Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE MOREY CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/20/1963

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE MOREY CORPORATION

100 MOREY DRIVE
WOODRIDGE, IL 60517

100 MOREY DRIVE
WOODRIDGE, IL 60517

2b Employer Identification Number (EIN)
36-2211715

2c Plan Sponsor's telephone number
630-754-2300

2d Business code (see instructions)
335900

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.	09/06/2018	STEPHEN GREGORY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor 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**	481
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	385
a(2) Total number of active participants at the end of the plan year	**6a(2)**	455
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	82
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	540
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	540
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	423
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
THE MOREY CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2211715

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	79514	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	18793	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CRLN E SM CAP GR R5 - U.S. BANCORP P.O. BOX 701 022668406 MILWAUKEE, WI 53201	0.20%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DELAWARE VALUE INST - DELAWARE INV 2005 MARKET STREET PHILADELPHIA, PA 19103	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS SM CAP VALUE INST - GOLDMAN, SA 13-5108880	0.10%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H TRITON I - JANUS SERVICES LLC 43-1804048	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JHANCOCK INCOME I - JOHN HANCOCK S 01-0233346	0.05%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 12/31/2017

A Name of plan
THE MOREY CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2211715

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	25197005	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6471	0
(2) Participant contributions	1b(2)	10063	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	833882
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	440110	524575
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	27789729
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	25653649	29148186
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	25653649	29148186

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	530827	
	(B) Participants	**2a(1)(B)**	1260855	
	(C) Others (including rollovers)	**2a(1)(C)**	970327	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		2762009
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	6407	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	21997	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		28404
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	841942	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		841942
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(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)**	0	
	(B) Other	**2b(5)(B)**	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3006041
c Other income	2c		-1
d Total income. Add all **income** amounts in column (b) and enter total	2d		6638395
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3035795	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3035795
f Corrective distributions (see instructions)	2f		9755
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	98308	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		98308
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3143858
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3494537
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: OSTROW REISIN BERK & ABRAMS LTD **(2)** EIN: 36-2938874

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
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 _____.

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
THE MOREY CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2211715

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

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):

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2017 AND 2016

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

YEARS ENDED DECEMBER 31, 2017 AND 2016

CONTENTS

	Page
Independent auditors' report	1-2
Financial statements:	
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5-12
Supplemental schedule required by the Department of Labor:	
Schedule of assets (held at end of year)	13-14

ORBA®
Accounting | Tax | Advisory

Independent Auditors' Report

Plan Administrator and Board of Trustees
The Morey Corporation 401(k) Profit-Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Morey Corporation 401(k) Profit-Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (the Trustee), and by Voya Retirement Insurance and Annuity Company (the predecessor Insurance Company), except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee held the Plan's investment assets and executed investment transactions from January 1, 2017 through December 31, 2017, and that the Predecessor Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2016, and for the period from January 1, 2016 through December 31, 2016. The Plan Administrator has obtained certifications from the Trustee and the predecessor Insurance Company as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

NBC Tower, Suite 1500 | 455 N. Cityfront Plaza Drive | Chicago, IL 60611-5313 | **O** 312.670.7444 | **F** 312.670.8301 | ORBA.COM
Independent Member of BKR International

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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



September 5, 2018

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	**2017**	2016
Assets:		
Cash - noninterest-bearing		$ 25,197,005
Investments, at fair value	**$ 28,623,611**	
Receivables:		
Employer contributions		6,471
Participant contributions		10,063
Notes receivable from participants	**524,575**	440,110
Total receivables	**524,575**	456,644
Total assets	**29,148,186**	25,653,649
Net assets available for benefits	**$ 29,148,186**	$ 25,653,649

See notes to financial statements.

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2017	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 3,006,040
Dividend and interest income	848,349
Total investment income	3,854,389
Interest on participant loans	21,997
Contributions:	
Participants	1,260,855
Employer	530,827
Rollovers	970,327
Total contributions	2,762,009
Total additions	6,638,395
Deductions from net assets attributed to:	
Benefits paid to participants and former participants	3,045,550
Administrative expenses	98,308
Total deductions	3,143,858
Net increase	3,494,537
Net assets available for benefits:	
Beginning of year	25,653,649
End of year	$ 29,148,186

See notes to financial statements.

