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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
VP SUPPLY CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/15/1968

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)
VP SUPPLY CORPORATION

3445 WINTON PLACE
ROCHESTER, NY 14623-2950

2b Employer Identification Number (EIN) 16-0868283

2c Plan Sponsor's telephone number 585-272-0110

2d Business code (see instructions) 423700

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	GARY CURWIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	GARY CURWIN
	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**	298
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)**	273
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	260
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	288
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	288
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	157
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] 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)** [X] 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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
VP SUPPLY CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VP SUPPLY CORPORATION

D Employer Identification Number (EIN)
16-0868283

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1225432	60214	380209-01	157	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1337	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

URI DOOLITTLE

TRIAD ADVISORS INC
104 SMITH ST
MANLIUS, NY 13104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1005			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

URI DOOLITTLE

CAMBRIDGE INVESTMENT RESEARCH INC
432 N FRANKLIN ST STE 60
SYRACUSE, NY 13204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
332			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	621125
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	533338
c	Additions: (1) Contributions deposited during the year	7c(1)	91952		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6153		
	(4) Transferred from separate account	7c(4)	1269		
	(5) Other (specify below)	7c(5)	5292		
	▶ LOAN REPAYMENTS, FORFEITURES				
	(6)Total additions			7c(6)	104666
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	638004
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3522		
	(2) Administration charge made by carrier	7e(2)	-205		
	(3) Transferred to separate account	7e(3)	13562		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	16879
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	621125

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 VP SUPPLY CORPORATION 401(K) PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VP SUPPLY CORPORATION	**D** Employer Identification Number (EIN) 16-0868283

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). . . . . ☐ Yes ☒ No

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

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

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

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

FIRST GREAT-WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	2688	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

TRIAD ADVISORS INC

5185 PEACHTREE PKWY STE 280
NORCROSS, GA 30092-6541

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISE R	0	Yes [X] No [ ]	Yes [ ] No [X]	7971	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRIAD ADVISORS INC	55	7971

(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.
FIRST GREAT-WEST LIFE & ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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
VP SUPPLY CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VP SUPPLY CORPORATION

D Employer Identification Number (EIN)
16-0868283

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)	987	1028
(2) Participant contributions	1b(2)	6692	6692
(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)	182536	184601
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	
(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)	4389719	4925206
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	533338	621125
(15) Other	1c(15)	6	

			(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	5113278	5738652
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	480	169
k	Total liabilities (add all amounts in lines 1g through1j)	1k	480	169
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5112798	5738483

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)	48633	
	(B) Participants	2a(1)(B)	383713	
	(C) Others (including rollovers)	2a(1)(C)	324055	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		756401
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	113916	
	(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)	8073	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		121989
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		213520
c Other income	2c		420
d Total income. Add all **income** amounts in column (b) and enter total	2d		1092330
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	463490	
(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)		463490
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		43
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)	3112	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3112
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		466645
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		625685
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PETRELLA PHILLIPS LLP **(2)** EIN: 30-0010043

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		720000
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
VP SUPPLY CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VP SUPPLY CORPORATION

D Employer Identification Number (EIN)
16-0868283

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): 93-1225432

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 _____/_____/_____.

V.P. SUPPLY CORPORATION

401(K) PROFIT SHARING PLAN

December 31, 2016 And 2015

V.P. SUPPLY CORPORATION
401 (K) PROFIT SHARING PLAN

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Exhibit "A"	Statements Of Net Assets Available For Benefits – December 31, 2016 And 2015
Exhibit "B"	Statement Of Changes In Net Assets Available For Benefits For The Year Ended December 31, 2016

Notes To Financial Statements

Schedule I	Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year) - December 31, 2016
Schedule II	Schedule H, Line 4i – Schedule Of Assets (Acquired And Disposed Of Within A Year) – December 31, 2016

Petrella Phillips LLP Certified Public Accountants
Plan. Perform. Progress.

Independent Auditor's Report

To: The Participants and Administrator of V.P. Supply Corporation 401(K) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the financial statements of V.P. Supply Corporation 401(K) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility

Plan 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 the 2016 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis of an audit opinion on the 2016 financial statements.

Basis for Disclaimer of Opinion on the 2016 Financial Statements

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 Great-West Life & Annuity Company of New York and Great West Trust Company, LLC, the trustee of the Plan, except for comparing such information with the related information included in the 2016 financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2016, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2016 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2016 financial statements paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements. Accordingly, we do not express an opinion on these financial statements.

