Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

D Check box if filing under:
- [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
HAVI GROUP PROFIT SHARING AND SAVINGS PLAN, THE

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1975

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)
THE HAVI GROUP LIMITED PARTNERSHIP

3500 LACEY ROAD, SUITE 600
DOWNERS GROVE, IL 60515

2b Employer Identification Number (EIN) 36-3600106

2c Plan Sponsor's telephone number 630-493-7376

2d Business code (see instructions) 424100

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.	07/24/2017	KATHY MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2017	KATHY MARTIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	1107
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)**	672
a(2) Total number of active participants at the end of the plan year	**6a(2)**	670
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	441
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1111
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f Total. Add lines **6d** and **6e**.	**6f**	1115
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1094
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	33
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 2S 2T 3F 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

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

A Name of plan
HAVI GROUP PROFIT SHARING AND SAVINGS PLAN, THE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HAVI GROUP LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
36-3600106

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

AMERICAN FUNDS

95-1411037

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

ARTISAN

39-1811840

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

DODGE & COX

94-1441976

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

FRANKLIN TEMPLETON INVESTMENTS

94-3167260

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

HARBOR

04-2679462

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

PIMCO FUNDS

95-2632339

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

VANGUARD

23-1945930

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

DFA

22-2370029

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

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

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

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

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)

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 21 37 50 62 64	NONE	131887	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

AON HEWITT ENNIS KNUPP, INC.

36-3109431

(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 50	NONE	77500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BKD, LLP

44-0160260

(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?
10 50	NONE	15700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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

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
HAVI GROUP PROFIT SHARING AND SAVINGS PLAN, THE

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE HAVI GROUP LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
36-3600106

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: WELLS FARGO STABLE RETURN FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
41-6202499-001	C	17292249

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

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

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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)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

A Name of plan
HAVI GROUP PROFIT SHARING AND SAVINGS PLAN, THE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HAVI GROUP LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
36-3600106

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)	4744928	4928607
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1924170	1926136
(9) Value of interest in common/collective trusts	1c(9)	15828544	17292249
(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)	150822079	163463992
(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**	173319721	187610984
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	33000	44000
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	33000	44000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	173286721	187566984

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)**	8282966	
	(B) Participants	**2a(1)(B)**	6950521	
	(C) Others (including rollovers)	**2a(1)(C)**	1311230	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		16544717
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	64015	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		64015
	(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)**	3000037	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		3000037
	(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)		297688
(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)		9596691
c Other income	2c		-704
d Total income. Add all **income** amounts in column (b) and enter total	2d		29502444
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14982004	
(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)		14982004
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)	240177	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		240177
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15222181
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14280263
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: BKD CPAS & AUDITORS **(2)** EIN: 44-0160260

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		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
HAVI GROUP PROFIT SHARING AND SAVINGS PLAN, THE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE HAVI GROUP LIMITED PARTNERSHIP

D Employer Identification Number (EIN)
36-3600106

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): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

The HAVI Group Limited Partnership Profit Sharing and Savings Plan

EIN 36-3600106 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2016 and 2015

BKD LLP
CPAs & Advisors

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
December 31, 2016 and 2015

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BKD LLP
CPAs & Advisors

1901 S. Meyers Road, Suite 500 // Oakbrook Terrace, IL 60181-5209
630.282.9500 // fax 630.282.9495 // bkd.com

Independent Auditor's Report

Participants and Profit Sharing Committee
The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Downers Grove, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Havi Group Limited Partnership Profit Sharing and Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, 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 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such 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 notes receivable from participants and executes transactions related to these assets. The plan administrator has obtained certifications 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.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2016, the Plan adopted new accounting guidance for fully benefit-responsive contracts. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, and is presented for the purpose of additional analysis and 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.

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

BKD, LLP

Oakbrook Terrace, Illinois
June 1, 2017

Federal Employer Identification Number: 44-0160260

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

Assets

	2016	2015
Investments, at Fair Value		
Common or collective trust fund	$ 17,292,249	$ 15,828,544
Registered investment companies	163,463,992	150,822,079
Total investments, at fair value	180,756,241	166,650,623
Receivables		
Notes receivable from participants	1,926,136	1,924,170
Employer contributions	4,928,607	4,744,928
Total receivables	6,854,743	6,669,098
Total assets	187,610,984	173,319,721

Liabilities

Accrued expenses	44,000	33,000
Net Assets Available for Benefits	$ 187,566,984	$ 173,286,721

