*
**	American Beacon Advisors	Large Capital Value Fund Inv. Class	283,880		324,852	
**	Dreyfus / BNY Mellon Asset Mgmt	Basic S&P 500 Stock Index Fund	319,970		357,820	
**	J P Morgan Asset Management	Core Bond Fund Select Class	454,526	*	461,067	*
**	J P Morgan Asset Management	Mid Cap Value Fund Select Class	186,896		203,247	
**	J P Morgan Asset Management	U S Equity Fund Select Class	401,665		435,359	
**	T Rowe Price & Associates	High-Yield Fund Advisor Class	465,519	*	479,612	*
**	T Rowe Price & Associates	Growth Stock Fund Advisor Class	1,070,168	*	1,248,354	*
**	Thornburg International	International Value Fund Class R5	647,932	*	731,561	*
	Participant Loans	6% to 10.50%	71,436		71,436	
	Totals		$ 9,184,831		$ 9,900,423	

* Equals or exceeds 5.0% of net assets available for benefits.

** A party-in-interest as defined by per ERISA

Fidelity Management Trust Company, the trustee, has certified the above information as complete and accurate.