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 6047(e), 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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAFT BROADCASTING COMPANY PROVIDENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1980

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
TAFT BROADCASTING COMPANY LLC

1118 HEIGHTS BOULEVARD
HOUSTON, TX 77008

2b Employer Identification Number (EIN)
76-0629024

2c Plan Sponsor's telephone number
713-692-2900

2d Business code (see instructions)
515100

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.	10/01/2015	JERRY G BRIDGES
	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

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

COMPENSATION STRATEGIES GROUP, LTD.

2920 TOCCOA ROAD
BEAUMONT, TX 77703

Preparer's telephone number (optional)
409-898-0061

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	143
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)**	100
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	84
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	42
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	130
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	130
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	120
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2J 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TAFT BROADCASTING COMPANY PROVIDENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFT BROADCASTING COMPANY LLC

D Employer Identification Number (EIN)
76-0629024

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

COMPENSATION STRATEGIES GROUP LTD

76-0188119

(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 37 38 64	TPA/RECORDKEEPER	5575	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

QUPLAN LLC

74-1910566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 38 70	FIDUCIARY SERVICES	4875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST TEXAS ALLIANCE CORP.

74-1910566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	5689	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TAFT BROADCASTING COMPANY PROVIDENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFT BROADCASTING COMPANY LLC

D Employer Identification Number (EIN)
76-0629024

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	6738	4038
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	4921	4152
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	54169	59493
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	99929	56262
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2041987	1902694
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2207744	2026639
Liabilities			
g Benefit claims payable	1g	1905	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	1905	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2205839	2026639

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)	0	
(B) Participants	2a(1)(B)	159050	
(C) Others (including rollovers)	2a(1)(C)	11332	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		170382
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)	4560	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4560
(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)	55001	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		55001
(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)		-16316
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		213627
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	365549	
(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)		365549
f Corrective distributions (see instructions)	2f		7827
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	5575	
(3) Investment advisory and management fees	2i(3)	13876	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		19451
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		392827
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-179200
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: CARR RIGGS & INGRAM LLC **(2)** EIN: 72-1396621

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		19005
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

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

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 section 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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
TAFT BROADCASTING COMPANY PROVIDENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TAFT BROADCASTING COMPANY LLC

D Employer Identification Number (EIN)
76-0629024

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): 58-1428634

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CRI CARR RIGGS & INGRAM
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Carr, Riggs & Ingram, LLC
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Houston, TX 77056

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(713) 621-6907 (fax)
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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Taft Broadcasting Company Provident Fund
Houston, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Taft Broadcasting Company Provident Fund (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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 by AssetMark Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedules of (1) Schedule H, line 4(a) – Schedule of Delinquent Participant Contributions, (2) Schedule H, line 4(i) – Schedule of Assets (Held at End of Year) and (3) Schedule H, Line 4(j) – Schedule of Reportable Transactions as of or for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the ***Basis for Disclaimer of Opinion*** paragraph, we do not express an opinion on these supplemental schedules.

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

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

Carr, Riggs & Ingram, L.L.C.

Houston, Texas
September 15, 2015

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 6047(e), 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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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); or
- [x] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Taft Broadcasting Company Provident Fund

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1980

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
Taft Broadcasting Company LLC

1118 Heights Boulevard

Houston TX 77008

2b Employer Identification Number (EIN) 76-0629024

2c Plan Sponsor's telephone number (713) 692-2900

2d Business code (see instructions) 515100

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		9/30/15	Jerry G Bridges
	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

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

Sharon M Bergeson
Compensation Strategies Group, Ltd.
2920 Toccoa Road

Beaumont TX 77703

Preparer's telephone number (optional) (409) 898-0061

Taft Broadcasting Company
Provident Fund

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2014 and 2013



Taft Broadcasting Company Provident Fund
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Schedule H, Line 4(j) - Schedule of Reportable Transactions 17

Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because the conditions under which they are required are not present.

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Taft Broadcasting Company Provident Fund
Houston, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Taft Broadcasting Company Provident Fund (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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 by AssetMark Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedules of (1) Schedule H, line 4(a) – Schedule of Delinquent Participant Contributions, (2) Schedule H, line 4(i) – Schedule of Assets (Held at End of Year) and (3) Schedule H, Line 4(j) – Schedule of Reportable Transactions as of or for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the ***Basis for Disclaimer of Opinion*** paragraph, we do not express an opinion on these supplemental schedules.