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2016 and 2015

	2016	2015
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 9,874,937	$ (3,675,930)
Interest and dividends	3,000,037	2,817,141
Other	18,792	17,111
Total investment income (loss)	12,893,766	(841,678)
Interest from participant notes receivable	64,015	59,840
Contributions		
Employer	8,282,966	7,920,303
Participants	6,950,521	6,560,351
Rollovers	1,311,230	1,229,641
Total contributions	16,544,717	15,710,295
Total additions	29,502,498	14,928,457
Deductions		
Benefits paid to participants	14,982,058	19,773,073
Administrative expenses	240,177	215,925
Total deductions	15,222,235	19,988,998
Net Increase (Decrease)	14,280,263	(5,060,541)
Net Assets Available for Benefits, Beginning of Year	173,286,721	178,347,262
Net Assets Available for Benefits, End of Year	$ 187,566,984	$ 173,286,721

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Notes to Financial Statements
December 31, 2016 and 2015

Note 1: Description of Plan

The following description of The HAVI Group Limited Partnership Profit Sharing and Savings Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan is subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as amended.

General

The Plan is a defined contribution and profit sharing savings plan covering most employees of The HAVI Group Inc.; HAVI Global Solutions LLC; HAVI Global Solutions Direct LLC and The Marketing Store Worldwide US LP (collectively, the Company). The Plan was established effective June 1, 1974, and amended and restated as of April 15, 2015. The primary purpose of the Plan is to provide retirement benefits for eligible employees of the Company.

Administration

The Plan is administered by a committee appointed by the General Partner of the Company. Wells Fargo Bank, N.A. (Trustee) is the trustee, custodian and record keeper. The Plan holds various registered investment company investments, as well as a common or collective trust Stable Return Fund which is managed by the Trustee.

The Plan offers participant-directed investments and is intended to comply with Section 404(c) of ERISA.

Contributions

Participants in the Plan may contribute from 1% to 75% of their eligible compensation in accordance with Section 401(k) of the Internal Revenue Code.

The Company matches 100% of each participant's contribution up to a maximum of 3% of his or her eligible annual compensation plus 50% of the next 2% of eligible compensation. The Company's matching contribution is subject to change by the General Partner upon written notice to employees.

The Company may also make discretionary profit sharing contributions to the Plan as determined by the General Partner. For the years ended December 31, 2016 and 2015, the discretionary profit sharing contributions were $4,928,607 and $4,744,928, respectively.

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Notes to Financial Statements
December 31, 2016 and 2015

Participation and Vesting

Employees become participants in the Plan on the first day of employment and immediately vest in their contributions and employer-matching contributions, as well as earnings thereon. Vesting in the discretionary profit sharing contribution is based on completed years of continuous service as follows:

Years of Service	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Should participants terminate employment with the Company by reason of death, normal retirement or total and permanent disability, they immediately become fully vested in the remainder of their accounts.

Benefit Payments

Upon death, retirement, disability or other termination of employment, benefits are payable to the participant in a lump sum equal to the value of the participant's vested account balance.

Participants may for reason of hardship (as defined by the Plan) withdraw all or a portion of their individual contributions.

Notes Receivable From Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance collateralized by their account balance as set forth in the plan document. The maximum repayment period is five years and interest rates are based on the Prime interest rate in effect when the loan is approved (3.25 - 3.75% at December 31, 2016). Interest and repayment terms are determined under the provisions of the plan document.

Participant Accounts

Each participant's account is credited with the participant's contribution and the Company's match. Investment income of the Plan is allocated to the account balances of participants in proportion to their respective shares of each investment fund. Administrative expenses are allocated among participants at a fixed rate per month, net of forfeitures, and allocated thereafter in proportion to account balances on the day the monthly allocation is made.

Discretionary profit sharing contributions are allocated among those participants employed on the last day of the plan year who have completed 1,000 hours of service in the plan year. Allocations are made on the basis of the participant's compensation as compared with the total compensation of all eligible participants.

Forfeitures

Unvested account balances of terminated participants can be used to offset administrative expenses or employer contributions. Forfeitures used to offset the 2016 and 2015 administrative expense amounts were $154,726 and $133,284, respectively. At December 31, 2016 and 2015, forfeitures available for future use were $31,568 and $42,484, respectively.

