

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>05/18/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="margin-top: 5px;"> ☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☒ the final return/report ☒ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☒ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>09/01/1957</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ED GARVEY & COMPANY</u> <u>7400 N. LEHIGH AVENUE</u> <u>NILES, IL 60714</u>	2b	Employer Identification Number (EIN) <u>36-1120019</u>
		2c	Plan Sponsor's telephone number <u>847-647-1902</u>
		2d	Business code (see instructions) <u>323100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2018	MIKE LEONARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2018	MIKE LEONARD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 311
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 239 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 05/18/2017	
A Name of plan GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ED GARVEY & COMPANY	D Employer Identification Number (EIN) 36-1120019

Part I	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.
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1 Coverage Information:

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(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
71-0294708	86509	ZH9824	0	01/01/2017	05/18/2017

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 14095	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid UBS FINANCIAL SERVICES INSURANCE 1000 HARBOR BOULEVARD 6TH FLOOR WEEHAWKEN, NJ 07086
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14095			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	

(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	
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. Specify nature of costs ▶	6d	

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 PENSION FUNDING**

b Balance at the end of the previous year	7b	1282825
c Additions: (1) Contributions deposited during the year	7c(1)	12213
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	5142
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶ EMPLOYEE LOAN REPAYMENTS	7c(5)	902
(6) Total additions	7c(6)	18257
d Total of balance and additions (add lines 7b and 7c(6))	7d	1301082
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	414206
(2) Administration charge made by carrier	7e(2)	82
(3) Transferred to separate account	7e(3)	886794
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	1301082
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 05/18/2017	
A Name of plan GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ED GARVEY & COMPANY	D Employer Identification Number (EIN) 36-1120019

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
26 64	SERVICE PROVIDER	2414	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 05/18/2017

A Name of plan GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ►	001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ED GARVEY & COMPANY	D Employer Identification Number (EIN) 36-1120019
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 05/18/2017		
A Name of plan GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ED GARVEY & COMPANY	D Employer Identification Number (EIN) 36-1120019	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	212924	0
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11923831	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1282825	0
(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	13419580 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13419580 0

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	20362
	(B) Participants	2a(1)(B)	319825
	(C) Others (including rollovers)	2a(1)(C)	387696
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	727883
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)	3442
	(F) Other	2b(1)(F)	5142
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	8584
(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)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		688298
(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)		
c Other income.....	2c		6
d Total income. Add all income amounts in column (b) and enter total.....	2d		1424771

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2671172	
(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)		2671172
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)	2628	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2628
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2673800

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1249029
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		12170551

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: BRONSWICK REICIN POLLACK, LTD.

(2) EIN: 36-4409576

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		2650
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
ORORA VISUAL COMMUNICATIONS 401(K) RETIREMENT SAVINGS PLAN	75-2623197	001

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.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 05/18/2017		
A Name of plan GARVEY COMPANIES' SAVINGS AND RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ED GARVEY & COMPANY		D Employer Identification Number (EIN) 36-1120019
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
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): 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

EIN # 36-1120019
PLAN # 001

Garvey Companies' Savings and Retirement Plan
Financial Statements – Modified Cash Basis
Period Ended May 18, 2017 and Year Ended December 31, 2016

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2150 E. Lake Cook Rd., Ste. 430 • Buffalo Grove, Illinois 60089 | phone 847.808.9800

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Garvey Companies' Savings and Retirement Plan
Niles, Illinois 60714

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Garvey Companies' Savings and Retirement Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of May 18, 2017 (see Note 10) and December 31, 2016, and the related statements of changes in net assets available for benefits (modified cash basis) for the period January 1, 2017 through May 18, 2017 and the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis of preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide 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 8, which was certified by Voya Retirement Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the period and year ended May 18, 2017 and December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of May 18, 2017 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, 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 paragraph, we do not express an opinion on these supplemental schedules.

Basis of Accounting

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

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

The form and content of the information included in the financial statements (modified cash basis) and supplemental schedules, other than that derived from the information certified by the custodian and 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.

Bronswick Benjamin P.C.