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following description of The Morey Corporation 401(k) Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General:

The Plan is a defined-contribution plan covering all employees of The Morey Corporation and Temeda, L.L.C., (collectively referred to as the Company), who are citizens or residents of the United States of America, except leased employees and employees covered by a collective bargaining agreement. Effective January 1, 2017, employees are eligible to participate in the Plan after reaching 18 years of age and having completed two months of service. Prior to January 1, 2017, employees were required to have completed one month of service and worked a minimum of 83 hours. Eligible employees can enter the Plan as of the first of the month, following the date eligibility requirements are met.

Effective February 1, 2017, employees that meet the eligibility requirements and do not decline enrollment are automatically enrolled into the Plan. During the year ended December 31, 2017, the automatic deferral rate was 3%. Participants can change their deferrals at any time.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Contributions to the Plan may include employee deferral contributions, employee rollover contributions, employer matching contributions and employer discretionary profit-sharing contributions.

The employer discretionary contributions are allocated to each participant's account based upon permitted disparity (Social Security integration) rules. This provision allows additional contributions to be made for participants earning greater than the Social Security taxable wage base. Such additional contributions are designed to offset the lower contributions made to Social Security on behalf of affected employees. Contributions are limited to an amount equal to the maximum amount deductible by the Company for purposes of federal income taxes.

1. Description of the Plan (continued)

Contributions: (continued)

The employer matching contribution percentage for a Plan year is discretionary and is determined in December of the previous year. The Company may contribute an amount equal to 100% of each eligible employee's deferrals up to 3% of compensation; an amount equal to 50% of each eligible employee's deferrals on the next 1% of compensation; and an amount equal to 25% of each eligible employee's deferrals on the next 2% of compensation contributed. Maximum employer matching contribution is 4% of each eligible employee's compensation.

Effective January 1, 2017, participants may contribute up to 100% of eligible compensation. Previously, employee deferral contributions could not be less than 2% or more than 93% of the participant's earnings for the year. For allocation purposes, a participant's earnings consist of total cash compensation including overtime pay and excluding bonuses and commissions in a Plan year. Deferral contributions by a participant cannot exceed $18,000 for 2017 and 2016. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Total contributions, after catch-up contributions, cannot exceed $24,000 for 2017 and 2016.

Total contributions per participant are limited under present Internal Revenue Code (the Code) sections to the lesser of $54,000 for 2017 and $53,000 for 2016 or 100% of compensation.

Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and may be charged with an allocation of administrative expenses. Allocations are based on the participant's earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants self-direct their contributions and their share of the Company's contribution among various investment options offered by the Plan.

Vesting:

Participants are always 100% vested in their employee deferral contributions, employee rollover contributions and earnings thereon. Participants are also fully vested if their employment with the Company terminates after age of 59-1/2 with five years of service while a participant or for reasons due to death or disability.

1. Description of the Plan (continued)

Vesting: (continued)

Participants vest in their employer matching contributions and their profit-sharing accounts (allocations of the employer discretionary contributions) and earnings thereon in accordance with the following table:

Completed years of service	Percentage of account balance vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Participant loans:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. All loans are required to be repaid within five years of the date of the loan, with only two outstanding loans allowable at any time. All loans bear a reasonable rate of interest as determined by prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Principal and interest is paid ratably through payroll deductions.

Payment of benefits:

Benefit payments are generally paid in a lump-sum as soon as practicable after employment with the Company has ended. Participants who are not 5% owners of the Company may elect to defer commencement of distributions until the later of April 1st of the calendar year following the calendar year in which the participant attains the age of 70-1/2 or April 1st of the calendar year following the calendar year in which the participant retires. Participants who terminate employment with account balances greater than $5,000 may elect to leave their account balances in the Plan. Until such time as the funds are distributed, the participant is entitled to receive a pro-rata share of fund earnings. Benefits may also be paid directly to an eligible retirement plan as an eligible rollover distribution.