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

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

Carr, Riggs & Ingram, L.L.C.

Houston, Texas
September 15, 2015

Taft Broadcasting Company Provident Fund
Statements of Net Assets Available for Benefits

December 31,	**2014**	**2013**
Assets		
Cash	**$ 4,038**	$ 6,738
Investments, at fair value		
Mutual funds	**983,975**	1,000,748
Exchange-traded funds	**918,719**	1,041,239
Money market accounts	**59,493**	54,168
Total investments, at fair value	**1,962,187**	2,096,155
Receivables		
Participant contributions	**4,153**	4,921
Notes receivable from participants	**56,262**	99,929
Total receivables	**60,415**	104,850
Total assets	**2,026,640**	2,207,743
Liabilities		
Benefit claim payable	**-**	1,905
Net Assets Available for Benefits	**$ 2,026,640**	$ 2,205,838

The accompanying notes are an integral part of these financial statements.

Taft Broadcasting Company Provident Fund
Statement of Changes in Net Assets Available for Benefits

For the year ended December 31,	2014
Additions to Net Assets Attributed to:	
Investment income	
Net depreciation in fair value of investments	$ (16,316)
Interest and dividend income	55,001
Total investment income	38,685
Interest income on notes receivable from participants	4,560
Participant contributions	159,050
Other contributions	11,332
Total contributions	170,382
Total additions	213,627
Deductions from Net Assets Attributed to:	
Benefits paid to participants	373,376
Administrative expenses	19,449
Total deductions	392,825
Net Increase in Net Assets	(179,198)
Net Assets Available for Benefits	
Beginning of year	2,205,838
End of year	$ 2,026,640

The accompanying notes are an integral part of these financial statements.

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Taft Broadcasting Company Provident Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan document is controlling at all times. The Plan is sponsored by Taft Broadcasting Company, LLC (the "Company") for the benefit of its employees.

General

The Plan was adopted effective December 1, 1980, and was amended on August 15, 2009 to adopt a prototype plan sponsored by Sungard Corbel, LLC (Sungard). The Plan is a defined contribution plan covering substantially all employees of the Company. The purpose of the Plan is to provide employees with retirement benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a non-participant directed plan.

Administration of Plan Assets

Plan assets are held by AssetMark Trust Company (the "Custodian"), which invests contributions and plan earnings and makes distributions to participants. Administrative functions are performed by Compensation Strategies Group, Ltd. (the third-party administrator). Certain administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Eligibility

Under the terms of the Plan, employees become eligible to make salary deferral contributions upon completing one hour of service.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, up to the maximum established by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution plans (rollover). The Company may make matching and profit sharing contributions to the Plan on a discretionary basis. During the year ended December 31, 2014, the Company made no discretionary contributions.

Participant Accounts

Separate accounts are maintained for each participant. Participant accounts are credited with participant contributions, rollover contributions, allocations of Company contributions and investment earnings and losses, and charged with withdrawals and administrative fees. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Investment Options

Participant contributions are automatically invested into one of six portfolios, as determined by the Plan Trustees, based upon the participant's age. Each portfolio contains the same underlying assets, but the allocation of the underlying assets differs based on market risk. The portfolios are comprised of various investments including mutual funds, exchange-traded funds and money market accounts.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. The following schedule describes the participant's level of vesting after each year of service:

Number of Years of Completed Service	Percentage of Vested Interest
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Additionally, a participant will become fully vested in their account upon reaching normal retirement age, which is defined as age 59½. Early retirement is not permitted. Participants are automatically vested in their employer contributions upon death or disability.

Payment of Benefits

On termination of service due to death, disability, retirement or for other reasons, a participant or their beneficiary will receive a lump-sum amount equal to the value of their vested account.

Withdrawals

Participants may make early withdrawals of all or a portion of their elective deferral contributions in their account under the hardship provision of the Plan. Retired participants may make unrestricted withdrawals of their vested account balance on or after age 59½. Participants who have attained the age 59½ who have not severed employment may receive only two distributions during a Plan year.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note receivable transactions are treated as a transfer between investment funds and the note receivable fund. Terms range from one to five years, or longer for the purchase of a primary residence. The notes receivable are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Participants can have only one outstanding note receivable at any time. Principal and interest is paid ratably through bi-weekly payroll deductions.

