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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VMG HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1996

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)
VMG HOLDINGS LLC

2515 MCKINNEY AVE STE 1500
DALLAS, TX 75201-7604

2515 MCKINNEY AVE STE 1500
DALLAS, TX 75201-7604

2b Employer Identification Number (EIN)
47-5118322

2c Plan Sponsor's telephone number
214-369-4888

2d Business code (see instructions)
541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	KATHY NEUMULLER
	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 VALUE MANAGEMENT GROUP, LLC

c Plan Name VALUE MANAGEMENT GROUP 401(K) PLAN

4b EIN 75-2600382

4d PN

5 Total number of participants at the beginning of the plan year	**5**	168
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)**	143
a(2) Total number of active participants at the end of the plan year	**6a(2)**	152
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	159
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

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
VMG HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VMG HOLDINGS LLC

D Employer Identification Number (EIN)
47-5118322

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

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

BLACKROCK INVESTMENT, INC.

23-2784752

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

QUASER DISTRIBUTORS

615 E. MICHIGAN STREET
MILWAUKEE, WI 53202

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

METROPOLITAN LIFE

200 PARK AVENUE
NEW YORK, NY 10166

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

STATE STREET CORPORATION

04-1867445

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

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087

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

VOYA

02-0488491

(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)

ADP BROKER-DEALER

22-3319984

(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?
49 59 60 63 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

KESTRA ADVISORY SERVICES

35-2552359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 64 99	INVESTMENT/FINANCIAL ADVI	21188	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	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.
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	49 99	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.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00120 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00110 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00110 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	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.
VOYA 02-0488491	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	60 59	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.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	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.
QUASER DISTRIBUTORS 615 E. MICHIGAN STREET MILWAUKEE, WI 53202	ANNUAL RATE 0.00400 OF AVERAGE DAILY ASSETS

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
VMG HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VMG HOLDINGS LLC

D Employer Identification Number (EIN)
47-5118322

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

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE SOLUTION J

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	150576

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
VMG HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VMG HOLDINGS LLC

D Employer Identification Number (EIN)
47-5118322

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		32562
(2) Participant contributions	1b(2)		81795
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	50254	40068
(9) Value of interest in common/collective trusts	1c(9)	596453	150576
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7392218	9331567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8038925	9636568
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		9133
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	9133
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8038925	9627435

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)	386527	
	(B) Participants	2a(1)(B)	1001495	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1388022
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	1429	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1429
	(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)	334797	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		334797
	(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)		1050884
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2775132
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1156762	
(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)		1156762
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	24040	
(2) Contract administrator fees	2i(2)	118	
(3) Investment advisory and management fees	2i(3)	5627	
(4) Other	2i(4)	75	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29860
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1186622
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1588510
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: RSM US LLP **(2)** EIN: 42-0714325

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		900000
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
VMG HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VMG HOLDINGS LLC

D Employer Identification Number (EIN)
47-5118322

Part I Distributions

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

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

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

EIN(s): 16-1470238

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):

VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

Financial Report
December 31, 2017

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

RSM

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RSM US LLP

Independent Auditor's Report

To the Participants and Plan Committee
VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of VMG Holdings LLC 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 or provided by Mid Atlantic Trust Company, the current custodian of the Plan, and Reliance Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the current custodian and former trustee held the Plan's assets and executed transactions. The Plan Administrator has obtained certification from the current custodian as of December 31, 2017 and for the period from October 1, 2017 to December 31, 2017, that the information provided by the current custodian is complete and accurate, and the former trustee as of December 31 2016 and for the period from January 1, 2017 to September 30, 2017, that the information provided to the Plan Administrator by the former trustee is complete and accurate to the best of their knowledge.

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.

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Other Matter
The supplemental schedule, Schedule H, Line 4(i)—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 purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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.

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 or provided by the current custodian and former 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.