1. Description of the Plan (continued)

Payment of benefits: (continued)

As of January 1, 2017, the Plan also allows in-service withdrawals from a participant's vested account balance for hardship withdrawals or upon attaining the age of 59-1/2.

Forfeited accounts:

At December 31, 2017 and 2016, forfeited nonvested accounts totaled $34,805 and $125,904 respectively. These accounts will be used to pay administrative expenses and to reduce future employer contributions. During the year ended December 31, 2017, $173,902 was used from forfeited nonvested accounts to reduce employer contributions.

2. Summary of significant accounting policies

Significant accounting policies are described below and have been consistently applied.

Basis of accounting:

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of benefits:

Benefits are recorded when paid.

2. Summary of significant accounting policies (continued)

Notes receivable from participants:

As described in Note 1, the Plan allows participants to borrow against their vested account balance and the loans are secured by the participants' account balances. Participant loans are valued at their unpaid principal balance plus any accrued but unpaid interest. The Plan is required to review the collectibility of the outstanding loan balances and record an allowance for loans considered to be uncollectible. As of December 31, 2017 and 2016, no allowance for uncollectible loans was necessary.

Administrative expenses:

All administrative costs, charges and expenses are paid by the Plan to the extent not paid by the Company.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Accordingly, actual results could differ from those estimates.

3. Investments (information prepared and certified by the Trustee)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information included in these financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Fidelity Management Trust Company (the Trustee) as of and for the year ended December 31, 2017 and by Voya Retirement Insurance and Annuity Company (the predecessor Insurance Company) as of December 31, 2016.

The Trustee certified the fair value of investments of $28,623,611 as of December 31, 2017. Notes receivable from participants of $524,575 and $440,110 were also certified by the Trustee at December 31, 2017 and the predecessor Insurance Company at December 31, 2016, respectively. The interest on these receivables ranges from 4.25% to 5.25% in 2017 and 4.25% to 4.50% in 2016.

3. Investments (information prepared and certified by the Trustee) (continued)

For the year ended December 31, 2017, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value in the amount of $3,006,040. Dividend and interest income was $848,349 and interest on participant loans was $21,997 for the year ended December 31, 2017.

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

4. Fair value measurements

There are three levels of inputs used to measure fair value. The definition of each input is described below:

Level 1	Inputs to 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 that are unobservable inputs for the asset or liability.

4. Fair value measurements (continued)

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

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

Mutual funds:	Valued at the net asset value (NAV) of shares held by the Plan at year-end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Investments at fair value as of December 31, 2017:

December 31, 2017	Level 1
Mutual funds	$ 28,623,611

5. Party-in-interest transactions

The Plan investments are shares of mutual funds managed by the Trustee and, therefore, these transactions qualify as party-in-interest transactions.

6. Plan termination

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

7. Tax status

The Plan is exempt from federal income taxes under Section 401(k) of the Internal Revenue Code (the Code).

The Internal Revenue Service has determined and informed the Company by a favorable determination letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in accordance with the applicable rules and regulations of the Code.

8. Concentration of credit risk

The Plan maintains its cash in noninterest-bearing accounts which, at times, may exceed federally-insured limits. The amount held in excess of federally-insured limits was approximately $-0- and $25,200,000 at December 31, 2017 and 2016, respectively. The Plan has not experienced any losses in such accounts.

9. Risks and uncertainties

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

10. Subsequent events

The Plan Administrator has reviewed and evaluated subsequent events from December 31, 2017, the financial statement date, through September 5, 2018, the date the financial statements were available to be issued.

Effective March 19, 2018, the Plan amended the contribution period for the employer match to be the plan year.

Effective July 16, 2018, the Plan was amended to change the vesting schedule, allowing a participant to become 100% vested in their employer matching contributions and their profit-sharing accounts once they have completed 3 years of service. Prior to completing 3 years of service, a participant will remain 0% vested in their employer matching contributions and their profit-sharing accounts.