July 11, 2018

Buffalo Grove, Illinois

Garvey Companies' Savings and Retirement Plan
Statements of Net Assets Available for Benefits (Modified Cash Basis)
May 18, 2017 and December 31, 2016

EIN # 36-1120019
PLAN #001

	<u>2017</u>	<u>2016</u>
ASSETS		
INVESTMENTS AT FAIR VALUE		
Pooled Separate Accounts	\$ -	\$ 11,921,889
Interest Bearing Cash Accounts	-	1,941
TOTAL INVESTMENTS AT FAIR VALUE	-	11,923,830
INVESTMENTS AT CONTRACT VALUE		
Insurance Company General Accounts		
Voya Fixed Account	-	1,282,825
Total Insurance Company General Accounts	-	1,282,825
TOTAL INVESTMENTS AT CONTRACT VALUE	-	1,282,825
RECEIVABLES - PARTICIPANT LOANS	-	212,924
CASH	-	-
TOTAL ASSETS	<u>\$ -</u>	<u>\$ 13,419,579</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 13,419,579</u>

See the accompanying notes and independent auditor's report

Garvey Companies' Savings and Retirement Plan **EIN # 36-1120019**
Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) **PLAN #001**
For the Period Ended May 18, 2017 and Year Ended December 31, 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net realized and unrealized appreciation		
in fair value of investments	\$ 688,298	\$ 935,288
Interest income	5,142	15,780
TOTAL INVESTMENT INCOME	693,440	951,068
CONTRIBUTIONS		
Employer	20,362	74,070
Participants	319,825	1,000,716
Rollovers	387,696	2,023
TOTAL CONTRIBUTIONS	727,883	1,076,809
INTEREST INCOME - NOTES RECEIVABLE FROM PARTICIPANTS	3,442	9,652
OTHER INCOME	6	127
TOTAL ADDITIONS TO NET ASSETS	1,424,771	2,037,656
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
BENEFITS PAID TO PARTICIPANTS OR BENEFICIARIES	2,671,172	1,288,530
TRANSFER OF ASSETS TO COMPANY ACQUIROR	12,170,551	
FEES AND ADMINISTRATIVE EXPENSES	2,627	4,241
TOTAL DEDUCTIONS FROM NET ASSETS	14,844,350	1,292,771
NET (DECREASE) INCREASE	(13,419,579)	744,885
Net Assets Available for Benefits:		
Beginning of Year	13,419,579	12,674,694
End of Year	<u>\$ -</u>	<u>\$ 13,419,579</u>

See the accompanying notes and independent auditor's report

Note 1 DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan covering all full-time employees of The Garvey Group, LLC; Ed Garvey and Company; C-Graphic, LLC; United General Graphics, LLC; TruLine Lithographing, Inc.; and The Garvey Group LA, LLC (the "Plan Sponsors"), all of which are under common control, who have completed three months of service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Sale of Garvey Group of Companies

In March 2017, the Plan Sponsor was acquired by Orora Visual Group and the Garvey Company Savings and Retirement Plan merged into the Orora Visual Group Plan effective May 18, 2017.

Plan Administration

The Plan is administered by the owner and CFO of the Plan Sponsors, who also act as the Plan's trustees. Voya Retirement Insurance and Annuity Company ("Voya") is responsible for custody of the Plan's assets.

Contributions

Participant Contributions

Eligible employees may contribute up to the lesser of the defined contribution dollar limitation or 100% of the participant's compensation for the limitation year as defined in the Plan. Contributions must be made through payroll deductions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

Employer Discretionary Contributions

Matching contributions and non-elective profit sharing contributions, if any, are allocated among participants in the ratio compensation of each participant bears to the total compensation of all qualified participants into the same investments and at the current investment percentages as selected by each participant. Participants must reach one year of service in order to receive a discretionary employer contribution. Participants must still be employed at year-end to receive any allocation of non-elective profit sharing contributions, with limited exceptions. The Plan Sponsors have no obligation to make matching or non-elective profit sharing contributions in any year.

Automatic Enrollment

Employees are automatically enrolled in the Plan at a 3% contribution rate when they become eligible for participation. These contributions are invested in the Plan's default investment option. Employees may opt out of the automatic enrollment, stop contributions, and modify their contribution rate or investment selections at any time.

Other Provisions

Roth 401(k) contributions are allowed.