Forfeitures

Participants terminating employment prior to full vesting forfeit their right to the nonvested portion of Company contributions. Forfeitures will first be used to pay administrative fees and then may be used to reduce future Company discretionary contributions. At December 31, 2014 and 2013, the forfeitures account totaled $1,346 and $0, respectively. During 2014, $240 of forfeitures was used to pay certain administrative fees of the Plan.

Plan Termination

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

Tax Status

The Plan uses a prototype plan sponsored by Sungard. Sungard received a determination letter from the Internal Revenue Service, dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

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

Risk and Uncertainties

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

Investment Valuation and Income Recognition

The Plan's 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. The net change in fair value of investments is reported in the statement of changes in net assets available for benefits in the period of the change.

Purchases and sales of securities are recorded on a trade-date basis. Expenses related to the purchase or sale of investments are added to cost or deducted from proceeds. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when earned. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document; thus no allowance for doubtful accounts has been recorded at December 31, 2014 and 2013.

Payment of Benefits

Benefit payments to participants are recorded when paid. At December 31, 2013, the Plan had a benefit claim payable due to a participant of $1,905. The Plan had no benefit claim payable at December 31, 2014.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to investment management, investment advisors, the administration of notes receivable from participants and other third party administrator fees are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Company has evaluated subsequent events through September 15, 2015, which is the date the financial statements were available to be issued. No matters were identified affecting the accompanying financial statements and related disclosures.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED)

At December 31, 2014 and 2013, the Plan's investments were held by the Custodian. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that was certified by the Custodian, as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

a) Total investments, at fair value, included in the statements of net available for benefits at December 31, 2014 and 2013;
b) Investment income information included in the statement of changes in net assets available for benefits for the year ended December 31, 2014;
c) All amounts included in Note 4, *Fair Value Measurements (Unaudited)*;
d) All amounts included in Note 5, *Party-in-Interest Transactions* (except for notes receivable from participants);
e) The schedule of assets (held at end of year) as of December 31, 2014 included in the supplemental schedule; and
f) The schedule of reportable transactions for the year ended December 31, 2014 included in the supplemental schedule.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN (UNAUDITED) (Continued)

All investments are non-participant directed. The fair values of investments individually representing 5% or more of the Plan's net assets, as reported by the Custodian are summarized as follows:

December 31,	**2014**	**2013**
Forward Select Income Investor	**$ 162,863**	$ 152,828
Forward EM Corporate Debt Investor	**156,919**	152,611
iShares MSCI Emerging Markets	**138,694**	116,357
iShares MSCI EMU Index	**138,490**	*
Forward Int'l Dividend Investor	**133,282**	*
Forward High Yield Bond Investor	*	155,882
Vanguard FTSE European ETF	*	137,343
SPDR S&P 500	*	107,674
Other investments representing less than 5% of Plan Net Assets	**1,231,939**	1,273,460
Total investments	**$ 1,962,187**	$ 2,096,155

(*) Assets did not amount to 5% of the total value during this period.

During the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

Mutual funds	$ 18,792
Exchange-traded funds	(35,108)
Net depreciation in fair value of investments	$ (16,316)

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED)

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs of 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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, excluding those included in Level 1, are either observable prices for identical assets or liabilities in inactive markets, observable prices for similar assets and liabilities, or other inputs derived principally from, or corroborated by, observable market data at the measurement date.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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.

The 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, 2014.

Mutual Funds and Exchange-Traded Funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end. Mutual funds and exchange-traded funds held by the Plan are open-end mutual funds and exchange-traded funds that are registered with the Securities and Exchange Commission.

Money Market Funds: Valued at amortized cost which approximates fair value.

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

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED) (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

December 31, 2014	Quoted Market Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Mutual funds:			
Bond funds	$ 341,725	$ -	$ -
Large cap blend funds	251,387	-	-
Large cap growth funds	62,987	-	-
Large cap value funds	118,820	-	-
Mid cap blend funds	23,689	-	-
Mid cap growth funds	11,733	-	-
Small cap blend funds	10,771	-	-
Small cap value funds	162,863	-	-
Exchange-traded funds:			
Bond funds	144,458	-	-
Large cap blend funds	264,891	-	-
Large cap growth funds	163,345	-	-
Large cap value funds	81,811	-	-
Mid cap blend funds	45,182	-	-
Mid cap value funds	219,032	-	-
Money markets	-	59,493	-
Total Assets at Fair Value	$ 1,902,694	$ 59,493	$ -