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

FEIN 36-2211715
Plan Number 001

Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Participant-directed profit-sharing and 401(k) investments:		
	Mutual funds:		
*	Fidelity Management Trust Company	J H Triton Fund Class I	$ 529,621
*	Fidelity Management Trust Company	Vanguard Target Retirement 2055	132,738
*	Fidelity Management Trust Company	Delaware Value Fund Institutional Class	416,590
*	Fidelity Management Trust Company	Vanguard Target Retirement 2020	2,846,323
*	Fidelity Management Trust Company	Vanguard Target Retirement 2030	2,840,336
*	Fidelity Management Trust Company	Vanguard Target Retirement 2040	881,109
*	Fidelity Management Trust Company	Vanguard Target Retirement 2050	347,612
*	Fidelity Management Trust Company	DFA Emerging Markets Value I	417,765
*	Fidelity Management Trust Company	T. Rowe Price Science & Technology Fund	1,333,992
*	Fidelity Management Trust Company	Vanguard 500 Index ADM	975,151
*	Fidelity Management Trust Company	Vanguard Small Cap Index ADM	489,852
*	Fidelity Management Trust Company	Vanguard Total Stock Market ADM	1,190,683
*	Fidelity Management Trust Company	Vanguard Mid Cap Index ADM	563,538
*	Fidelity Management Trust Company	Vanguard Real Estate Index ADM	142,773
*	Fidelity Management Trust Company	Vanguard FTSE Social Index Fund	471,345
*	Fidelity Management Trust Company	Vanguard Federal Money Market Fund	833,882
*	Fidelity Management Trust Company	Vanguard Total International Stock ADM	456,737
*	Fidelity Management Trust Company	Goldman Sachs Small Cap Value Fund	125,324
*	Fidelity Management Trust Company	Vanguard Target Retirement Income Fund	373,183
*	Fidelity Management Trust Company	Vanguard Target Retirement 2015	1,208,585
*	Fidelity Management Trust Company	Vanguard Target Retirement 2025	5,069,702
*	Fidelity Management Trust Company	Vanguard Target Retirement 2035	2,797,179
*	Fidelity Management Trust Company	Vanguard Target Retirement 2045	1,249,670
*	Fidelity Management Trust Company	MFS Mid Cap Value Fund Class R6	459,055
*	Fidelity Management Trust Company	American Funds EuroPacific Growth Fund	425,595
*	Fidelity Management Trust Company	American Funds AMCAP Fund	578,070
*	Fidelity Management Trust Company	John Hancock Income Fund	912,268
*	Fidelity Management Trust Company	BlackRock Inflation Protected Bond K Fund	316,825

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2017

FEIN 36-2211715
Plan Number 001

Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year)

	(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
		Participant-directed profit-sharing and 401(k) investments: (continued)		
		Mutual funds: (continued)		
*		Fidelity Management Trust Company	Vanguard Energy Index ADM	$ 110,226
*		Fidelity Management Trust Company	Vanguard Target Retirement 2060	32,084
*		Fidelity Management Trust Company	Carillon Eagle Small Cap Growth Fund	95,798
		Total mutual funds		28,623,611
*		Notes receivable from participants	Interest rates ranging from 4.25% to 5.25%	524,575
		Total		$ 29,148,186

*Represents a party-in-interest.

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2017 AND 2016

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

YEARS ENDED DECEMBER 31, 2017 AND 2016

CONTENTS

	Page
Independent auditors' report	1-2
Financial statements:	
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5-12
Supplemental schedule required by the Department of Labor:	
Schedule of assets (held at end of year)	13-14

ORBA®
Accounting | Tax | Advisory

Independent Auditors' Report

Plan Administrator and Board of Trustees
The Morey Corporation 401(k) Profit-Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Morey Corporation 401(k) Profit-Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company (the Trustee), and by Voya Retirement Insurance and Annuity Company (the predecessor Insurance Company), except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee held the Plan's investment assets and executed investment transactions from January 1, 2017 through December 31, 2017, and that the Predecessor Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2016, and for the period from January 1, 2016 through December 31, 2016. The Plan Administrator has obtained certifications from the Trustee and the predecessor Insurance Company as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

NBC Tower, Suite 1500 | 455 N. Cityfront Plaza Drive | Chicago, IL 60611-5313 | **O** 312.670.7444 | **F** 312.670.8301 | ORBA.COM
Independent Member of BKR International

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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



September 5, 2018

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	**2017**	2016
Assets:		
Cash - noninterest-bearing		$ 25,197,005
Investments, at fair value	**$ 28,623,611**	
Receivables:		
Employer contributions		6,471
Participant contributions		10,063
Notes receivable from participants	**524,575**	440,110
Total receivables	**524,575**	456,644
Total assets	**29,148,186**	25,653,649
Net assets available for benefits	**$ 29,148,186**	$ 25,653,649

See notes to financial statements.