RSM US LLP

Dallas, Texas
October 15, 2018

VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Mutual funds	**$ 9,331,567**	$ 7,392,218
Common collective trusts	**150,576**	596,453
	9,482,143	7,988,671
Receivables:		
Employee contributions	**81,795**	-
Employer contributions	**32,562**	-
Notes receivable from participants	**40,068**	50,254
	154,425	50,254
Total assets	**9,636,568**	8,038,925
Liabilities		
Excess contributions refundable	**9,133**	-
Net assets available for benefits	**$ 9,627,435**	$ 8,038,925

See notes to financial statements.

VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

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	$ 1,050,884
Dividends	334,797
Interest income on notes receivable from participants	1,429
Contributions:	
Employer	386,527
Participant	1,001,495
Total additions	2,775,132
Deductions from net assets attributed to:	
Benefits paid to participants	1,156,762
Administrative expenses	29,860
Total deductions	1,186,622
Net increase in net assets available for benefits	1,588,510
Net assets available for benefits:	
Beginning of year	8,038,925
End of year	$ 9,627,435

See notes to financial statements.

Note 1. Description of the Plan

The following description of VMG Holdings LLC 401(k) Profit Sharing Plan and Trust, formerly known as Value Management Group 401(k) Plan, (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan whereby eligible employees of VMG Holdings LLC, formerly known as Value Management Group, LLC, (the Company, Employer or Plan Sponsor) are permitted to make contributions that are tax-deferred under Section 401(k) of the Internal Revenue Code (the Code). The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Change in custodian/trustee: The Plan changed service providers from Reliance Trust Company, the former trustee, to Mid Atlantic Trust Company, the current custodian, effective October 1, 2017.

Eligibility: Employees become eligible for participation at the age of twenty-one and upon completing three months of continuous service, as defined by the Plan. Employees may begin participating the date the minimum age and service requirements are met.

Contributions: Each year, participants may elect to contribute a portion of pretax compensation from 1 percent to 90 percent, subject to certain maximum limitations imposed by the Internal Revenue Code. Employees who are eligible to make elective deferrals under the Plan and who have attained the age of fifty before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Effective August 23, 2017, the Company makes matching contributions to the Plan each pay period on behalf of each eligible participant in an amount equal to 50 percent of the first 6 percent of a participant's compensation that is contributed to the Plan. Prior to August 23, 2017, the Company made discretionary matching contributions equal to a discretionary percentage of the participant's deferral contributions as determined by the Plan Sponsor. For the period from January 1, 2017 to August 23, 2017, the company made discretionary matching contributions equal to to 50 percent of the first 6 percent of a participant's compensation that is contributed to the Plan. In addition, the Company may also make discretionary profit sharing contributions to participants who are still actively employed on the last day of the Plan year. No discretionary profit sharing contributions were made during the year ended December 31, 2017.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contributions, (b) the Company's discretionary profit sharing contributions and (c) Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings and account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's vested account.

Investment options: Participants direct their contributions to selected investments as made available and determined by the Plan sponsor. Participants may change their investment options any time throughout the year. The Plan currently offers various common collective trusts and mutual funds for participants to invest in.

Vesting: Participant contributions plus actual earnings are immediately vested and nonforfeitable. Employer matching contributions and discretionary profit sharing contributions vest to participants based upon years of continuous service as defined in the plan agreement. Participants are 50 percent vested in employer matching and discretionary profit sharing contributions after one year and 100 percent vested after two years.

Note 1. Description of the Plan (Continued)

Forfeitures: Forfeitures of nonvested Company matching and additional discretionary contributions by participants who withdraw from the Plan are retained by the Plan and may be used by the Plan to reduce the Company's matching contributions, to pay Plan expenses, or as additional employer discretionary contributions. At December 31, 2017 and 2016, there were no unused forfeited nonvested employer discretionary matching or additional discretionary contributions. Amounts forfeited during 2017 and used to reduce the Company's discretionary matching contributions were $0.