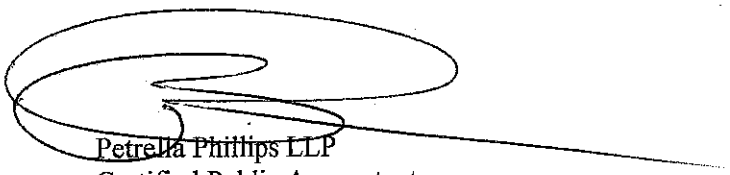
Report on Supplementary Information and Report on 2015 Financial Statements

The supplemental schedules of Schedule of Assets Held at End of Year and Schedule of Assets Acquired and Disposed of Within a Year, as of and for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2016 financial statements paragraph, we do not express an opinion on the supplemental schedules referred to above.

We have audited the accompanying statement of net assets available for benefits of V.P. Supply Corporation 401(K) Profit Sharing Plan as of December 31, 2015, and in our report dated October 7, 2016, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of V.P. Supply Corporation 401(K) Profit Sharing Plan as of December 31, 2015, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by 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.



Petrella Phillips LLP
Certified Public Accountants

Rochester, New York
October 12, 2017

EXHIBIT "A"

V.P. SUPPLY CORPORATION
401(K) PROFIT SHARING PLAN
Statements Of Net Assets Available For Benefits
December 31, 2016 And 2015

ASSETS

	2016	2015
Investments at fair value	$ 5,544,971	$ 4,914,697
Cash	1,360	8,366
Receivables:		
Employer's contributions	1,028	987
Participants' contributions	6,692	6,692
Notes receivable from participants	184,601	182,536
Total Receivables	192,321	190,215
Total Assets	$ 5,738,652	$ 5,113,278

LIABILITIES

Excess contributions payable	$ 169	$ 480
Total Liabilities	169	480
Net Assets Available For Benefits	$ 5,738,483	$ 5,112,798

See Independent Auditor's Report
And Notes To Financial Statements

EXHIBIT "B"

V.P. SUPPLY CORPORATION
401(K) PROFIT SHARING PLAN
Statement Of Changes In Net Assets Available For Benefits
For The Year Ended December 31, 2016

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Dividends	$ 114,337
Net realized appreciation in fair value of investments	37,177
Net unrealized appreciation in fair value of investments	176,343
Interest:	
Interest income on notes receivable from participants	8,073
	335,930
Contributions:	
Employer's	48,632
Participants'	383,713
Participant rollovers	324,055
	756,400
Total Additions	1,092,330
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	463,490
Administrative expenses	3,112
Deemed distribution on defaulted loan	43
Total Deductions	466,645
Net Increase in Net Assets Available for Benefits	625,685
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning Of Year	5,112,798
End Of Year	$ 5,738,483

See Independent Auditor's Report
And Notes To Financial Statements

V.P. SUPPLY CORPORATION
401(K) PROFIT SHARING PLAN
Notes To Financial Statements
For The Years Ended December 31, 2016 And 2015

NOTE 1 PLAN DESCRIPTION

The following description of the V.P. Supply Corporation 401(K) Profit Sharing Plan (the "Plan") provides only general information. Participants' should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(K) plan that commenced on May 15, 1968. All full-time employees of the Plan Sponsor, V.P. Supply Corporation (the Company) who have six months of service and are age twenty-one or older are eligible to participate in the Plan. Entry into the Plan begins on the first date of January, April, July or October after attaining eligibility satisfaction. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute, on a pre-tax and/or after-tax salary deferral basis, each pay period up to the maximum allowable contributions under the Internal Revenue Code as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions on a quarterly basis into various investment options offered by the Plan.

The Company contributes a discretionary matching contribution, 25% of participants' salary and wage deferrals for both 2016 and 2015, up to 4% of compensation. Employer matching contributions amounted to $48,632 and $51,125, net of prior year forfeitures totaling $1,467 and $5,010 for the years ended December 31, 2016 and 2015, respectively.

Profit sharing amounts may be contributed at the option of V.P. Supply Corporation's Board of Directors and are invested in the participants' accounts based on a pro-rata share of the participants' compensation and status of eligibility. The Board of Directors elected to make no profit sharing contributions for the years ended December 31, 2016 and 2015, respectively.