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2017	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 3,006,040
Dividend and interest income	848,349
Total investment income	3,854,389
Interest on participant loans	21,997
Contributions:	
Participants	1,260,855
Employer	530,827
Rollovers	970,327
Total contributions	2,762,009
Total additions	6,638,395
Deductions from net assets attributed to:	
Benefits paid to participants and former participants	3,045,550
Administrative expenses	98,308
Total deductions	3,143,858
Net increase	3,494,537
Net assets available for benefits:	
Beginning of year	25,653,649
End of year	$ 29,148,186

See notes to financial statements.

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following description of The Morey Corporation 401(k) Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General:

The Plan is a defined-contribution plan covering all employees of The Morey Corporation and Temeda, L.L.C., (collectively referred to as the Company), who are citizens or residents of the United States of America, except leased employees and employees covered by a collective bargaining agreement. Effective January 1, 2017, employees are eligible to participate in the Plan after reaching 18 years of age and having completed two months of service. Prior to January 1, 2017, employees were required to have completed one month of service and worked a minimum of 83 hours. Eligible employees can enter the Plan as of the first of the month, following the date eligibility requirements are met.

Effective February 1, 2017, employees that meet the eligibility requirements and do not decline enrollment are automatically enrolled into the Plan. During the year ended December 31, 2017, the automatic deferral rate was 3%. Participants can change their deferrals at any time.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Contributions to the Plan may include employee deferral contributions, employee rollover contributions, employer matching contributions and employer discretionary profit-sharing contributions.

The employer discretionary contributions are allocated to each participant's account based upon permitted disparity (Social Security integration) rules. This provision allows additional contributions to be made for participants earning greater than the Social Security taxable wage base. Such additional contributions are designed to offset the lower contributions made to Social Security on behalf of affected employees. Contributions are limited to an amount equal to the maximum amount deductible by the Company for purposes of federal income taxes.

1. Description of the Plan (continued)

Contributions: (continued)

The employer matching contribution percentage for a Plan year is discretionary and is determined in December of the previous year. The Company may contribute an amount equal to 100% of each eligible employee's deferrals up to 3% of compensation; an amount equal to 50% of each eligible employee's deferrals on the next 1% of compensation; and an amount equal to 25% of each eligible employee's deferrals on the next 2% of compensation contributed. Maximum employer matching contribution is 4% of each eligible employee's compensation.

Effective January 1, 2017, participants may contribute up to 100% of eligible compensation. Previously, employee deferral contributions could not be less than 2% or more than 93% of the participant's earnings for the year. For allocation purposes, a participant's earnings consist of total cash compensation including overtime pay and excluding bonuses and commissions in a Plan year. Deferral contributions by a participant cannot exceed $18,000 for 2017 and 2016. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Total contributions, after catch-up contributions, cannot exceed $24,000 for 2017 and 2016.

Total contributions per participant are limited under present Internal Revenue Code (the Code) sections to the lesser of $54,000 for 2017 and $53,000 for 2016 or 100% of compensation.

Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and may be charged with an allocation of administrative expenses. Allocations are based on the participant's earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants self-direct their contributions and their share of the Company's contribution among various investment options offered by the Plan.

Vesting:

Participants are always 100% vested in their employee deferral contributions, employee rollover contributions and earnings thereon. Participants are also fully vested if their employment with the Company terminates after age of 59-1/2 with five years of service while a participant or for reasons due to death or disability.