Payment of benefits: On termination of service due to death, disability or retirement, payments of benefits are made in an amount equal to the value of the participant's vested interest in their account in a lump-sum distribution, unless a participant elects to delay the distribution as specified in the provisions of the Plan. Effective August 23, 2017 partial payments, installment payments and annuity payments are allowed by the Plan. If a participant's account balance is $5,000 or less, the participant will automatically receive a single lump sum distribution of their entire account balance. Effective August 23, 2017, amounts rolled over from another qualified plan will be included in determining whether the $5,000 threshold has been exceeded, prior to this date these amounts were excluded. The Plan also allows participants to make hardship withdrawals, subject to certain limitations as defined.

Notes receivable from participants: Notes receivable are available to all participants bearing an interest rate of prime plus 1 percent (5.50 percent at December 31, 2017) with periodic repayment through payroll deductions over a period not generally extending beyond 54 months (60 months prior to August 23, 2017) unless the note receivable is used to purchase a principal residence. Participants may borrow from their participant accounts a minimum of $1,000 to a maximum of the lesser of $50,000 or 50 percent of their vested account balance. A maximum of two loans may be outstanding at a time. Note receivable balances outstanding at December 31, 2017 are due at varying dates through December 2021 with interest rates ranging from 4.25 percent to 5.25 percent.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are presented on the accrual basis of accounting.

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

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value of investments in common collective trusts are valued at net asset value as a practical expedient. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Capital gain distributions from mutual funds that are reinvested are included with dividends on the statement of changes in net assets available for benefits.

Note 2. Summary of Significant Accounting Policies (Continued)

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent loans are treated as an asset on the statements of net assets available for benefits, and continue to accrue interest until they are considered to be in default. Notes receivable are considered to be in default according to terms of the Plan. Notes in default are classified as benefits paid to participants on the statement of changes in net assets available for benefits.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Certain administration functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain other administrative expenses are paid directly by the Plan.

Subsequent events: The Plan Administrator has evaluated events and transactions for potential recognition or disclosure through October 15, 2018, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided By the Current Custodian and Former Trustee

The following is a summary of the Plan's asset and income information as of December 31, 2017 and 2016, and for the year ended December 31, 2017, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Mid Atlantic Trust Company, the current custodian of the Plan, and Reliance Trust Company, the former trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the current custodian and former trustee that the information provided to the Plan Administrator by the current custodian and former trustee related to the following assets is complete and accurate and complete and accurate to the best of their knowledge, respectively. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2017	2016
Investments, at fair value:		
Mutual funds	$ 9,331,567	$ 7,392,218
Common collective trusts	150,576	596,453
	$ 9,482,143	$ 7,988,671
Notes receivable from participants	*	$ 50,254

* Notes receivable from participants are not subject to the certification received from Mid Atlantic Trust Company, the current custodian.

The current custodian and former trustee of the Plan also certified to the completeness and accuracy of $1,050,884 of net appreciation in fair value of investments and $334,797 of dividend income for the year ended December 31, 2017. The former trustee certified the completeness and accuracy of $1,061 of interest income on notes receivable from participants for the year ended December 31, 2017. The completeness and accuracy of $368 of interest income on notes receivable from participants was not certified by the current custodian for the year ended December 31, 2017.

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset'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 and 2016.

- **Mutual funds:** Mutual funds are valued based on the quoted market prices in the active market in which they are traded.
- **Common collective trusts:** Valued based on the net asset value (NAV) of shares held by the Plan based on the market value of its underlying investments as determined by the trustees. NAV is used as a practical expedient.

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

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in the economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. During the year ended December 31, 2017, the Plan did not make any transfers between levels.