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED) (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

December 31, 2013	Quoted Market Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Mutual funds:			
Bond funds	$ 339,441	$ -	$ -
Large cap blend funds	240,159	-	-
Large cap growth funds	70,403	-	-
Large cap value funds	117,421	-	-
Mid cap blend funds	57,038	-	-
Small cap blend funds	13,779	-	-
Small cap value funds	152,828	-	-
Real estate - equity	9,679	-	-
Exchange-traded funds:			
Bond funds	101,967	-	-
Large cap blend funds	671,763	-	-
Large cap growth funds	155,846	-	-
Large cap value funds	111,663	-	-
Money markets	-	54,168	-
Total Assets at Fair Value	$ 2,041,987	$ 54,168	$ -

NOTE 5: PARTIES-IN-INTEREST

Net assets available for benefits include notes receivable from participants and investments managed by the Custodian at December 31, 2014 and 2013. As a result, these notes receivable and investments and all transactions relating to these notes receivable and investments qualify as party-in-interest transactions. These transactions are exempt from being prohibited transactions by ERISA.

Administrative expenses paid by the Plan to the parties-in-interest include $2,080 of Custodian fees, $5,575 of recordkeeping fees, and $11,792 of investment advisor fees for the year ended December 31, 2014.

NOTE 6: DELINQUENT PARTICIPANT CONTRIBUTIONS

The Department of Labor (DOL Reg. 2580.412-11) requires an employer to segregate participant contributions from its general assets as soon as practicable, but in no event later than the 15th business day following the end of the month in which amounts are contributed by participants or withheld from their wages. During the year ended December 31, 2014, the Company failed to segregate participant contributions totaling $10,538 and loan repayments totaling $1,097 in a timely manner. As a result, the Company owed the Plan an additional $13 in calculated lost earnings which will be recorded as interest income when remitted to the Plan in 2015. During the year ended December 31, 2013, the Company failed to segregate participant contributions totaling $5,946 and loan payments totaling $1,424 in a timely manner. As a result, the Company owed the Plan an additional $3 in calculated lost earnings which is recorded in 2014 as interest income in the accompanying financial statements.

Taft Broadcasting Provident Fund
EIN 76-0629024, Plan No. 001
Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions
December 31, 2014

Participant contributions transferred late to plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: x	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Plan year 2014	$ 11,635	$ -	$ -	$ -
Plan year 2013	-	7,370	-	-
	$ 11,635	$ 7,370	$ -	$ -

See independent auditor's report.

Taft Broadcasting Provident Fund
EIN 76-0629024, Plan No. 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Forward Credit Analysis Long/Short	Mutual Fund	$ 85,964	$ 86,243
	Forward EM Corporate Debt Investor	Mutual Fund	169,799	156,919
	Forward High Yield Bond Investor	Mutual Fund	106,230	98,563
	Forward Int'l Dividend Investor	Mutual Fund	145,101	133,282
	Forward Select Income Inv	Mutual Fund	163,389	162,863
	JPMorgan Emerging Economies A	Mutual Fund	13,849	13,324
	JPMorgan Emerging Mkts A	Mutual Fund	16,531	16,612
	JPMorgan Growth Advantage A	Mutual Fund	39,967	46,375
	JPMorgan Int'l Opp A	Mutual Fund	20,680	20,280
	JPMorgan International Eq A	Mutual Fund	24,535	24,076
	JPMorgan Intrepid International A	Mutual Fund	24,690	23,925
	JPMorgan Mid Cap Equity A	Mutual Fund	11,263	11,733
	JPMorgan Realty Income A	Mutual Fund	21,528	23,689
	JPMorgan Small Cap Equity A	Mutual Fund	10,770	10,771
	JPMorgan US Dynamic Plus Fund	Mutual Fund	32,515	35,075
	JPMorgan US Large Cap Core Plus A	Mutual Fund	68,244	73,749
	JPMorgan Value Advantage A	Mutual Fund	40,753	46,496
		Total Mutual Funds	995,808	983,975
	Consumer Discretionary SPDR	Exchange-Traded Fund	83,280	82,540
	Consumer Staples Select Sector SPD	Exchange-Traded Fund	75,047	80,978
	iShares Barclays MBS Fixed-Rate Bond	Exchange-Traded Fund	21,451	21,864
	iShares Barclays Short Treasury Bond	Exchange-Traded Fund	100,551	100,548
	iShares Barclays 7-10 Year Treasury	Exchange-Traded Fund	21,405	22,046
	iShares Dow Jones US Financial Sector	Exchange-Traded Fund	82,363	81,811
	iShares Dow Jones US Technology	Exchange-Traded Fund	75,112	80,805
	iShares Dow Jones US Real Estate	Exchange-Traded Fund	46,115	45,182
	iShares Dow Jones US Utilities	Exchange-Traded Fund	84,024	80,542
	iShares MSCI Emerging Markets	Exchange-Traded Fund	143,715	138,694
	iShares MSCI EMU Index	Exchange-Traded Fund	141,952	138,490
	SPDR S&P 500	Exchange-Traded Fund	45,920	45,219
		Total Exchange Traded Funds	920,935	918,719
	BlackRock Liquidity T-Fund Mgmt	Money Market Fund	59,493	59,493
	Cash	Cash	4,038	4,038
		Total Cash Equivalents	63,531	63,531
	PARTICIPANT LOANS:			
*	Various Participants	Various maturity dates from 2015 to 2019 Interest rate 5.25%	-	56,262
			$1,980,274	$ 2,022,487