Note 1 DESCRIPTION OF PLAN (continued)

Participant Accounts

Each participant's account is funded with the participant's contributions and allocations of the Company's contributions, if any, and Plan earnings or losses. Allocations are based on participant account balances, as defined by the Plan. Participants are entitled to the vested portion of their account.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Participants are vested in the Plan Sponsors' discretionary contributions, plus actual earnings thereon, based on years of service. Participants are vested in Plan Sponsor contributions over a 6 year vesting schedule.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 and maximum of the lesser of \$50,000 or 50% of their account balance. These loans may be used for a maximum of ten years for purchase of a primary residence or five years for all other loans. The loans are secured by the balance in the participant's account and bear interest at prevailing rates as determined by the Plan Administrator. For new loans issue as of January 1, 2017 through May 18, 2017, the interest rate was 4.75%. Participants may only have one loan outstanding at any given time. Principal and interest are repaid through payroll deductions.

Investment Options

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

Payment of Benefits

Vested account balances are payable upon retirement, death, disability, or termination of employment. In-service distributions are also permitted after meeting certain requirements in accordance with Plan provisions. Distributions may be made in a lump sum payment, a series of installment payments, or partial payments. Participants may elect to leave the balance in their account for withdrawal at a later point in time. Vested account balances below \$1,000 may be automatically paid to participants. If the participant is still working full time at the age of 70.5, the participant is not required to make required minimum distributions.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to reduce future Plan Sponsor contributions. Forfeited amounts at May 18, 2017 and December 31, 2016 totaled \$0 and \$5,035, respectively. During the period and year ended May 17, 2018 and December 31, 2016, no forfeitures were used to reduce Plan Sponsor contributions.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan's financial statements are prepared using the modified cash basis of accounting, which is the cash basis of accounting except for investments (which are adjusted to fair value). The modified cash basis of accounting is

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). There are significant differences between the modified cash basis and basis of accounting principles generally accepted in the United States of America including recognition of contributions.

Management Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (see Note 3). Purchases and sales of securities are recorded on a trade date basis. Interest income and dividends are recorded when received. Net appreciation/(depreciation) includes the Plan's realized gains and losses on investments bought and sold, and held at period and year end.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts (see Note 4). Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the cash basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of May 18, 2017 and December 31, 2016. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Benefit Payments and Distributions

Benefits and distributions are recorded when paid.

Operating Expenses

Expenses of maintaining the Plan are paid by the Plan Sponsors. Expenses relating to the purchase or sale of investments are included in the cost or deducted from the proceeds. Certain participant services and recordkeeping fees are charged to the participant's account.

Note 3 FAIR VALUE MEASUREMENTS

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

Note 3 FAIR VALUE MEASUREMENTS (continued)

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

Level 2: Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 18, 2017 and December 31, 2016.

Pooled Separate Accounts: Valued at the net asset value ("NAV") of shares held by the Plan at year-end (level 2 inputs). Pooled separate accounts held by the Plan are variable funds that invest in open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These mutual funds are required to publish their daily net asset value and to transact at that price. The investment objectives and underlying investments of the registered investment companies vary.

Insurance Company General Accounts: The fair value of participation units held in insurance company general accounts is determined by taking the value at the beginning of the year, adding the contributions made and the earnings on the underlying investments, and deducting participant withdrawals and administrative expenses.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of May 18, 2017 and December 31, 2016:

Garvey Companies' Savings and Retirement Plan
Notes to the Financial Statements (Modified Cash Basis)
May 18, 2017 and December 31, 2016

EIN # 36-1120019
PLAN #001

Note 3 FAIR VALUE MEASUREMENTS (continued)

May 18, 2017	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ -	\$ -	\$ -
Interest bearing cash accounts	-	-	-	-
Investments at Fair Value	\$ -	\$ -	\$ -	\$ -

December 31, 2016	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 11,921,889	\$ -	\$ 11,921,889
Interest bearing cash accounts	-	1,941	-	1,941
Investments at Fair Value	\$ -	\$ 11,923,830	\$ -	\$ 11,923,830

For the period ended May 18, 2017 and year ended December 31, 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Note 4 FIXED ACCOUNT INSURANCE COMPANY GENERAL ACCOUNT

The Plan maintained one guaranteed insurance contract ("GIC") related investment option, the Voya Fixed Account issued by VRIAC . The contract underlying this investment option is considered to be fully benefit responsive in accordance with ASC Topic 962, "Plan Accounting - Defined Contribution Pension Plans.". The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the fixed account insurance company general account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

Contract value of the Voya Fixed Account is equal to participant deposits minus participant withdrawals plus credited interest. Interest credited is net of expenses. Contract value may be subject to market value adjustments in connection with contract holder directed withdrawals or under limited circumstances for certain in-service participant withdrawals. The fair value of the Voya Fixed Account which consists of an underlying GIC owned by the Plan is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Interest income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on the trade date.