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016:

	Investments at Fair Value			
Description	Level 1	Level 2	Level 3	Total
2017:				
Mutual funds	$ 9,331,567	$ -	$ -	$ 9,331,567
Common collective trusts measured at NAV (i)				150,576
Total investments				$ 9,482,143
2016:				
Mutual funds	$ 7,392,218	$ -	$ -	$ 7,392,218
Common collective trusts measured at NAV (i)				596,453
Total investments				$ 7,988,671

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

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2017 and 2016:

	Fair value		Unfunded	Redemption	Redemption
	2017	2016	Commitment	Frequency	Notice Period
Common collective trusts (a)	$ 150,576	$ 596,453	$ -	Daily	None

(a) The common collective trust is made up of a stable value fund which seeks current income by investing primarily in insurance contracts issued by insurance companies and investments from financial institutions which offer stability of principal. Investments in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets.

Note 5. Party-In-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. As such, transactions conducted by participants, the Company, Mid Atlantic Trust Company, the Plan's current custodian, Reliance Trust Company, the Plan's former trustee, and the Plan's record keeper, Paychex Retirement Services (Paychex), qualify as party-in-interest transactions.

Note 6. Income Tax Status

The Plan has adopted a non-standardized prototype plan which has received an opinion letter, dated April 10, 2014, from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. The Plan has been amended since receiving the opinion letter. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 7. Plan Termination

While it has expressed no intention to do so, the Company has the right to terminate the Plan. In the event of termination of the Plan, the participants become fully vested in their entire account balances and the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of ERISA.

Note 8. Risks and Uncertainties

The Plan may invest in various types of 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 the amounts reported in the statements of net assets available for benefits.

VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
December 31, 2017
EIN: 47-5118322
PN: 001

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
	Mutual funds:		
	JP Morgan Chase	JPMorgan Core Plus Bond Fund Class R6	$ 193,326
	American Funds	American Funds The Growth Fund of America	377,469
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral	34,157
	American Funds	American Funds EuroPacific Growth Fund Class	368,050
	Vanguard	Vanguard Target Retirement Income Fund	1,495
	Vanguard	Vanguard Target Retirement 2015 Fund Investor	161,802
	Vanguard	Vanguard Target Retirement 2025 Fund Investor	106,231
	Vanguard	Vanguard Target Retirement 2035 Fund Investor	250,492
	Vanguard	Vanguard Target Retirement 2045 Fund Investor	455,268
	Vanguard	Vanguard Target Retirement 2050 Fund Investor	75,432
	Vanguard	Vanguard Target Retirement 2020 Fund Investor	7,226
	Vanguard	Vanguard Target Retirement 2030 Fund Investor	16,383
	Vanguard	Vanguard Target Retirement 2040 Fund Investor	55,997
	Vanguard	Vanguard Target Retirement 2055 Fund Investor	489,782
	Vanguard	Vanguard Target Retirement 2060 Fund Investor	41,618
	PIMCO	PIMCO Long Duration Total Return Fund Class P	260,052
	Prudential	Prudential Short-Term Corporate Bond Fund, Inc	176,752
	Voya	Voya High Yield Bond Fund Class I	209,897
	Vanguard	Vanguard Developed Markets Index Fund Admiral	131,673
	Vanguard	Vanguard 500 Index Fund Investor Shares	908,615
	Vanguard	American Funds Capital Income Builder Class R-6	314,562
	American Funds	American Funds SMALLCAP World Fund Class	117,031
	American Funds	American Funds The New Economy Fund Class	588,020
	Vanguard	Vanguard Financials Index Fund Admiral Shares	27,142
	PIMCO	PIMCO Investment Grade Corporate Bond Fund	93,127
	Buffalo	Buffalo Discovery Fund	4,663
	Vanguard	Vanguard Energy Index Fund Admiral Shares	60,670
	American Funds	American Funds Capital World Growth and	110,391
	American Funds	American Funds Fundamental Investors Class	83,045
	Vanguard	Vanguard Small-Cap Growth Index Fund Admira	139,614
	Vanguard	Vanguard Total Stock Market Index Fund Admiral	165,220
	American Funds	American Funds New World Fund Class R-6	124,542
	American Funds	American Funds U.S. Government Securities	91,725
	Vanguard	Vanguard Health Care Fund Admiral Shares	44,006
	Vanguard	Vanguard REIT Index Fund Admiral Shares	399,877
	Vanguard	Vanguard High Dividend Yield Index Fund	701,758
	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	647,941
	Vanguard	Vanguard Information Technology Index Fund	46,710
	Vanguard	Vanguard Materials Index Fund Admiral Shares	58,153
	American Funds	American Funds Moderate Growth and Income	313,320
	Vanguard	Vanguard GNMA Fund Admiral Shares	48,634
	Vanguard	Vanguard Small Cap Value Index Fund Admiral	272,662
	Vanguard	Vanguard Small-Cap Index Fund Admiral Shares	194,668
	Vanguard	Vanguard Explorer Fund Admiral Shares	360,209
	Vanguard	Vanguard Target Retirement 2065 Fund Investor	2,160
	Common collective trust:		
	Wilminton Trust	MetLife Stable Value Solutions Fund-Fee Class J	150,576
*	Notes receivable from participants	Rates of interest ranging from 4.25% to 5.25%, due through December 2021	40,068
			$ 9,522,211