NOTE 1 PLAN DESCRIPTION (Continued)

Participant Accounts

The Plan administrator maintains separate accounts in the name of each participant. Each participant's account is credited with the participants' contribution, investment earnings, and allocations of the Company's contribution and the increase or decrease in value of the investment options selected. The benefit, to which a participant is entitled, is the benefit that can be provided from the participants' vested account.

For the year ended December 31, 2016, the Plan offered forty- nine mutual funds and one fixed annuity under the Great-West Life and Annuity Insurance Company group of funds.

Investments are held with Great-West Life and Annuity Insurance Company (GWL&A) who uses the services of Empower Retirement as record keeper for the Plan.

Vesting

Participants are immediately vested in their contributions as well as earnings thereon. Vesting in the employer contribution portion of their account is based on years of continuous services. A participant is 100% vested after six years of credited service beginning from when the employee is eligible to participate in the plan. A participant is 100% vested if the following occurs while the participant is an employee: attainment of early retirement age, death or disability.

Forfeited Accounts

Contributions that are forfeited as a result of a termination of employment prior to becoming fully vested may be used to reduce the employer's match in the following year. Current year total forfeitures available to reduce future employer matching contributions totaled $1,360 and $8,366 at December 31, 2016 and 2015, respectively.

NOTE 1 PLAN DESCRIPTION (Continued)

Notes Receivable from Participants

Participants' may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participants' accounts and bear interest at rates ranging from 4.25% to 5.50% for the year ended December 31, 2016 and 4.25% to 6.75% for the year ended December 31, 2015. Interest rates are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Amortized principal and interest is paid ratably through payroll deductions for employees that have not terminated service.

Participants' defaulted loan balances were $43 and $0 as of December 31, 2016 and 2015, respectively.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of their vested interest in their account, or annual installments over a ten year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump sum distribution.

Plan Termination

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the V.P Supply Corporation 401(K) Profit Sharing Plan (the "Plan") are prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability in an orderly transaction between market participants of the measurement date. The investment committee determines the Plan's valuation policies. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis. Gains or losses on sale of securities are based on the specific cost of investments sold. The net appreciation in the fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments, is presented in the statement of changes in net assets available for benefits. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Deposits of Contributions to Plan Trustee

Payroll is processed weekly by a third party service organization. Salary deferrals are not remitted directly to the trustee by the service organization as is done for payroll taxes. Rather, it is the service organization's process to submit a report of weekly salary deferrals to the trustee, who then uploads the report for review and approval by the Company. Once the report is available online and approved by the Company, the trustee withdraws the total amount of salary and wage deferrals. This process at times has resulted in an inconsistent number of days between the payroll pay dates and deferral deposits. Management believes that they have acted in good faith in the timeliness of the approval process throughout the year, and that the variances in time lag between pay dates and deferrals deposits has been insignificant and within the Department of Labor's guidelines on timeliness of deposits. No deposits have been identified as late by the Company or the Plan administrator.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative fees when incurred. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan payments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as benefit payment based on the terms of the Plan document.

Payment of Benefits

Benefit payments are recorded to participant accounts when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as excess contributions payable and are included in benefits paid to participants. The Plan distributed the excess contribution prior to March 15 of each subsequent year.

Administrative Expenses

Certain transaction fees are paid by the Plan and all other administrative expenses of the Plan are paid by the Plan Sponsor.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events

Plan management has evaluated events and transactions for potential recognition or disclosures in the financial statement through October 12, 2017 (the date the financial statements were available to be issued).

NOTE 3 FAIR VALUE MEASUREMENTS

The fair value accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of actual events or transactions occurring in the market to determine their value, and Level 3 inputs consist of forecast or projections specific to the investment input to determine their value and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs are only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted market prices (net asset values) of the shares as reported by the fund.

Level 2 Fair Value Measurements

The fair value of investments measured at Level 2 inputs is determined using a discounted cash flow method. The interest crediting rate is based on the earnings of the underlying assets in the entire medium to long-term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly. Under this method, fair value of these investment contracts, prior to contract termination, equals their contract values.

The Plan has no assets requiring the use of Level 3 inputs. The following tables set forth, by level within the fair value hierarchy, the Plans' investments at fair value as of December 31, 2016 and 2015.

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

		Fair Value Measurements at Reporting Date Using	
	Fair Value	Quoted Prices In Active Market For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2016			
Mutual Funds	$ 4,925,206	$ 4,925,206	$ 0
Fixed Annuities	619,765	0	619,765
	$ 5,544,971	$ 4,925,206	$ 619,765
December 31, 2015			
Mutual Funds	$ 4,914,697	$ 4,914,697	$ 0

The Plan's policy is to recognize transfers between Levels 1 and 2, and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2016, there were no transfers between Levels 1 and 2, and no transfers into or out of Level 3.