Note 4 FIXED ACCOUNT INSURANCE COMPANY GENERAL ACCOUNT (continued)

Voya is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by Voya but may not be less than 3% . The average yield based on actual interest credited to participants was 3% in 2017 and 2016. The crediting rate to participants was 3% at May 18, 2017 and December 31, 2016. The Plan's ability to receive amounts due in accordance with the contract is dependent on Voya's ability to meet its financial obligations. Voya's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with Voya. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contract.
3. Plan termination or merger.
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the Bank or other events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

The merger of the Plan did not limit the ability of the Plan or its participants to transact at contract value. Furthermore, certain events allow Voya to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events may include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract.
3. A material misrepresentation.
4. An amendment to the agreement without the consent of Voya.

Note 5 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments were shares of insurance general and separate accounts managed by Voya. Voya also provided services to the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Voya for recordkeeping services totaled \$2,627 and \$4,241 for the period and year ended May 18, 2017 and December 31, 2016, respectively. Participant loans also qualify as party-in-interest transactions.

UBS acted as the Plan's investment advisor and provided investment advice, among other services, to the Plan's participants. Transactions with UBS qualify as party-in-interest transactions. Fees paid by the Plan for investment advising services totaled \$14,095 for the period ended May 18, 2017. Certain administrative functions are performed by officers or employees of the Plan Sponsors. No officer or employee receives compensation from the Plan.

Note 6 TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed Voya Retirement Insurance and Annuity Company by a letter dated September 1, 2014, that the Plan and related trust, as then designed, were in compliance with applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended and restated since receiving the determination letter, the plan administrator and the Plan's tax 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.

Note 7 RISKS AND UNCERTAINTIES

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

Note 8 DOL LIMITED-SCOPE AUDIT

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the following information was certified as complete and accurate by the custodian, Voya, for the period and year ended May 18, 2017 and December 31, 2016:

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

**SUPPLEMENTARY SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR**

Garvey Companies' Savings and Retirement Plan
Schedule of Assets Held for Investment Purposes at End of Year
For the Period Ended May 18, 2017

EIN # 36-112001
PLAN #001

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	American Funds Distributor, Inc.	American Balanced - R6	**	\$ -
	American Funds Distributor, Inc.	EuroPacific - R6	**	-
	American Funds Distributor, Inc.	New World - R6	**	-
	ClearBridge Investments, LLC	Aggressive Growth - IS	**	-
	ClearBridge Investments, LLC	Small Cap Growth - IS	**	-
	Dimensional Fund Advisors	Global Real Estate Sec Portfolio - Institutional	**	-
	Dimensional Fund Advisors	US Targeted Value Portfolio - Institutional	**	-
	Eaton Vance	Income Fund of Boston	**	-
	Invesco Ltd.	American Value - R6	**	-
	JPMorgan	Equity Income - R6	**	-
	Loomis, Sayles & Company, L.P.	Bond - N	**	-
	OppenheimerFunds	Main Street - I	**	-
	PIMCO	Real Return - Institutional	**	-
	Vanguard Marketing Corp.	500 Index - Admiral	**	-
	Vanguard Marketing Corp.	Mid-Cap Index - Admiral	**	-
	Vanguard Marketing Corp.	Small-Cap Index - Admiral	**	-
	Vanguard Marketing Corp.	Target Retirement 2010 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2015 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2020 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2025 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2030 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2035 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2040 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2045 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2050 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2055 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2060 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement Income - Investor	**	-
	Victory Capital Advisors, Inc.	Munder Mid Cap Core Growth - R6	**	-
	* Voya Retirement Insurance and Annuity Company	Fixed Account	**	-
	* Voya Investments, LLC	Intermediate Bond - R6	**	-
	* Voya Investments, LLC	Money Market - A	**	-
	Western Asset Management Company	High Yield - IS	**	-
	Participant Loans	Interest from 4.25%-6%	-	-
			\$ -	\$ -

* A party-in-interest as defined by ERISA

** Cost omitted for participant-directed accounts

Garvey Companies' Savings and Retirement Plan
Schedule of Delinquent Participant Contributions
For the Period Ended May 18, 2017

EIN # 36-112001
PLAN #001

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant Contributions Transferred Late to Plan for period ended 5/18/2017	\$ -	\$ 2,650	\$ -	\$ -