* Party in Interest

This schedule was derived from data certified as complete and accurate by AssetMark Trust Company.
See independent auditor's report.

Taft Broadcasting Provident Fund
EIN 76-0629024, Plan No. 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2014

	(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(f) Expense incurred with Transactions	(g) Cost of Asset	(h) Current Value on Date of Transaction	(g) Net Gain(Loss)
*	AssetMark Trust Co.	BlackRock Liquidity TempFund	$ 482,454		-		$ 482,454	
*	AssetMark Trust Co.	BlackRock Liquidity TempFund		422,969	-	422,969	422,969	-
*	AssetMark Trust Co.	BlackRock Liquidity T-Fund Mgmt	284,390		-		284,390	
*	AssetMark Trust Co.	BlackRock Liquidity T-Fund Mgmt		338,560	-	338,560	338,560	-
*	AssetMark Trust Co.	Consumer Discretionary SPDR	163,377		-		163,377	
*	AssetMark Trust Co.	Consumer Discretionary SPDR		131,567	-	131,760	131,567	(193)
*	AssetMark Trust Co.	Consumer Staples Select Sector SPDR	178,808		-		178,808	
*	AssetMark Trust Co.	Consumer Staples Select Sector SPDR		157,844	-	158,197	157,844	(353)
*	AssetMark Trust Co.	Forward Credit Analysis Long/Short	209,713		-		209,713	
*	AssetMark Trust Co.	Forward Credit Analysis Long/Short		158,284	-	159,625	158,284	(1,341)
*	AssetMark Trust Co.	Forward Int'l Dividend Investor	134,907		-		134,907	
*	AssetMark Trust Co.	Forward Int'l Dividend Investor		81,666	-	77,825	81,666	3,841
*	AssetMark Trust Co.	Forward Select EM Dividend Investor	132,086		-		132,086	
*	AssetMark Trust Co.	Forward Select EM Dividend Investor		128,473	-	132,086	128,473	(3,613)
*	AssetMark Trust Co.	iShares Barclays Short Treasury Bond	1,093,221		-		1,093,221	
*	AssetMark Trust Co.	iShares Barclays Short Treasury Bond		1,033,278	-	1,033,573	1,033,278	(295)
*	AssetMark Trust Co.	iShares DJ U.S. Healthcare Index	99,864		-		99,864	
*	AssetMark Trust Co.	iShares DJ U.S. Healthcare Index		164,804	-	151,285	164,804	13,519
*	AssetMark Trust Co.	iShares Dow Jones US Energy	144,986		-		144,986	
*	AssetMark Trust Co.	iShares Dow Jones US Energy		203,137	-	197,199	203,137	5,938
*	AssetMark Trust Co.	iShares Dow Jones US Financial Sector	214,234		-		214,234	
*	AssetMark Trust Co.	iShares Dow Jones US Financial Sector		191,383	-	184,107	191,383	7,276
*	AssetMark Trust Co.	iShares Dow Jones US Industrials	227,858		-		227,858	
*	AssetMark Trust Co.	iShares Dow Jones US Industrials		278,481	-	278,179	278,481	302

This schedule was derived from data certified as complete and accurate by AssetMark Trust Company.
See independent auditor's report.