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2016 are reported in net appreciation in fair value of investments. During 2016, the Plan's investments appreciated in value by $176,343 per statement of changes in Net Assets.

NOTE 4 NOTES RECEIVABLE FROM PARTICIPANTS

December 31, 2016	
Beginning balance	$ 182,536
New loans	78,392
Principal payments	(76,284)
Loans defaulted	(43)
Total gains (losses) (realized and unrealized) included in changes in net assets available for benefits	0
Ending Balance	$ 184,601

December 31, 2015	
Beginning balance	$233,185
New loans	34,665
Principal payments	(85,314)
Loans defaulted	0
Total gains (losses) (realized and unrealized) included in changes in net assets available for benefits	(50,649)
Ending Balance	$ 182,536

NOTE 5 PARTICIPANT DISTRIBUTIONS

During 2016, the Plan distributed a total of $463,490 net of forfeitures, fees and investment income to participants.

Cash payments to participants	$ 26,790
Cash payments to beneficiaries	7,690
Direct rollovers to qualified Plan	416,660
Age retirement	12,350
Net Participants' Distribution	$ 463,490

During 2015, the Plan distributed a total of $144,154 net of forfeitures, fees and investment income to participants.

Cash payments to participants	$ 7,884
Direct rollovers to qualified Plan	132,320
Excess contribution	0
Age retirement	3,950
Net Participants' Distribution	$ 144,154

NOTE 6 ASSETS REPRESENTING 5% OR MORE OF NET ASSETS

The fair market value of individual assets that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2016 are as follows:

First GWL&A Key Guaranteed Portfolio Fund	$ 619,765
Vanguard Life Strategy Growth Inv	368,585
Vanguard Target Retirement 2025 Inv	1,835,670
Vanguard Target Retirement 2035 Portfolio Inv	565,761
Vanguard Target Retirement 2045 Portfolio Inv	388,395
Vanguard Total Bond Market Index Admiral	536,044

The fair market value of individual assets that represent 5% or more of the Plan's net assets as of December 31, 2015 are as follows:

First GWL&A Key Guaranteed Portfolio Fund	$ 524,971
Maxim Lifetime 2025 Portfolio II Trust	2,347,614
Maxim Lifetime 2035 Portfolio II Trust	462,063
Maxim Lifetime 2045 Portfolio II Trust	268,675
Vanguard Life Strategy Growth Inv	327,803

NOTE 7 RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Great West Life and Annuity Insurance Company. Great West Life and Annuity Insurance Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

Net assets available for benefits per financial statements agree with Schedule H of Form 5500 due to participants' contributions being submitted each pay period to the Plan trustee.

NOTE 9 TAX STATUS

The Internal Revenue Service has determined and informed the Company, by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions however, there are currently no audits for any tax periods in progress.

NOTE 10 RISKS AND UNCERTAINTIES

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

Schedule I

V.P. SUPPLY CORPORATION
401(K) PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
December 31, 2016

EIN: 16-0868283
Plan #002
Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, Or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value**	**Cost**	**Current Value**
*	GWL&A	AB Global Bond I	$ 3,799	$ 3,796
*	GWL&A	AB High Income I	4,393	4,422
*	GWL&A	Alger Capital Appreciation Inst'l I	7,732	7,217
*	GWL&A	American Funds America Balanced R6	14,488	14,840
*	GWL&A	American Funds AMCAP R6	7,967	8,080
*	GWL&A	Blackrock Health Sciences OPS INV A	92,148	81,162
*	GWL&A	ClearBridge Aggressive Growth IS	84,524	84,149
*	GWL&A	Ivy Science and Technology Y	88,233	88,342
*	GWL&A	Janus Triton T	5,063	5,120
*	GWL&A	Lazard Emerging Markets Open	12,974	13,504
*	GWL&A	Loomis Sayles Bond I	836	857
*	GWL&A	Oakmark International II	81,369	82,536
*	GWL&A	Oppenheimer International Growth I	10,897	10,419
*	GWL&A	Vanguard 500 Index Admiral	105,276	112,326
*	GWL&A	Vanguard Balanced Index Adm	3,308	3,468
*	GWL&A	Vanguard Developed Markets Index Inv	21,473	21,296
*	GWL&A	Vanguard Emerging Mkts Stock Index Adm	8,629	8,942
*	GWL&A	Vanguard Energy Index Adm	11,484	12,512
*	GWL&A	Vanguard Equity-Income Adm	39,667	41,360
*	GWL&A	Vanguard Growth Index Adm	6,666	6,821
*	GWL&A	Vanguard Health Care Index Adm	5,062	5,016
*	GWL&A	Vanguard High Yield Corporate Adm	1,795	1,845
*	GWL&A	Vanguard Inflation-Protected Secs Adm	9,919	9,808
*	GWL&A	Vanguard Information Technology Index Adm	13,376	14,113
*	GWL&A	Vanguard Interim-Term Bond Index Adm	30,780	30,353
*	GWL&A	Vanguard Life Strategy Growth Inv	365,265	368,585
*	GWL&A	Vanguard Life Strategy Conservative Growth Inv	16,846	16,955
*	GWL&A	Vanguard Life Strategy Income Inv	10,610	10,640
*	GWL&A	Vanguard Life Strategy Moderate Growth	44,945	45,223
*	GWL&A	Vanguard Mid-Cap Growth Index Admiral	21,952	22,659
*	GWL&A	Vanguard Mid-Cap Value Index Inv	33,009	35,945