1. Description of the Plan (continued)

Vesting: (continued)

Participants vest in their employer matching contributions and their profit-sharing accounts (allocations of the employer discretionary contributions) and earnings thereon in accordance with the following table:

Completed years of service	Percentage of account balance vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Participant loans:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. All loans are required to be repaid within five years of the date of the loan, with only two outstanding loans allowable at any time. All loans bear a reasonable rate of interest as determined by prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Principal and interest is paid ratably through payroll deductions.

Payment of benefits:

Benefit payments are generally paid in a lump-sum as soon as practicable after employment with the Company has ended. Participants who are not 5% owners of the Company may elect to defer commencement of distributions until the later of April 1st of the calendar year following the calendar year in which the participant attains the age of 70-1/2 or April 1st of the calendar year following the calendar year in which the participant retires. Participants who terminate employment with account balances greater than $5,000 may elect to leave their account balances in the Plan. Until such time as the funds are distributed, the participant is entitled to receive a pro-rata share of fund earnings. Benefits may also be paid directly to an eligible retirement plan as an eligible rollover distribution.

1. Description of the Plan (continued)

Payment of benefits: (continued)

As of January 1, 2017, the Plan also allows in-service withdrawals from a participant's vested account balance for hardship withdrawals or upon attaining the age of 59-1/2.

Forfeited accounts:

At December 31, 2017 and 2016, forfeited nonvested accounts totaled $34,805 and $125,904 respectively. These accounts will be used to pay administrative expenses and to reduce future employer contributions. During the year ended December 31, 2017, $173,902 was used from forfeited nonvested accounts to reduce employer contributions.

2. Summary of significant accounting policies

Significant accounting policies are described below and have been consistently applied.

Basis of accounting:

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of benefits:

Benefits are recorded when paid.

2. Summary of significant accounting policies (continued)

Notes receivable from participants:

As described in Note 1, the Plan allows participants to borrow against their vested account balance and the loans are secured by the participants' account balances. Participant loans are valued at their unpaid principal balance plus any accrued but unpaid interest. The Plan is required to review the collectibility of the outstanding loan balances and record an allowance for loans considered to be uncollectible. As of December 31, 2017 and 2016, no allowance for uncollectible loans was necessary.

Administrative expenses:

All administrative costs, charges and expenses are paid by the Plan to the extent not paid by the Company.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Accordingly, actual results could differ from those estimates.

3. Investments (information prepared and certified by the Trustee)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information included in these financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Fidelity Management Trust Company (the Trustee) as of and for the year ended December 31, 2017 and by Voya Retirement Insurance and Annuity Company (the predecessor Insurance Company) as of December 31, 2016.

The Trustee certified the fair value of investments of $28,623,611 as of December 31, 2017. Notes receivable from participants of $524,575 and $440,110 were also certified by the Trustee at December 31, 2017 and the predecessor Insurance Company at December 31, 2016, respectively. The interest on these receivables ranges from 4.25% to 5.25% in 2017 and 4.25% to 4.50% in 2016.

3. Investments (information prepared and certified by the Trustee) (continued)

For the year ended December 31, 2017, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value in the amount of $3,006,040. Dividend and interest income was $848,349 and interest on participant loans was $21,997 for the year ended December 31, 2017.

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

4. Fair value measurements

There are three levels of inputs used to measure fair value. The definition of each input is described below:

Level 1	Inputs to 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 that are unobservable inputs for the asset or liability.

4. Fair value measurements (continued)

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

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

Mutual funds:	Valued at the net asset value (NAV) of shares held by the Plan at year-end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Investments at fair value as of December 31, 2017:

December 31, 2017	Level 1
Mutual funds	$ 28,623,611

5. Party-in-interest transactions

The Plan investments are shares of mutual funds managed by the Trustee and, therefore, these transactions qualify as party-in-interest transactions.

6. Plan termination

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

7. Tax status

The Plan is exempt from federal income taxes under Section 401(k) of the Internal Revenue Code (the Code).

The Internal Revenue Service has determined and informed the Company by a favorable determination letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in accordance with the applicable rules and regulations of the Code.