Taft Broadcasting Provident Fund
EIN 76-0629024, Plan No. 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
For the Year Ended December 31, 2014

	(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(f) Expense incurred with Transactions	(g) Cost of Asset	(h) Current Value on Date of Transaction	(g) Net Gain(Loss)
*	AssetMark Trust Co.	iShares Dow Jones US Real Estate	241,324		-		241,324	
*	AssetMark Trust Co.	iShares Dow Jones US Real Estate		196,425	-	195,209	196,425	1,216
*	AssetMark Trust Co.	iShares Dow Jones US Technology	139,012		-		139,012	
*	AssetMark Trust Co.	iShares Dow Jones US Technology		134,733	-	115,314	134,733	19,419
*	AssetMark Trust Co.	iShares Dow Jones US Utilities	167,380		-		167,380	
*	AssetMark Trust Co.	iShares Dow Jones US Utilities		79,419	-	83,356	79,419	(3,937)
*	AssetMark Trust Co.	iShares MSCI Emerging Markets	231,132		-		231,132	
*	AssetMark Trust Co.	iShares MSCI Emerging Markets		197,091	-	201,838	197,091	(4,747)
*	AssetMark Trust Co.	iShares MSCI EMU Index	422,494		-		422,494	
*	AssetMark Trust Co.	iShares MSCI EMU Index		261,266	-	280,541	261,266	(19,275)
*	AssetMark Trust Co.	iShares MSCI Japan Index	152,645		-		152,645	
*	AssetMark Trust Co.	iShares MSCI Japan Index		197,720	-	199,589	197,720	(1,869)
*	AssetMark Trust Co.	iShares MSCI Pacific Ex-Japan	103,800		-		103,800	
*	AssetMark Trust Co.	iShares MSCI Pacific Ex-Japan		139,048	-	141,958	139,048	(2,910)
*	AssetMark Trust Co.	iShares MSCI United Kingdom	123,080		-		123,080	
*	AssetMark Trust Co.	iShares MSCI United Kingdom		118,905	-	123,080	118,905	(4,175)
*	AssetMark Trust Co.	Materials Select Sector SPDR	145,384		-		145,384	
*	AssetMark Trust Co.	Materials Select Sector SPDR		206,912	-	195,063	206,912	11,849
*	AssetMark Trust Co.	SPDR Gold Trust	197,030		-		197,030	
*	AssetMark Trust Co.	SPDR Gold Trust		192,147	-	197,030	192,147	(4,883)
*	AssetMark Trust Co.	SPDR S&P 500	387,614		-		387,614	
*	AssetMark Trust Co.	SPDR S&P 500		448,960	-	440,360	448,960	8,600
*	AssetMark Trust Co.	Vanguard FTSE European ETF	65,130		-		65,130	
*	AssetMark Trust Co.	Vanguard FTSE European ETF		197,713	-	185,338	197,713	12,375
*	Party in interest		5,741,923	5,660,785	-	5,624,041	11,402,708	36,744

This schedule was derived from data certified as complete and accurate by AssetMark Trust Company.
See independent auditor's report.