See Independent Auditor's Report

V.P. SUPPLY CORP.
401(K) PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
December 31, 2016

EIN: 16-0868283
Plan #002
Schedule H, Line 4i

(a)	(b) Identity of Issuer, Borrower, Lessor, Or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
*	GWL&A	Vanguard Small Cap Growth Index Adm	7,965	8,450
*	GWL&A	Vanguard Small Cap Index Adm	2,893	3,076
*	GWL&A	Vanguard Small Cap Value Index Adm	31,133	35,994
*	GWL&A	Vanguard Target Retirement 2015 Inv	259,505	247,423
*	GWL&A	Vanguard Target Retirement 2020 Inv	49,567	49,647
*	GWL&A	Vanguard Target Retirement 2025 Inv	1,859,288	1,835,670
*	GWL&A	Vanguard Target Retirement 2030 Inv	5,436	5,567
*	GWL&A	Vanguard Target Retirement 2035 Inv	564,621	565,761
*	GWL&A	Vanguard Target Retirement 2040 Inv	5,464	5,650
*	GWL&A	Vanguard Target Retirement 2045 Inv	334,301	338,395
*	GWL&A	Vanguard Target Retirement 2050 Inv	876	887
*	GWL&A	Vanguard Target Retirement 2055 Inv	86,039	91,634
*	GWL&A	Vanguard Target Retirement 2060 Inv	2,455	2,455
*	GWL&A	Vanguard Total Bond Market Index Adm	540,062	536,044
*	GWL&A	Vanguard US Growth Adm	22,595	22,303
*	GWL&A	Vanguard US Value	1	1
*	GWL&A	Vanguard Value Index Adm	3,750	3,938
*	GWL&A	Key Guaranteed Portfolio Fund Interest rate 1.10%	574,752	619,765
	Total Mutual Funds		5,515,188	5,544,971
	Notes receivable from participants	Interest rates ranging from 4.25% - 5.50%		184,601
	Total Investments			$ 5,729,572

* GWL&A – Great-West Life & Annuity Insurance Company, a party-in-interest

See Independent Auditor's Report

Schedule II

V.P. SUPPLY CORP.
401(K) PROFIT SHARING PLAN
Schedule H, Line 4i – Schedule Of Assets (Acquired And Disposed Of Within Year)
For The Year Ended December 31, 2016

EIN: 15-0372430
Plan Number: 001

(a)	(b)	(c)	(d)
Identity of Issuer, Borrower, Lessor, Or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value**	**Costs of Acquisitions**	**Proceeds of Dispositions**
* GWL&A	Key Guaranteed Portfolio Fund, 1.150 Interest Rate	$ 0	$ 92
* GWL&A	Key Guaranteed Portfolio Fund, 1.100 Interest Rate	96,951	3,351
* GWL&A	Key Guaranteed Portfolio Fund, 1.200 Interest Rate	13	4,828
		$ 96,964	$ 8,271

* GWL&A – Great-West Life & Annuity Insurance Company, a party-in-interest

See Independent Auditor's Report

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2016** and ending **12/31/2016**