Termination

The Company anticipates that the Plan will continue without interruption but reserves the right to amend or discontinue the Plan at any time, subject to the provisions of ERISA. Should the Plan be terminated or partially terminated by the Company, participant account balances as of the date of such termination will become fully vested and will be distributed in accordance with the provisions of the Plan.

Note 2: Summary of Significant Accounting Policies

Basis of Reporting

The financial statements of the Plan are reported on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the reporting periods and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Changes in Accounting Principles

In 2016, the Plan changed its accounting policy on plan accounting disclosures and presentation for fair value of investments using the net asset value per share by adopting the provisions of ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent).* In accordance with this guidance, investments measured at net asset value per share as a practical expedient are not

categorized within the fair value hierarchy. The change was applied retrospectively to all periods presented.

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In 2016, the Plan changed its accounting policy on plan accounting disclosures by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 960, 962 and 965): Part II: Plan Investment Disclosures.* The accounting policy change provided for in ASU 2015-12 changes the Plan's disclosure requirements to eliminate and/or modify certain investment-related disclosures. This change was applied retrospectively for all periods presented.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The Plan's investments in shares of registered investment companies are valued at quoted market prices of shares held by the Plan at year end. The common or collective trust fund is valued at net asset value (NAV) of units held. The NAV 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 liability.

The Plan provides for investments that, in general, are exposed to various risks such as interest rates, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Contributions

Company discretionary profit sharing contributions are recognized during the period for which they are granted by the General Partner. Participant contributions and Company-matching contributions are recognized during the period in which the related compensation is reported for income tax purposes.

Benefit Payments

Plan benefit payments are recorded when paid.

Revenue Sharing

The Plan recognizes the income from revenue sharing agreements when received. During 2016 and 2015, the Plan received $19,443 and $22,529, respectively, of revenue sharing income. During 2016 and 2015, $19,443 and $22,529, respectively, was allocated to participants. At December 31, 2016 and 2015, all revenue sharing amounts were utilized.

Administrative Expenses

Generally, expenses incurred in the administration of the Plan have been paid from plan assets. Administrative expenses paid by the Plan totaled $240,177 and $215,925 for the years ended December 31, 2016 and 2015, respectively. Certain participants of the Plan are employees of the Company and provide administrative and trustee services to the Plan, and the Company is not reimbursed by the Plan for such services. Additionally, certain investment management fees are netted in the appreciation (depreciation) in the fair value of investments.

Notes Receivable From Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions.

Note 3: Investments and Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee for the Plan, has certified to the completeness and accuracy of all investments, at fair value, and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2016 and 2015, and the supplemental schedule of assets (held at end of year) as of December 31, 2016, and investment income and interest from participant notes receivable reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4: Fair Value Measurements

Generally accepted accounting principles provide a uniform framework for the definition, measurement and disclosure of fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The financial accounting standards establish a fair value hierarchy which requires the plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The financial accounting standards describe three levels of inputs that may be used to measure fair value:

Level 1 Quoted market prices (unadjusted) for identical assets or liabilities in active markets that the plan has the ability to access as of the measurement date.

Level 2 Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted market prices in markets that are not active and other inputs that are observable or can be corroborated by observable market data.

Level 3 Significant unobservable inputs that reflect the plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The assets 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. There have been no changes in the methodologies used at December 31, 2016 and 2015.

The fair value of registered investment companies is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets/ Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2016				
Registered investment companies (included in fair value hierarchy)	$ 163,463,992	$ 163,463,992	$ -	$ -
Investments measured at net asset value (a)	17,292,249	-	-	-
Total	$ 180,756,241	$ 163,463,992	$ -	$ -
December 31, 2015				
Registered investment companies (included in fair value hierarchy)	$ 150,822,079	$ 150,822,079	$ -	$ -
Investments measured at net asset value (a)	15,828,544	-	-	-
Total	$ 166,650,623	$ 150,822,079	$ -	$ -

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2016 and 2015. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2016				
Common or collective trust fund	$ 17,292,249	$ -	Daily	None
December 31, 2015				
Common or collective trust fund	$ 15,828,544	$ -	Daily	None

The plan administrator has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2016 and 2015, there were no significant transfers in or out of Levels 1, 2 or 3.

Note 5: Related Party Transactions

Certain plan investments are in common or collective trust funds managed by the trustee. Therefore, transactions with the trustee qualify as party-in-interest transactions.