TAFT BROADCASTING COMPANY PROVIDENT FUND
EIN 76-0629024, PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

The following details assets held for investment purposes at December 31, 2014, as required by Section 2520.103-11 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Decription of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	MUTUAL FUNDS			
	Forward Credit Analysis Long/Short - FLSRX	Mutual Fund	85,964	86,243
	Forward EM Corporate Debt Investor - FFXRX	Mutual Fund	169,799	156,919
	Forward High Yield Bond Investor - AHBIX	Mutual Fund	106,230	98,563
	Forward Int'l Dividend Investor - FFINX	Mutual Fund	145,101	133,282
	Forward Select Income Inv - FFSLX	Mutual Fund	163,389	162,863
	JPMorgan Emerging Economies A - JEEAX	Mutual Fund	13,849	13,324
	JPMorgan Emerging Mkts A - JFAMX	Mutual Fund	16,531	16,612
	JPMorgan Growth Advantage A - VHIAX	Mutual Fund	39,967	46,375
	JPMorgan Int'l Opp A - JIOAX	Mutual Fund	20,680	20,280
	JPMorgan International Eq A - JSEAX	Mutual Fund	24,535	24,076
	JPMorgan Intrepid International A - JFTAX	Mutual Fund	24,690	23,925
	JPMorgan Mid Cap Equity A - JCMAX	Mutual Fund	11,263	11,733
	JPMorgan Realty Income A - URTAX	Mutual Fund	21,528	23,689
	JPMorgan Small Cap Equity A - VSEAX	Mutual Fund	10,770	10,771
	JPMorgan US Dynamic Plus Fund - JPSAX	Mutual Fund	32,515	35,075
	JPMorgan US Large Cap Core Plus A - JLCAX	Mutual Fund	68,244	73,749
	JPMorgan Value Advantage A - JVAAX	Mutual Fund	40,753	46,496
		Total Mutual Funds	995,808	983,975
	EXCHANGE TRADED FUNDS			
	Consumer Discretionary SPDR - XLY	Exchange-Traded Fund	83,280	82,540
	Consumer Staples Select Sector SPDR - XLP	Exchange-Traded Fund	75,047	80,978
	iShares Barclays MBS Fixed-Rate Bond - MBB	Exchange-Traded Fund	21,451	21,864
	iShares Barclays Short Treasury Bond - SHV	Exchange-Traded Fund	100,551	100,548
	iShares Barclays 7-10 Year Treasury - IEF	Exchange-Traded Fund	21,405	22,046
	iShares Dow Jones US Financial Sector - IYF	Exchange-Traded Fund	82,363	81,811
	iShares Dow Jones US Technology - IYW	Exchange-Traded Fund	75,112	80,805
	iShares Dow Jones US Real Estate - IYR	Exchange-Traded Fund	46,115	45,182
	iShares Dow Jones US Utilities - IDU	Exchange-Traded Fund	84,024	80,542
	iShares MSCI Emerging Markets - EEM	Exchange-Traded Fund	143,715	138,694
	iShares MSCI EMU Index - EZU	Exchange-Traded Fund	141,952	138,490
	SPDR S&P 500 - SPY	Exchange-Traded Fund	45,920	45,219
		Total Exchange Traded Funds	920,935	918,719
	CASH AND EQUIVALENTS			
	BlackRock Liquidity T-Fund Mgmt	Money Market Fund	59,493	59,493
	Cash	Cash	4,038	4,038
		Total Cash Equivalents	63,531	63,531
	PARTICIPANT LOANS:			
*	Various Participants	Various Maturity Dates; Interest Rate 5.25%	0	56,262
		Total Assets Held for Investment	$ 1,980,274	$ 2,022,487

* Party in Interest

TAFT BROADCASTING COMPANY PROVIDENT FUNC
EIN 76-0629024, PLAN NO. 001
SCHEDULE H, LINE 4 (j) - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