*Party-in-interest to the Plan.

The above information, with the exception of notes receivable from participants, has been certified by Mid Atlantic Trust Company, the current custodian, as complete and accurate.

See independent auditor's report.

VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

Financial Report
December 31, 2017

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RSM US LLP

Independent Auditor's Report

To the Participants and Plan Committee
VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of VMG Holdings LLC 401(k) Profit Sharing Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 or provided by Mid Atlantic Trust Company, the current custodian of the Plan, and Reliance Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the current custodian and former trustee held the Plan's assets and executed transactions. The Plan Administrator has obtained certification from the current custodian as of December 31, 2017 and for the period from October 1, 2017 to December 31, 2017, that the information provided by the current custodian is complete and accurate, and the former trustee as of December 31 2016 and for the period from January 1, 2017 to September 30, 2017, that the information provided to the Plan Administrator by the former trustee is complete and accurate to the best of their knowledge.

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.

RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

Other Matter
The supplemental schedule, Schedule H, Line 4(i)—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 purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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.

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 or provided by the current custodian and former 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.

RSM US LLP

Dallas, Texas
October 15, 2018

VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Mutual funds	**$ 9,331,567**	$ 7,392,218
Common collective trusts	**150,576**	596,453
	9,482,143	7,988,671
Receivables:		
Employee contributions	**81,795**	-
Employer contributions	**32,562**	-
Notes receivable from participants	**40,068**	50,254
	154,425	50,254
Total assets	**9,636,568**	8,038,925
Liabilities		
Excess contributions refundable	**9,133**	-
Net assets available for benefits	**$ 9,627,435**	$ 8,038,925

See notes to financial statements.

VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

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	$ 1,050,884
Dividends	334,797
Interest income on notes receivable from participants	1,429
Contributions:	
Employer	386,527
Participant	1,001,495
Total additions	2,775,132
Deductions from net assets attributed to:	
Benefits paid to participants	1,156,762
Administrative expenses	29,860
Total deductions	1,186,622
Net increase in net assets available for benefits	1,588,510
Net assets available for benefits:	
Beginning of year	8,038,925
End of year	$ 9,627,435

See notes to financial statements.

Note 1. Description of the Plan

The following description of VMG Holdings LLC 401(k) Profit Sharing Plan and Trust, formerly known as Value Management Group 401(k) Plan, (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan whereby eligible employees of VMG Holdings LLC, formerly known as Value Management Group, LLC, (the Company, Employer or Plan Sponsor) are permitted to make contributions that are tax-deferred under Section 401(k) of the Internal Revenue Code (the Code). The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Change in custodian/trustee: The Plan changed service providers from Reliance Trust Company, the former trustee, to Mid Atlantic Trust Company, the current custodian, effective October 1, 2017.