Note 6: Income Tax Status

The Plan obtained its latest determination letter dated April 17, 2012, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Note 7: Subsequent Events

Plan management has evaluated subsequent events through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplemental Schedule

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
EIN 36-3600106 PN 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
		Common or collective trust fund		
*	Wells Fargo Bank, N.A.	Stable Return Fund	**	$ 17,292,249
		Registered investment companies		
	PIMCO	Total Return Fund	**	5,354,801
	Dodge & Cox	Stock Fund	**	13,555,333
	Harbor	Capital Appreciation Fund	**	8,002,693
	Artisan	International Fund	**	4,988,685
	Franklin Templeton	Institutional Foreign Equity Fund	**	1,873,399
	Vanguard	Target Retirement Income Fund	**	311,157
	Vanguard	Target Retirement 2010 Fund	**	163,945
	Vanguard	Target Retirement 2015 Fund	**	5,155,174
	Vanguard	Target Retirement 2020 Fund	**	8,704,051
	Vanguard	Target Retirement 2025 Fund	**	16,575,647
	Vanguard	Target Retirement 2030 Fund	**	19,441,729
	Vanguard	Target Retirement 2035 Fund	**	17,621,854
	Vanguard	Target Retirement 2040 Fund	**	10,972,079
	Vanguard	Target Retirement 2045 Fund	**	8,369,877
	Vanguard	Target Retirement 2050 Fund	**	4,163,549
	Vanguard	Target Retirement 2055 Fund	**	1,376,842
	Vanguard	Target Retirement 2060 Fund	**	322,416
	American	New Perspective Fund	**	1,900,159
	Vanguard	Extended Market Index Fund	**	10,287,113
	Vanguard	FTSE All World Ex-U.S. Index Fund	**	2,043,391
	Vanguard	Inflation Protected Securities Fund	**	1,231,007
	Dimensional Fund Advisor	DFA US Small Cap Portfolio	**	1,560,065
	Vanguard	Institutional Index Fund	**	17,442,892
	Vanguard	Total Bond Market Index Fund	**	2,046,134
				163,463,992
*	Loans to participants	Interest at 3.25% to 3.75% per annum	-0-	1,926,136
				$ 182,682,377

* Represents a party-in-interest.

** Cost information omitted as the Plan is fully participant directed.

The HAVI Group Limited Partnership Profit Sharing and Savings Plan

EIN 36-3600106 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2016 and 2015

BKD LLP
CPAs & Advisors

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
December 31, 2016 and 2015

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BKD LLP
CPAs & Advisors

1901 S. Meyers Road, Suite 500 // Oakbrook Terrace, IL 60181-5209
630.282.9500 // fax 630.282.9495 // bkd.com

Independent Auditor's Report

Participants and Profit Sharing Committee
The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Downers Grove, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Havi Group Limited Partnership Profit Sharing and Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, 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 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such 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 notes receivable from participants and executes transactions related to these assets. The plan administrator has obtained certifications 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.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2016, the Plan adopted new accounting guidance for fully benefit-responsive contracts. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, and is presented for the purpose of additional analysis and 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.

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

BKD, LLP

Oakbrook Terrace, Illinois
June 1, 2017

Federal Employer Identification Number: 44-0160260

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

Assets

	2016	2015
Investments, at Fair Value		
Common or collective trust fund	$ 17,292,249	$ 15,828,544
Registered investment companies	163,463,992	150,822,079
Total investments, at fair value	180,756,241	166,650,623
Receivables		
Notes receivable from participants	1,926,136	1,924,170
Employer contributions	4,928,607	4,744,928
Total receivables	6,854,743	6,669,098
Total assets	187,610,984	173,319,721

Liabilities

Accrued expenses	44,000	33,000
Net Assets Available for Benefits	$ 187,566,984	$ 173,286,721

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2016 and 2015

	2016	2015
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 9,874,937	$ (3,675,930)
Interest and dividends	3,000,037	2,817,141
Other	18,792	17,111
Total investment income (loss)	12,893,766	(841,678)
Interest from participant notes receivable	64,015	59,840
Contributions		
Employer	8,282,966	7,920,303
Participants	6,950,521	6,560,351
Rollovers	1,311,230	1,229,641
Total contributions	16,544,717	15,710,295
Total additions	29,502,498	14,928,457
Deductions		
Benefits paid to participants	14,982,058	19,773,073
Administrative expenses	240,177	215,925
Total deductions	15,222,235	19,988,998
Net Increase (Decrease)	14,280,263	(5,060,541)
Net Assets Available for Benefits, Beginning of Year	173,286,721	178,347,262
Net Assets Available for Benefits, End of Year	$ 187,566,984	$ 173,286,721

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Notes to Financial Statements
December 31, 2016 and 2015

Note 1: Description of Plan

The following description of The HAVI Group Limited Partnership Profit Sharing and Savings Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan is subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as amended.