8. Concentration of credit risk

The Plan maintains its cash in noninterest-bearing accounts which, at times, may exceed federally-insured limits. The amount held in excess of federally-insured limits was approximately $-0- and $25,200,000 at December 31, 2017 and 2016, respectively. The Plan has not experienced any losses in such accounts.

9. Risks and uncertainties

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

10. Subsequent events

The Plan Administrator has reviewed and evaluated subsequent events from December 31, 2017, the financial statement date, through September 5, 2018, the date the financial statements were available to be issued.

Effective March 19, 2018, the Plan amended the contribution period for the employer match to be the plan year.

Effective July 16, 2018, the Plan was amended to change the vesting schedule, allowing a participant to become 100% vested in their employer matching contributions and their profit-sharing accounts once they have completed 3 years of service. Prior to completing 3 years of service, a participant will remain 0% vested in their employer matching contributions and their profit-sharing accounts.

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

FEIN 36-2211715
Plan Number 001

Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	Participant-directed profit-sharing and 401(k) investments:		
	Mutual funds:		
*	Fidelity Management Trust Company	J H Triton Fund Class I	$ 529,621
*	Fidelity Management Trust Company	Vanguard Target Retirement 2055	132,738
*	Fidelity Management Trust Company	Delaware Value Fund Institutional Class	416,590
*	Fidelity Management Trust Company	Vanguard Target Retirement 2020	2,846,323
*	Fidelity Management Trust Company	Vanguard Target Retirement 2030	2,840,336
*	Fidelity Management Trust Company	Vanguard Target Retirement 2040	881,109
*	Fidelity Management Trust Company	Vanguard Target Retirement 2050	347,612
*	Fidelity Management Trust Company	DFA Emerging Markets Value I	417,765
*	Fidelity Management Trust Company	T. Rowe Price Science & Technology Fund	1,333,992
*	Fidelity Management Trust Company	Vanguard 500 Index ADM	975,151
*	Fidelity Management Trust Company	Vanguard Small Cap Index ADM	489,852
*	Fidelity Management Trust Company	Vanguard Total Stock Market ADM	1,190,683
*	Fidelity Management Trust Company	Vanguard Mid Cap Index ADM	563,538
*	Fidelity Management Trust Company	Vanguard Real Estate Index ADM	142,773
*	Fidelity Management Trust Company	Vanguard FTSE Social Index Fund	471,345
*	Fidelity Management Trust Company	Vanguard Federal Money Market Fund	833,882
*	Fidelity Management Trust Company	Vanguard Total International Stock ADM	456,737
*	Fidelity Management Trust Company	Goldman Sachs Small Cap Value Fund	125,324
*	Fidelity Management Trust Company	Vanguard Target Retirement Income Fund	373,183
*	Fidelity Management Trust Company	Vanguard Target Retirement 2015	1,208,585
*	Fidelity Management Trust Company	Vanguard Target Retirement 2025	5,069,702
*	Fidelity Management Trust Company	Vanguard Target Retirement 2035	2,797,179
*	Fidelity Management Trust Company	Vanguard Target Retirement 2045	1,249,670
*	Fidelity Management Trust Company	MFS Mid Cap Value Fund Class R6	459,055
*	Fidelity Management Trust Company	American Funds EuroPacific Growth Fund	425,595
*	Fidelity Management Trust Company	American Funds AMCAP Fund	578,070
*	Fidelity Management Trust Company	John Hancock Income Fund	912,268
*	Fidelity Management Trust Company	BlackRock Inflation Protected Bond K Fund	316,825

THE MOREY CORPORATION
401(k) PROFIT-SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2017

FEIN 36-2211715
Plan Number 001

Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year)

	(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
		Participant-directed profit-sharing and 401(k) investments: (continued)		
		Mutual funds: (continued)		
*		Fidelity Management Trust Company	Vanguard Energy Index ADM	$ 110,226
*		Fidelity Management Trust Company	Vanguard Target Retirement 2060	32,084
*		Fidelity Management Trust Company	Carillon Eagle Small Cap Growth Fund	95,798
		Total mutual funds		28,623,611
*		Notes receivable from participants	Interest rates ranging from 4.25% to 5.25%	524,575
		Total		$ 29,148,186

*Represents a party-in-interest.