EIN # 36-1120019
PLAN # 001

Garvey Companies' Savings and Retirement Plan
Financial Statements – Modified Cash Basis
Period Ended May 18, 2017 and Year Ended December 31, 2016

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Garvey Companies' Savings and Retirement Plan
Niles, Illinois 60714

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Garvey Companies' Savings and Retirement Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of May 18, 2017 (see Note 10) and December 31, 2016, and the related statements of changes in net assets available for benefits (modified cash basis) for the period January 1, 2017 through May 18, 2017 and the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis of preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide 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 8, which was certified by Voya Retirement Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the period and year ended May 18, 2017 and December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of May 18, 2017 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, 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 paragraph, we do not express an opinion on these supplemental schedules.

Basis of Accounting

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

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

The form and content of the information included in the financial statements (modified cash basis) and supplemental schedules, other than that derived from the information certified by the custodian and 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.

Bronswick Benjamin P.C.

July 11, 2018

Buffalo Grove, Illinois

Garvey Companies' Savings and Retirement Plan
Statements of Net Assets Available for Benefits (Modified Cash Basis)
May 18, 2017 and December 31, 2016

EIN # 36-1120019
PLAN #001

	<u>2017</u>	<u>2016</u>
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Pooled Separate Accounts	\$ -	\$ 11,921,889
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RECEIVABLES - PARTICIPANT LOANS	-	212,924
CASH	-	-
TOTAL ASSETS	<u>\$ -</u>	<u>\$ 13,419,579</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 13,419,579</u>

See the accompanying notes and independent auditor's report

Garvey Companies' Savings and Retirement Plan **EIN # 36-1120019**
Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) **PLAN #001**
For the Period Ended May 18, 2017 and Year Ended December 31, 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net realized and unrealized appreciation		
in fair value of investments	\$ 688,298	\$ 935,288
Interest income	5,142	15,780
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NET (DECREASE) INCREASE	(13,419,579)	744,885
Net Assets Available for Benefits:		
Beginning of Year	13,419,579	12,674,694
End of Year	<u>\$ -</u>	<u>\$ 13,419,579</u>

See the accompanying notes and independent auditor's report

Note 1 DESCRIPTION OF PLAN

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

General

The Plan is a defined contribution plan covering all full-time employees of The Garvey Group, LLC; Ed Garvey and Company; C-Graphic, LLC; United General Graphics, LLC; TruLine Lithographing, Inc.; and The Garvey Group LA, LLC (the "Plan Sponsors"), all of which are under common control, who have completed three months of service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Sale of Garvey Group of Companies

In March 2017, the Plan Sponsor was acquired by Orora Visual Group and the Garvey Company Savings and Retirement Plan merged into the Orora Visual Group Plan effective May 18, 2017.

Plan Administration

The Plan is administered by the owner and CFO of the Plan Sponsors, who also act as the Plan's trustees. Voya Retirement Insurance and Annuity Company ("Voya") is responsible for custody of the Plan's assets.

Contributions

Participant Contributions

Eligible employees may contribute up to the lesser of the defined contribution dollar limitation or 100% of the participant's compensation for the limitation year as defined in the Plan. Contributions must be made through payroll deductions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

Employer Discretionary Contributions

Matching contributions and non-elective profit sharing contributions, if any, are allocated among participants in the ratio compensation of each participant bears to the total compensation of all qualified participants into the same investments and at the current investment percentages as selected by each participant. Participants must reach one year of service in order to receive a discretionary employer contribution. Participants must still be employed at year-end to receive any allocation of non-elective profit sharing contributions, with limited exceptions. The Plan Sponsors have no obligation to make matching or non-elective profit sharing contributions in any year.

Automatic Enrollment

Employees are automatically enrolled in the Plan at a 3% contribution rate when they become eligible for participation. These contributions are invested in the Plan's default investment option. Employees may opt out of the automatic enrollment, stop contributions, and modify their contribution rate or investment selections at any time.

Other Provisions

Roth 401(k) contributions are allowed.

Note 1 DESCRIPTION OF PLAN (continued)

Participant Accounts

Each participant's account is funded with the participant's contributions and allocations of the Company's contributions, if any, and Plan earnings or losses. Allocations are based on participant account balances, as defined by the Plan. Participants are entitled to the vested portion of their account.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Participants are vested in the Plan Sponsors' discretionary contributions, plus actual earnings thereon, based on years of service. Participants are vested in Plan Sponsor contributions over a 6 year vesting schedule.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 and maximum of the lesser of \$50,000 or 50% of their account balance. These loans may be used for a maximum of ten years for purchase of a primary residence or five years for all other loans. The loans are secured by the balance in the participant's account and bear interest at prevailing rates as determined by the Plan Administrator. For new loans issue as of January 1, 2017 through May 18, 2017, the interest rate was 4.75%. Participants may only have one loan outstanding at any given time. Principal and interest are repaid through payroll deductions.