General

The Plan is a defined contribution and profit sharing savings plan covering most employees of The HAVI Group Inc.; HAVI Global Solutions LLC; HAVI Global Solutions Direct LLC and The Marketing Store Worldwide US LP (collectively, the Company). The Plan was established effective June 1, 1974, and amended and restated as of April 15, 2015. The primary purpose of the Plan is to provide retirement benefits for eligible employees of the Company.

Administration

The Plan is administered by a committee appointed by the General Partner of the Company. Wells Fargo Bank, N.A. (Trustee) is the trustee, custodian and record keeper. The Plan holds various registered investment company investments, as well as a common or collective trust Stable Return Fund which is managed by the Trustee.

The Plan offers participant-directed investments and is intended to comply with Section 404(c) of ERISA.

Contributions

Participants in the Plan may contribute from 1% to 75% of their eligible compensation in accordance with Section 401(k) of the Internal Revenue Code.

The Company matches 100% of each participant's contribution up to a maximum of 3% of his or her eligible annual compensation plus 50% of the next 2% of eligible compensation. The Company's matching contribution is subject to change by the General Partner upon written notice to employees.

The Company may also make discretionary profit sharing contributions to the Plan as determined by the General Partner. For the years ended December 31, 2016 and 2015, the discretionary profit sharing contributions were $4,928,607 and $4,744,928, respectively.

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Notes to Financial Statements
December 31, 2016 and 2015

Participation and Vesting

Employees become participants in the Plan on the first day of employment and immediately vest in their contributions and employer-matching contributions, as well as earnings thereon. Vesting in the discretionary profit sharing contribution is based on completed years of continuous service as follows:

Years of Service	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Should participants terminate employment with the Company by reason of death, normal retirement or total and permanent disability, they immediately become fully vested in the remainder of their accounts.

Benefit Payments

Upon death, retirement, disability or other termination of employment, benefits are payable to the participant in a lump sum equal to the value of the participant's vested account balance.

Participants may for reason of hardship (as defined by the Plan) withdraw all or a portion of their individual contributions.

Notes Receivable From Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance collateralized by their account balance as set forth in the plan document. The maximum repayment period is five years and interest rates are based on the Prime interest rate in effect when the loan is approved (3.25 - 3.75% at December 31, 2016). Interest and repayment terms are determined under the provisions of the plan document.

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Each participant's account is credited with the participant's contribution and the Company's match. Investment income of the Plan is allocated to the account balances of participants in proportion to their respective shares of each investment fund. Administrative expenses are allocated among participants at a fixed rate per month, net of forfeitures, and allocated thereafter in proportion to account balances on the day the monthly allocation is made.

Discretionary profit sharing contributions are allocated among those participants employed on the last day of the plan year who have completed 1,000 hours of service in the plan year. Allocations are made on the basis of the participant's compensation as compared with the total compensation of all eligible participants.

Forfeitures

Unvested account balances of terminated participants can be used to offset administrative expenses or employer contributions. Forfeitures used to offset the 2016 and 2015 administrative expense amounts were $154,726 and $133,284, respectively. At December 31, 2016 and 2015, forfeitures available for future use were $31,568 and $42,484, respectively.

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The Plan provides for investments that, in general, are exposed to various risks such as interest rates, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

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Plan benefit payments are recorded when paid.

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Generally, expenses incurred in the administration of the Plan have been paid from plan assets. Administrative expenses paid by the Plan totaled $240,177 and $215,925 for the years ended December 31, 2016 and 2015, respectively. Certain participants of the Plan are employees of the Company and provide administrative and trustee services to the Plan, and the Company is not reimbursed by the Plan for such services. Additionally, certain investment management fees are netted in the appreciation (depreciation) in the fair value of investments.

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Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions.

Note 3: Investments and Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee for the Plan, has certified to the completeness and accuracy of all investments, at fair value, and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2016 and 2015, and the supplemental schedule of assets (held at end of year) as of December 31, 2016, and investment income and interest from participant notes receivable reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4: Fair Value Measurements

Generally accepted accounting principles provide a uniform framework for the definition, measurement and disclosure of fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The financial accounting standards establish a fair value hierarchy which requires the plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The financial accounting standards describe three levels of inputs that may be used to measure fair value:

Level 1 Quoted market prices (unadjusted) for identical assets or liabilities in active markets that the plan has the ability to access as of the measurement date.