Eligibility: Employees become eligible for participation at the age of twenty-one and upon completing three months of continuous service, as defined by the Plan. Employees may begin participating the date the minimum age and service requirements are met.

Contributions: Each year, participants may elect to contribute a portion of pretax compensation from 1 percent to 90 percent, subject to certain maximum limitations imposed by the Internal Revenue Code. Employees who are eligible to make elective deferrals under the Plan and who have attained the age of fifty before the close of the plan year are also eligible to make catch-up contributions subject to the maximum limitation imposed by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Effective August 23, 2017, the Company makes matching contributions to the Plan each pay period on behalf of each eligible participant in an amount equal to 50 percent of the first 6 percent of a participant's compensation that is contributed to the Plan. Prior to August 23, 2017, the Company made discretionary matching contributions equal to a discretionary percentage of the participant's deferral contributions as determined by the Plan Sponsor. For the period from January 1, 2017 to August 23, 2017, the company made discretionary matching contributions equal to to 50 percent of the first 6 percent of a participant's compensation that is contributed to the Plan. In addition, the Company may also make discretionary profit sharing contributions to participants who are still actively employed on the last day of the Plan year. No discretionary profit sharing contributions were made during the year ended December 31, 2017.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contributions, (b) the Company's discretionary profit sharing contributions and (c) Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings and account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's vested account.

Investment options: Participants direct their contributions to selected investments as made available and determined by the Plan sponsor. Participants may change their investment options any time throughout the year. The Plan currently offers various common collective trusts and mutual funds for participants to invest in.

Vesting: Participant contributions plus actual earnings are immediately vested and nonforfeitable. Employer matching contributions and discretionary profit sharing contributions vest to participants based upon years of continuous service as defined in the plan agreement. Participants are 50 percent vested in employer matching and discretionary profit sharing contributions after one year and 100 percent vested after two years.

Note 1. Description of the Plan (Continued)

Forfeitures: Forfeitures of nonvested Company matching and additional discretionary contributions by participants who withdraw from the Plan are retained by the Plan and may be used by the Plan to reduce the Company's matching contributions, to pay Plan expenses, or as additional employer discretionary contributions. At December 31, 2017 and 2016, there were no unused forfeited nonvested employer discretionary matching or additional discretionary contributions. Amounts forfeited during 2017 and used to reduce the Company's discretionary matching contributions were $0.

Payment of benefits: On termination of service due to death, disability or retirement, payments of benefits are made in an amount equal to the value of the participant's vested interest in their account in a lump-sum distribution, unless a participant elects to delay the distribution as specified in the provisions of the Plan. Effective August 23, 2017 partial payments, installment payments and annuity payments are allowed by the Plan. If a participant's account balance is $5,000 or less, the participant will automatically receive a single lump sum distribution of their entire account balance. Effective August 23, 2017, amounts rolled over from another qualified plan will be included in determining whether the $5,000 threshold has been exceeded, prior to this date these amounts were excluded. The Plan also allows participants to make hardship withdrawals, subject to certain limitations as defined.

Notes receivable from participants: Notes receivable are available to all participants bearing an interest rate of prime plus 1 percent (5.50 percent at December 31, 2017) with periodic repayment through payroll deductions over a period not generally extending beyond 54 months (60 months prior to August 23, 2017) unless the note receivable is used to purchase a principal residence. Participants may borrow from their participant accounts a minimum of $1,000 to a maximum of the lesser of $50,000 or 50 percent of their vested account balance. A maximum of two loans may be outstanding at a time. Note receivable balances outstanding at December 31, 2017 are due at varying dates through December 2021 with interest rates ranging from 4.25 percent to 5.25 percent.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are presented on the accrual basis of accounting.