Investment Options

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

Payment of Benefits

Vested account balances are payable upon retirement, death, disability, or termination of employment. In-service distributions are also permitted after meeting certain requirements in accordance with Plan provisions. Distributions may be made in a lump sum payment, a series of installment payments, or partial payments. Participants may elect to leave the balance in their account for withdrawal at a later point in time. Vested account balances below \$1,000 may be automatically paid to participants. If the participant is still working full time at the age of 70.5, the participant is not required to make required minimum distributions.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to reduce future Plan Sponsor contributions. Forfeited amounts at May 18, 2017 and December 31, 2016 totaled \$0 and \$5,035, respectively. During the period and year ended May 17, 2018 and December 31, 2016, no forfeitures were used to reduce Plan Sponsor contributions.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan's financial statements are prepared using the modified cash basis of accounting, which is the cash basis of accounting except for investments (which are adjusted to fair value). The modified cash basis of accounting is

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). There are significant differences between the modified cash basis and basis of accounting principles generally accepted in the United States of America including recognition of contributions.

Management Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (see Note 3). Purchases and sales of securities are recorded on a trade date basis. Interest income and dividends are recorded when received. Net appreciation/(depreciation) includes the Plan's realized gains and losses on investments bought and sold, and held at period and year end.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts (see Note 4). Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the cash basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of May 18, 2017 and December 31, 2016. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Benefit Payments and Distributions

Benefits and distributions are recorded when paid.

Operating Expenses

Expenses of maintaining the Plan are paid by the Plan Sponsors. Expenses relating to the purchase or sale of investments are included in the cost or deducted from the proceeds. Certain participant services and recordkeeping fees are charged to the participant's account.

Note 3 FAIR VALUE MEASUREMENTS

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

Note 3 FAIR VALUE MEASUREMENTS (continued)

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

Level 2: Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 18, 2017 and December 31, 2016.

Pooled Separate Accounts: Valued at the net asset value ("NAV") of shares held by the Plan at year-end (level 2 inputs). Pooled separate accounts held by the Plan are variable funds that invest in open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These mutual funds are required to publish their daily net asset value and to transact at that price. The investment objectives and underlying investments of the registered investment companies vary.

Insurance Company General Accounts: The fair value of participation units held in insurance company general accounts is determined by taking the value at the beginning of the year, adding the contributions made and the earnings on the underlying investments, and deducting participant withdrawals and administrative expenses.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of May 18, 2017 and December 31, 2016:

Garvey Companies' Savings and Retirement Plan
Notes to the Financial Statements (Modified Cash Basis)
May 18, 2017 and December 31, 2016

EIN # 36-1120019
PLAN #001

Note 3 FAIR VALUE MEASUREMENTS (continued)

May 18, 2017	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ -	\$ -	\$ -
Interest bearing cash accounts	-	-	-	-
Investments at Fair Value	\$ -	\$ -	\$ -	\$ -

December 31, 2016	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 11,921,889	\$ -	\$ 11,921,889
Interest bearing cash accounts	-	1,941	-	1,941
Investments at Fair Value	\$ -	\$ 11,923,830	\$ -	\$ 11,923,830

For the period ended May 18, 2017 and year ended December 31, 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Note 4 FIXED ACCOUNT INSURANCE COMPANY GENERAL ACCOUNT

The Plan maintained one guaranteed insurance contract ("GIC") related investment option, the Voya Fixed Account issued by VRIAC . The contract underlying this investment option is considered to be fully benefit responsive in accordance with ASC Topic 962, "Plan Accounting - Defined Contribution Pension Plans.". The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the fixed account insurance company general account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

Contract value of the Voya Fixed Account is equal to participant deposits minus participant withdrawals plus credited interest. Interest credited is net of expenses. Contract value may be subject to market value adjustments in connection with contract holder directed withdrawals or under limited circumstances for certain in-service participant withdrawals. The fair value of the Voya Fixed Account which consists of an underlying GIC owned by the Plan is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Interest income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on the trade date.