Level 2 Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted market prices in markets that are not active and other inputs that are observable or can be corroborated by observable market data.

Level 3 Significant unobservable inputs that reflect the plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The assets 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. There have been no changes in the methodologies used at December 31, 2016 and 2015.

The fair value of registered investment companies is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets/ Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2016				
Registered investment companies (included in fair value hierarchy)	$ 163,463,992	$ 163,463,992	$ -	$ -
Investments measured at net asset value (a)	17,292,249	-	-	-
Total	$ 180,756,241	$ 163,463,992	$ -	$ -
December 31, 2015				
Registered investment companies (included in fair value hierarchy)	$ 150,822,079	$ 150,822,079	$ -	$ -
Investments measured at net asset value (a)	15,828,544	-	-	-
Total	$ 166,650,623	$ 150,822,079	$ -	$ -

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2016 and 2015. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2016				
Common or collective trust fund	$ 17,292,249	$ -	Daily	None
December 31, 2015				
Common or collective trust fund	$ 15,828,544	$ -	Daily	None

The plan administrator has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2016 and 2015, there were no significant transfers in or out of Levels 1, 2 or 3.

Note 5: Related Party Transactions

Certain plan investments are in common or collective trust funds managed by the trustee. Therefore, transactions with the trustee qualify as party-in-interest transactions.

Note 6: Income Tax Status

The Plan obtained its latest determination letter dated April 17, 2012, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Note 7: Subsequent Events

Plan management has evaluated subsequent events through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplemental Schedule

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
EIN 36-3600106 PN 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
		Common or collective trust fund		
*	Wells Fargo Bank, N.A.	Stable Return Fund	**	$ 17,292,249
		Registered investment companies		
	PIMCO	Total Return Fund	**	5,354,801
	Dodge & Cox	Stock Fund	**	13,555,333
	Harbor	Capital Appreciation Fund	**	8,002,693
	Artisan	International Fund	**	4,988,685
	Franklin Templeton	Institutional Foreign Equity Fund	**	1,873,399
	Vanguard	Target Retirement Income Fund	**	311,157
	Vanguard	Target Retirement 2010 Fund	**	163,945
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	Vanguard	Target Retirement 2020 Fund	**	8,704,051
	Vanguard	Target Retirement 2025 Fund	**	16,575,647
	Vanguard	Target Retirement 2030 Fund	**	19,441,729
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	Dimensional Fund Advisor	DFA US Small Cap Portfolio	**	1,560,065
	Vanguard	Institutional Index Fund	**	17,442,892
	Vanguard	Total Bond Market Index Fund	**	2,046,134
				163,463,992
*	Loans to participants	Interest at 3.25% to 3.75% per annum	-0-	1,926,136
				$ 182,682,377

* Represents a party-in-interest.

** Cost information omitted as the Plan is fully participant directed.

The HAVI Group Limited Partnership Profit Sharing and Savings Plan

EIN 36-3600106 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2016 and 2015

BKD LLP
CPAs & Advisors

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
December 31, 2016 and 2015

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BKD LLP
CPAs & Advisors

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630.282.9500 // fax 630.282.9495 // bkd.com

Independent Auditor's Report

Participants and Profit Sharing Committee
The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Downers Grove, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Havi Group Limited Partnership Profit Sharing and Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, 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 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such 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 notes receivable from participants and executes transactions related to these assets. The plan administrator has obtained certifications 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.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2016, the Plan adopted new accounting guidance for fully benefit-responsive contracts. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, and is presented for the purpose of additional analysis and 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.