	(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(f) Expense incurred with Transactions	(g) Cost of Asset	(h) Current Value on Date of Transaction	(g) Net Gain(Loss)
*	AssetMark Trust Co.	BlackRock Liquidity TempFund	482,454		-		482,454	
*	AssetMark Trust Co.	BlackRock Liquidity TempFund		422,969	-	422,969	422,969	0
*	AssetMark Trust Co.	BlackRock Liquidity T-Fund Mgmt	284,390		-		284,390	
*	AssetMark Trust Co.	BlackRock Liquidity T-Fund Mgmt		338,560	-	338,560	338,560	0
*	AssetMark Trust Co.	Consumer Discretionary SPDR	163,377		-		163,377	
*	AssetMark Trust Co.	Consumer Discretionary SPDR		131,567	-	131,760	131,567	(193)
*	AssetMark Trust Co.	Consumer Staples Select Sector SPDR	178,808		-		178,808	
*	AssetMark Trust Co.	Consumer Staples Select Sector SPDR		157,844	-	158,197	157,844	(352)
*	AssetMark Trust Co.	Forward Credit Analysis Long/Short	209,713		-		209,713	
*	AssetMark Trust Co.	Forward Credit Analysis Long/Short		158,284	-	159,625	158,284	(1,340)
*	AssetMark Trust Co.	Forward Int'l Dividend Investor	134,907		-		134,907	
*	AssetMark Trust Co.	Forward Int'l Dividend Investor		81,666	-	77,825	81,666	3,841
*	AssetMark Trust Co.	Forward Select EM Dividend Investor	132,086		-		132,086	
*	AssetMark Trust Co.	Forward Select EM Dividend Investor		128,473	-	132,086	128,473	(3,612)
*	AssetMark Trust Co.	iShares Barclays Short Treasury Bond	1,093,221		-		1,093,221	
*	AssetMark Trust Co.	iShares Barclays Short Treasury Bond		1,033,278	-	1,033,573	1,033,278	(295)
*	AssetMark Trust Co.	iShares DJ U.S. Healthcare Index	99,864		-		99,864	
*	AssetMark Trust Co.	iShares DJ U.S. Healthcare Index		164,804	-	151,285	164,804	13,519
*	AssetMark Trust Co.	iShares Dow Jones US Energy	144,986		-		144,986	
*	AssetMark Trust Co.	iShares Dow Jones US Energy		203,137	-	197,199	203,137	5,938
*	AssetMark Trust Co.	iShares Dow Jones US Financial Sector	214,234		-		214,234	
*	AssetMark Trust Co.	iShares Dow Jones US Financial Sector		191,383	-	184,107	191,383	7,276
*	AssetMark Trust Co.	iShares Dow Jones US Industrials	227,858		-		227,858	
*	AssetMark Trust Co.	iShares Dow Jones US Industrials		278,481	-	278,179	278,481	302
*	AssetMark Trust Co.	iShares Dow Jones US Real Estate	241,324		-		241,324	
*	AssetMark Trust Co.	iShares Dow Jones US Real Estate		196,425	-	195,209	196,425	1,216
*	AssetMark Trust Co.	iShares Dow Jones US Technology	139,012		-		139,012	
*	AssetMark Trust Co.	iShares Dow Jones US Technology		134,733	-	115,314	134,733	19,419
*	AssetMark Trust Co.	iShares Dow Jones US Utilities	167,380		-		167,380	
*	AssetMark Trust Co.	iShares Dow Jones US Utilities		79,419	-	83,356	79,419	(3,937)
*	AssetMark Trust Co.	iShares MSCI Emerging Markets	231,132		-		231,132	
*	AssetMark Trust Co.	iShares MSCI Emerging Markets		197,091	-	201,838	197,091	(4,747)
*	AssetMark Trust Co.	iShares MSCI EMU Index	422,494		-		422,494	
*	AssetMark Trust Co.	iShares MSCI EMU Index		261,266	-	280,541	261,266	(19,275)
*	AssetMark Trust Co.	iShares MSCI Japan Index	152,645		-		152,645	
*	AssetMark Trust Co.	iShares MSCI Japan Index		197,720	-	199,589	197,720	(1,869)
*	AssetMark Trust Co.	iShares MSCI Pacific Ex-Japan	103,800		-		103,800	
*	AssetMark Trust Co.	iShares MSCI Pacific Ex-Japan		139,048	-	141,958	139,048	(2,910)
*	AssetMark Trust Co.	iShares MSCI United Kingdom	123,080		-		123,080	
*	AssetMark Trust Co.	iShares MSCI United Kingdom		118,905	-	123,080	118,905	(4,175)
*	AssetMark Trust Co.	Materials Select Sector SPDR	145,384		-		145,384	
*	AssetMark Trust Co.	Materials Select Sector SPDR		206,912	-	195,063	206,912	11,850
*	AssetMark Trust Co.	SPDR Gold Trust	197,030		-		197,030	
*	AssetMark Trust Co.	SPDR Gold Trust		192,147	-	197,030	192,147	(4,883)
*	AssetMark Trust Co.	SPDR S&P 500	387,614		-		387,614	
*	AssetMark Trust Co.	SPDR S&P 500		448,960	-	440,360	448,960	8,600
*	AssetMark Trust Co.	Vanguard FTSE European ETF	65,130		-		65,130	
*	AssetMark Trust Co.	Vanguard FTSE European ETF		197,713	-	185,338	197,713	12,376
*	Party in interest		5,741,920	5,660,787	-	5,624,040	11,402,707	36,747

Attachment to 2014 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name Taft Broadcasting Company Provident Fund **EIN:** 76-0629024
Plan Sponsor's Name Taft Broadcasting Company LLC **PN:** 001

	Total that Constitute Nonexempt Prohibitied Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	11,635	7,370	0	0