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

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value of investments in common collective trusts are valued at net asset value as a practical expedient. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Capital gain distributions from mutual funds that are reinvested are included with dividends on the statement of changes in net assets available for benefits.

Note 2. Summary of Significant Accounting Policies (Continued)

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent loans are treated as an asset on the statements of net assets available for benefits, and continue to accrue interest until they are considered to be in default. Notes receivable are considered to be in default according to terms of the Plan. Notes in default are classified as benefits paid to participants on the statement of changes in net assets available for benefits.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Certain administration functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain other administrative expenses are paid directly by the Plan.

Subsequent events: The Plan Administrator has evaluated events and transactions for potential recognition or disclosure through October 15, 2018, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided By the Current Custodian and Former Trustee

The following is a summary of the Plan's asset and income information as of December 31, 2017 and 2016, and for the year ended December 31, 2017, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Mid Atlantic Trust Company, the current custodian of the Plan, and Reliance Trust Company, the former trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the current custodian and former trustee that the information provided to the Plan Administrator by the current custodian and former trustee related to the following assets is complete and accurate and complete and accurate to the best of their knowledge, respectively. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

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Common collective trusts	150,576	596,453
	$ 9,482,143	$ 7,988,671
Notes receivable from participants	*	$ 50,254

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The current custodian and former trustee of the Plan also certified to the completeness and accuracy of $1,050,884 of net appreciation in fair value of investments and $334,797 of dividend income for the year ended December 31, 2017. The former trustee certified the completeness and accuracy of $1,061 of interest income on notes receivable from participants for the year ended December 31, 2017. The completeness and accuracy of $368 of interest income on notes receivable from participants was not certified by the current custodian for the year ended December 31, 2017.

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset'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 and 2016.

- **Mutual funds:** Mutual funds are valued based on the quoted market prices in the active market in which they are traded.
- **Common collective trusts:** Valued based on the net asset value (NAV) of shares held by the Plan based on the market value of its underlying investments as determined by the trustees. NAV is used as a practical expedient.

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

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in the economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. During the year ended December 31, 2017, the Plan did not make any transfers between levels.

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016:

	Investments at Fair Value			
Description	Level 1	Level 2	Level 3	Total
2017:				
Mutual funds	$ 9,331,567	$ -	$ -	$ 9,331,567
Common collective trusts measured at NAV (i)				150,576
Total investments				$ 9,482,143
2016:				
Mutual funds	$ 7,392,218	$ -	$ -	$ 7,392,218
Common collective trusts measured at NAV (i)				596,453
Total investments				$ 7,988,671

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

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2017 and 2016:

	Fair value		Unfunded	Redemption	Redemption
	2017	2016	Commitment	Frequency	Notice Period
Common collective trusts (a)	$ 150,576	$ 596,453	$ -	Daily	None

(a) The common collective trust is made up of a stable value fund which seeks current income by investing primarily in insurance contracts issued by insurance companies and investments from financial institutions which offer stability of principal. Investments in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets.

Note 5. Party-In-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. As such, transactions conducted by participants, the Company, Mid Atlantic Trust Company, the Plan's current custodian, Reliance Trust Company, the Plan's former trustee, and the Plan's record keeper, Paychex Retirement Services (Paychex), qualify as party-in-interest transactions.

Note 6. Income Tax Status

The Plan has adopted a non-standardized prototype plan which has received an opinion letter, dated April 10, 2014, from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. The Plan has been amended since receiving the opinion letter. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Note 7. Plan Termination

While it has expressed no intention to do so, the Company has the right to terminate the Plan. In the event of termination of the Plan, the participants become fully vested in their entire account balances and the net assets of the Plan will be distributed to the participants of the Plan in accordance with the provisions of ERISA.

Note 8. Risks and Uncertainties

The Plan may invest in various types of 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 the amounts reported in the statements of net assets available for benefits.