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

BKD, LLP

Oakbrook Terrace, Illinois
June 1, 2017

Federal Employer Identification Number: 44-0160260

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

Assets

	2016	2015
Investments, at Fair Value		
Common or collective trust fund	$ 17,292,249	$ 15,828,544
Registered investment companies	163,463,992	150,822,079
Total investments, at fair value	180,756,241	166,650,623
Receivables		
Notes receivable from participants	1,926,136	1,924,170
Employer contributions	4,928,607	4,744,928
Total receivables	6,854,743	6,669,098
Total assets	187,610,984	173,319,721

Liabilities

Accrued expenses	44,000	33,000
Net Assets Available for Benefits	$ 187,566,984	$ 173,286,721

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2016 and 2015

	2016	2015
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 9,874,937	$ (3,675,930)
Interest and dividends	3,000,037	2,817,141
Other	18,792	17,111
Total investment income (loss)	12,893,766	(841,678)
Interest from participant notes receivable	64,015	59,840
Contributions		
Employer	8,282,966	7,920,303
Participants	6,950,521	6,560,351
Rollovers	1,311,230	1,229,641
Total contributions	16,544,717	15,710,295
Total additions	29,502,498	14,928,457
Deductions		
Benefits paid to participants	14,982,058	19,773,073
Administrative expenses	240,177	215,925
Total deductions	15,222,235	19,988,998
Net Increase (Decrease)	14,280,263	(5,060,541)
Net Assets Available for Benefits, Beginning of Year	173,286,721	178,347,262
Net Assets Available for Benefits, End of Year	$ 187,566,984	$ 173,286,721

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Notes to Financial Statements
December 31, 2016 and 2015

Note 1: Description of Plan

The following description of The HAVI Group Limited Partnership Profit Sharing and Savings Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan is subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as amended.

General

The Plan is a defined contribution and profit sharing savings plan covering most employees of The HAVI Group Inc.; HAVI Global Solutions LLC; HAVI Global Solutions Direct LLC and The Marketing Store Worldwide US LP (collectively, the Company). The Plan was established effective June 1, 1974, and amended and restated as of April 15, 2015. The primary purpose of the Plan is to provide retirement benefits for eligible employees of the Company.

Administration

The Plan is administered by a committee appointed by the General Partner of the Company. Wells Fargo Bank, N.A. (Trustee) is the trustee, custodian and record keeper. The Plan holds various registered investment company investments, as well as a common or collective trust Stable Return Fund which is managed by the Trustee.

The Plan offers participant-directed investments and is intended to comply with Section 404(c) of ERISA.

Contributions

Participants in the Plan may contribute from 1% to 75% of their eligible compensation in accordance with Section 401(k) of the Internal Revenue Code.

The Company matches 100% of each participant's contribution up to a maximum of 3% of his or her eligible annual compensation plus 50% of the next 2% of eligible compensation. The Company's matching contribution is subject to change by the General Partner upon written notice to employees.

The Company may also make discretionary profit sharing contributions to the Plan as determined by the General Partner. For the years ended December 31, 2016 and 2015, the discretionary profit sharing contributions were $4,928,607 and $4,744,928, respectively.

The HAVI Group Limited Partnership
Profit Sharing and Savings Plan
Notes to Financial Statements
December 31, 2016 and 2015

Participation and Vesting

Employees become participants in the Plan on the first day of employment and immediately vest in their contributions and employer-matching contributions, as well as earnings thereon. Vesting in the discretionary profit sharing contribution is based on completed years of continuous service as follows:

Years of Service	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Should participants terminate employment with the Company by reason of death, normal retirement or total and permanent disability, they immediately become fully vested in the remainder of their accounts.

Benefit Payments

Upon death, retirement, disability or other termination of employment, benefits are payable to the participant in a lump sum equal to the value of the participant's vested account balance.

Participants may for reason of hardship (as defined by the Plan) withdraw all or a portion of their individual contributions.

Notes Receivable From Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance collateralized by their account balance as set forth in the plan document. The maximum repayment period is five years and interest rates are based on the Prime interest rate in effect when the loan is approved (3.25 - 3.75% at December 31, 2016). Interest and repayment terms are determined under the provisions of the plan document.

Participant Accounts

Each participant's account is credited with the participant's contribution and the Company's match. Investment income of the Plan is allocated to the account balances of participants in proportion to their respective shares of each investment fund. Administrative expenses are allocated among participants at a fixed rate per month, net of forfeitures, and allocated thereafter in proportion to account balances on the day the monthly allocation is made.

Discretionary profit sharing contributions are allocated among those participants employed on the last day of the plan year who have completed 1,000 hours of service in the plan year. Allocations are made on the basis of the participant's compensation as compared with the total compensation of all eligible participants.

Forfeitures

Unvested account balances of terminated participants can be used to offset administrative expenses or employer contributions. Forfeitures used to offset the 2016 and 2015 administrative expense amounts were $154,726 and $133,284, respectively. At December 31, 2016 and 2015, forfeitures available for future use were $31,568 and $42,484, respectively.