Name of plan
VP Supply Corporation 401(k) Profit Sharing Plan

Employer Identification Number
16-0868283

Three-digit plan number ► **002**

(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) Current value
	AB GLOBEAL BOND I	MUTUAL FUND		3,796
	ALGER CAPITAL APPREC INSTL I	MUTUAL FUND		7,217
	AMERICAN FUNDS AMERI BALANCED	MUTUAL FUND		14,840
	BLACKROCK HLTH SCIENCE OPPS IN	MUTUAL FUND		81,162
	CLEARBRIDGE AGG GROWTH IS	MUTUAL FUND		84,149
	IVY SCIENCE & TECHNOLOGY Y	MUTUAL FUND		88,342
	JANUS TRITON T	MUTUAL FUND		5,120
	LAZARD EMERGING MARKETS OPEN	MUTUAL FUND		13,504
	OAKMARK INTERNATIONAL II	MUTUAL FUND		82,536
	OPPENHEIMER INTL GROWTH	MUTUAL FUND		10,419
	VANGUARD 500 INDEX ADMIRAL	MUTUAL FUND		112,326
	VANGUARD DEVELOPED MARKET INDX	MUTUAL FUND		21,296
	VANGUARD EMERG MKTS STOCK INDX	MUTUAL FUND		8,942
	VANGUARD ENERGY INDEX ADM	MUTUAL FUND		12,512
	VANGUARD EQUITY INCOME ADM	MUTUAL FUND		41,360
	VANGUARD GROWTH INDEX ADM	MUTUAL FUND		6,821
	VANGUARD HIGH YIELD COPORATE	MUTUAL FUND		1,845
	VANGUARD INFLATION PROTECT SEC	MUTUAL FUND		9,809
	VANGUARD INFORMATION TECH IDX	MUTUAL FUND		14,113
	VANGUARD INTERM TERM BOND INDE	MUTUAL FUND		30,353
	VANGUARD LIFESTRATEGY CNSRV GR	MUTUAL FUND		16,955
	VANGUARD LIFESTRATEGY GROWTH	MUTUAL FUND		368,585
	VANGUARD LIFESTRATEGY INCOME	MUTUAL FUND		10,640
	VANGUARD LIFESTRATEGY MOD GRWT	MUTUAL FUND		45,223
	VANGUARD MID CAP GRTH IDX ADMI	MUTUAL FUND		22,659
	VANGUARD MID CAP VALUE INDEX	MUTUAL FUND		35,945
	VANGUARD SMALL CAP GRWTH INDEX	MUTUAL FUND		8,450
	VANGUARD SMALL CAP INDEX ADM	MUTUAL FUND		3,076
	VANGUARD SMALL CAP VAL INDEX	MUTUAL FUND		35,994
	VANGUARD TARGET RETIRE 2015	MUTUAL FUND		247,423
	VANGUARD TARGET RETIRE 2020	MUTUAL FUND		49,648
	VANGUARD TARGET RETIRE 2025	MUTUAL FUND		1,835,670
	VANGUARD TARGET RETIRE 2030	MUTUAL FUND		5,567
	VANGUARD TARGET RETIRE 2035	MUTUAL FUND		565,761
	VANGUARD TARGET RETIRE 2040	MUTUAL FUND		5,650
	VANGUARD TARGET RETIRE 2045	MUTUAL FUND		338,395
	VANGUARD TARGET RETIRE 2050	MUTUAL FUND		887
	VANGUARD TARGET RETIRE 2055	MUTUAL FUND		91,634
	VANGUARD TARGET RETIRE 2060	MUTUAL FUND		2,455

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2016** and ending **12/31/2016**

Name of plan
VP Supply Corporation 401(k) Profit Sharing Plan

Employer Identification Number
16-0868283

Three-digit plan number ► **002**

(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) Current value
	AB HIGH INCOME I			4,422
	AMERICAN FUNDS AMCAP R6			8,080
	LOOMIS SAYLES BOND N			857
	VANGUARD BALANCED INDEX ADM			3,468
	VANGUARD HEALTH CARE INDEX ADM			5,016
	VANGUARD TOTAL BOND MARKET IDX			536,044
	VANGUARD US GROWTH ADM			22,302
	VANGUARD US VALUE			1
	VANGUARD VALUE INDEX ADM			3,938
	GREAT-WEST LIFE & ANNUIT CO NY	FORFEITURES		1,360
	KEY GUARANTEED PORTFOLIO FUND	FIXED ANNUITY 1.1%		619,765
	PARTICIPANT LOANS	4.25%-6.75%		184,600