Note 4 FIXED ACCOUNT INSURANCE COMPANY GENERAL ACCOUNT (continued)

Voya is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by Voya but may not be less than 3% . The average yield based on actual interest credited to participants was 3% in 2017 and 2016. The crediting rate to participants was 3% at May 18, 2017 and December 31, 2016. The Plan's ability to receive amounts due in accordance with the contract is dependent on Voya's ability to meet its financial obligations. Voya's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with Voya. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contract.
3. Plan termination or merger.
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the Bank or other events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

The merger of the Plan did not limit the ability of the Plan or its participants to transact at contract value. Furthermore, certain events allow Voya to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events may include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract.
3. A material misrepresentation.
4. An amendment to the agreement without the consent of Voya.

Note 5 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments were shares of insurance general and separate accounts managed by Voya. Voya also provided services to the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Voya for recordkeeping services totaled \$2,627 and \$4,241 for the period and year ended May 18, 2017 and December 31, 2016, respectively. Participant loans also qualify as party-in-interest transactions.

UBS acted as the Plan's investment advisor and provided investment advice, among other services, to the Plan's participants. Transactions with UBS qualify as party-in-interest transactions. Fees paid by the Plan for investment advising services totaled \$14,095 for the period ended May 18, 2017. Certain administrative functions are performed by officers or employees of the Plan Sponsors. No officer or employee receives compensation from the Plan.

Note 6 TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed Voya Retirement Insurance and Annuity Company by a letter dated September 1, 2014, that the Plan and related trust, as then designed, were in compliance with applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended and restated since receiving the determination letter, the plan administrator and the Plan's tax 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.

Note 7 RISKS AND UNCERTAINTIES

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

Note 8 DOL LIMITED-SCOPE AUDIT

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the following information was certified as complete and accurate by the custodian, Voya, for the period and year ended May 18, 2017 and December 31, 2016:

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

**SUPPLEMENTARY SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR**

Garvey Companies' Savings and Retirement Plan
Schedule of Assets Held for Investment Purposes at End of Year
For the Period Ended May 18, 2017

EIN # 36-112001
PLAN #001

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

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	American Funds Distributor, Inc.	American Balanced - R6	**	\$ -
	American Funds Distributor, Inc.	EuroPacific - R6	**	-
	American Funds Distributor, Inc.	New World - R6	**	-
	ClearBridge Investments, LLC	Aggressive Growth - IS	**	-
	ClearBridge Investments, LLC	Small Cap Growth - IS	**	-
	Dimensional Fund Advisors	Global Real Estate Sec Portfolio - Institutional	**	-
	Dimensional Fund Advisors	US Targeted Value Portfolio - Institutional	**	-
	Eaton Vance	Income Fund of Boston	**	-
	Invesco Ltd.	American Value - R6	**	-
	JPMorgan	Equity Income - R6	**	-
	Loomis, Sayles & Company, L.P.	Bond - N	**	-
	OppenheimerFunds	Main Street - I	**	-
	PIMCO	Real Return - Institutional	**	-
	Vanguard Marketing Corp.	500 Index - Admiral	**	-
	Vanguard Marketing Corp.	Mid-Cap Index - Admiral	**	-
	Vanguard Marketing Corp.	Small-Cap Index - Admiral	**	-
	Vanguard Marketing Corp.	Target Retirement 2010 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2015 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2020 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2025 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2030 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2035 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2040 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2045 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2050 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2055 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement 2060 - Investor	**	-
	Vanguard Marketing Corp.	Target Retirement Income - Investor	**	-
	Victory Capital Advisors, Inc.	Munder Mid Cap Core Growth - R6	**	-
	* Voya Retirement Insurance and Annuity Company	Fixed Account	**	-
	* Voya Investments, LLC	Intermediate Bond - R6	**	-
	* Voya Investments, LLC	Money Market - A	**	-
	Western Asset Management Company	High Yield - IS	**	-
	Participant Loans	Interest from 4.25%-6%	-	-
			\$ -	\$ -

* A party-in-interest as defined by ERISA

** Cost omitted for participant-directed accounts

Garvey Companies' Savings and Retirement Plan
Schedule of Delinquent Participant Contributions
For the Period Ended May 18, 2017

EIN # 36-112001
PLAN #001

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant Contributions Transferred Late to Plan for period ended 5/18/2017	\$ -	\$ 2,650	\$ -	\$ -