Termination

The Company anticipates that the Plan will continue without interruption but reserves the right to amend or discontinue the Plan at any time, subject to the provisions of ERISA. Should the Plan be terminated or partially terminated by the Company, participant account balances as of the date of such termination will become fully vested and will be distributed in accordance with the provisions of the Plan.

Note 2: Summary of Significant Accounting Policies

Basis of Reporting

The financial statements of the Plan are reported on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the reporting periods and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Changes in Accounting Principles

In 2016, the Plan changed its accounting policy on plan accounting disclosures and presentation for fair value of investments using the net asset value per share by adopting the provisions of ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent).* In accordance with this guidance, investments measured at net asset value per share as a practical expedient are not

categorized within the fair value hierarchy. The change was applied retrospectively to all periods presented.

In 2016, the Plan changed its method of accounting for fully benefit-responsive investment contracts by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 962 and 965): Part I: Fully Benefit-Responsive Investments Contracts* (FBRICs). The accounting provided for in ASU 2015-12 allows plans to measure, present and disclose fully benefit-responsive investment contracts at contract value. The guidance also clarifies that indirect investments in FBRICs should not be reflected as FBRICs and, therefore, should be reported at fair value. Concurrent with the Plan's adoption of ASU 2015-12, the statements of net assets available for benefits for all periods presented no longer reflect the common or collective trust fund as a FBRIC and as such, the investment is now measured at fair value without an adjustment to contract value. This change was applied retrospectively to all periods presented.

In 2016, the Plan changed its accounting policy on plan accounting disclosures by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 960, 962 and 965): Part II: Plan Investment Disclosures.* The accounting policy change provided for in ASU 2015-12 changes the Plan's disclosure requirements to eliminate and/or modify certain investment-related disclosures. This change was applied retrospectively for all periods presented.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The Plan's investments in shares of registered investment companies are valued at quoted market prices of shares held by the Plan at year end. The common or collective trust fund is valued at net asset value (NAV) of units held. The NAV 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 liability.

The Plan provides for investments that, in general, are exposed to various risks such as interest rates, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Contributions

Company discretionary profit sharing contributions are recognized during the period for which they are granted by the General Partner. Participant contributions and Company-matching contributions are recognized during the period in which the related compensation is reported for income tax purposes.

Benefit Payments

Plan benefit payments are recorded when paid.

Revenue Sharing

The Plan recognizes the income from revenue sharing agreements when received. During 2016 and 2015, the Plan received $19,443 and $22,529, respectively, of revenue sharing income. During 2016 and 2015, $19,443 and $22,529, respectively, was allocated to participants. At December 31, 2016 and 2015, all revenue sharing amounts were utilized.

Administrative Expenses

Generally, expenses incurred in the administration of the Plan have been paid from plan assets. Administrative expenses paid by the Plan totaled $240,177 and $215,925 for the years ended December 31, 2016 and 2015, respectively. Certain participants of the Plan are employees of the Company and provide administrative and trustee services to the Plan, and the Company is not reimbursed by the Plan for such services. Additionally, certain investment management fees are netted in the appreciation (depreciation) in the fair value of investments.

Notes Receivable From Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions.

Note 3: Investments and Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A., the trustee for the Plan, has certified to the completeness and accuracy of all investments, at fair value, and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2016 and 2015, and the supplemental schedule of assets (held at end of year) as of December 31, 2016, and investment income and interest from participant notes receivable reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4: Fair Value Measurements

Generally accepted accounting principles provide a uniform framework for the definition, measurement and disclosure of fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The financial accounting standards establish a fair value hierarchy which requires the plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The financial accounting standards describe three levels of inputs that may be used to measure fair value:

Level 1 Quoted market prices (unadjusted) for identical assets or liabilities in active markets that the plan has the ability to access as of the measurement date.

Level 2 Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted market prices in markets that are not active and other inputs that are observable or can be corroborated by observable market data.

Level 3 Significant unobservable inputs that reflect the plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The assets 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. There have been no changes in the methodologies used at December 31, 2016 and 2015.

The fair value of registered investment companies is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets/ Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
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Registered investment companies (included in fair value hierarchy)	$ 163,463,992	$ 163,463,992	$ -	$ -
Investments measured at net asset value (a)	17,292,249	-	-	-
Total	$ 180,756,241	$ 163,463,992	$ -	$ -
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