VMG Holdings LLC 401(k) Profit Sharing Plan and Trust

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
December 31, 2017
EIN: 47-5118322
PN: 001

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Current Value
	Mutual funds:		
	JP Morgan Chase	JPMorgan Core Plus Bond Fund Class R6	$ 193,326
	American Funds	American Funds The Growth Fund of America	377,469
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral	34,157
	American Funds	American Funds EuroPacific Growth Fund Class	368,050
	Vanguard	Vanguard Target Retirement Income Fund	1,495
	Vanguard	Vanguard Target Retirement 2015 Fund Investor	161,802
	Vanguard	Vanguard Target Retirement 2025 Fund Investor	106,231
	Vanguard	Vanguard Target Retirement 2035 Fund Investor	250,492
	Vanguard	Vanguard Target Retirement 2045 Fund Investor	455,268
	Vanguard	Vanguard Target Retirement 2050 Fund Investor	75,432
	Vanguard	Vanguard Target Retirement 2020 Fund Investor	7,226
	Vanguard	Vanguard Target Retirement 2030 Fund Investor	16,383
	Vanguard	Vanguard Target Retirement 2040 Fund Investor	55,997
	Vanguard	Vanguard Target Retirement 2055 Fund Investor	489,782
	Vanguard	Vanguard Target Retirement 2060 Fund Investor	41,618
	PIMCO	PIMCO Long Duration Total Return Fund Class P	260,052
	Prudential	Prudential Short-Term Corporate Bond Fund, Inc	176,752
	Voya	Voya High Yield Bond Fund Class I	209,897
	Vanguard	Vanguard Developed Markets Index Fund Admiral	131,673
	Vanguard	Vanguard 500 Index Fund Investor Shares	908,615
	Vanguard	American Funds Capital Income Builder Class R-6	314,562
	American Funds	American Funds SMALLCAP World Fund Class	117,031
	American Funds	American Funds The New Economy Fund Class	588,020
	Vanguard	Vanguard Financials Index Fund Admiral Shares	27,142
	PIMCO	PIMCO Investment Grade Corporate Bond Fund	93,127
	Buffalo	Buffalo Discovery Fund	4,663
	Vanguard	Vanguard Energy Index Fund Admiral Shares	60,670
	American Funds	American Funds Capital World Growth and	110,391
	American Funds	American Funds Fundamental Investors Class	83,045
	Vanguard	Vanguard Small-Cap Growth Index Fund Admira	139,614
	Vanguard	Vanguard Total Stock Market Index Fund Admiral	165,220
	American Funds	American Funds New World Fund Class R-6	124,542
	American Funds	American Funds U.S. Government Securities	91,725
	Vanguard	Vanguard Health Care Fund Admiral Shares	44,006
	Vanguard	Vanguard REIT Index Fund Admiral Shares	399,877
	Vanguard	Vanguard High Dividend Yield Index Fund	701,758
	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	647,941
	Vanguard	Vanguard Information Technology Index Fund	46,710
	Vanguard	Vanguard Materials Index Fund Admiral Shares	58,153
	American Funds	American Funds Moderate Growth and Income	313,320
	Vanguard	Vanguard GNMA Fund Admiral Shares	48,634
	Vanguard	Vanguard Small Cap Value Index Fund Admiral	272,662
	Vanguard	Vanguard Small-Cap Index Fund Admiral Shares	194,668
	Vanguard	Vanguard Explorer Fund Admiral Shares	360,209
	Vanguard	Vanguard Target Retirement 2065 Fund Investor	2,160
	Common collective trust:		
	Wilminton Trust	MetLife Stable Value Solutions Fund-Fee Class J	150,576
*	Notes receivable from participants	Rates of interest ranging from 4.25% to 5.25%, due through December 2021	40,068
			$ 9,522,211

*Party-in-interest to the Plan.

The above information, with the exception of notes receivable from participants, has been certified by Mid Atlantic Trust Company, the current custodian, as complete and accurate.

See independent auditor's report.