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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 (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)
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.	10/05/2016	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)

SHARON M BERGESON

COMPENSATION STRATEGIES GROUP, LTD.

2920 TOCCOA ROAD
BEAUMONT, TX 77703

Preparer's telephone number
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**	130
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)**	84
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	81
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	98
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	98
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	89
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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)

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	16209	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ASSETMARK, INC.

1655 GRANT STREET
10TH FLOOR
CONCORD, CA 94520

(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	REGISTERED INVESTMENT ADV	12122	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	11645	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)

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	7855	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ASSETMARK TRUST COMPANY

1023 COMMERCE STREET
SUITE D
LYNCHBURG, VA 24504

(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?
19	CUSTODIAN	890	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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	4038	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	4152	6761
(3) Other	1b(3)	0	4082
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	59493	5084
(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)	56262	79064
(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)	1902694	1729496
(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	2026639	1824487
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2026639	1824487

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)	144734	
	(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)		144734
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)	4387	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4387
	(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)	52043	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		52043
	(3) Rents	2b(3)		
	(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)		-148196
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		52968
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	203498	
(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)		203498
f Corrective distributions (see instructions)	2f		2901
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)	7855	
(3) Investment advisory and management fees	2i(3)	40866	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		48721
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		255120
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-202152
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] 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	N/A	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			18493
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	N/A	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			
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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): 26-0560995 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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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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 have audited 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, 2015 and 2014, the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 for the 2015 statements

Our responsibility is to express an opinion on the 2015 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2015 financial statements.

Auditor's Responsibility for the 2014 Statement

Our responsibility is to express an opinion on the 2014 financial statement 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 on the 2014 Financial Statement*** 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 on the 2014 Financial Statement

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 investment assets held by AssetMark Trust Company, the custodian of the Plan, and transactions in those assets, were excluded from the scope of our audit of the Plan's 2014 financial statements, except for comparing the information provided by the custodian, which is summarized in Note 3, with the related information included in the financial statements.

Disclaimer of Opinion on the 2014 Financial Statement

Because of the significance of the matter described in the ***Basis for Disclaimer of Opinion on the 2014 Financial Statement*** 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 2014 financial statement.

Opinion on the 2015 Financial Statements

In our opinion, the financial statements referred to in the first paragraph of the Taft Broadcasting Company Provident Fund as of December 31, 2015, and for the year then ended, present fairly, in all material respects, the financial status of the Plan as of December 31, 2015, and changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matter – Adoption of New Accounting Standard

As discussed in Note 2 to the financial statements, in 2015 the Plan adopted the provisions of the Financial Accounting Standards Board Accounting Standards Update 2015-12, *Plan Accounting: Defined Benefit Pension Plans, Defined Contribution Plans, and Health and Welfare Benefit Plans.* Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2015, was conducted for the purpose of forming an opinion on the financial statements as a whole. 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 together referred to as "supplemental information" as of and for the year ended December 31, 2015 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2015 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Form and Content of the 2014 Financial Statement in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2014 financial statement, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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
October 5, 2016

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, 2015

	(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	171,359		-		171,359	
	AssetMark Trust Co.	BlackRock Liquidity TempFund		230,855	-	230,855	230,855	0
	AssetMark Trust Co.	Forward Credit Analysis Long/Short	31,531		-		31,531	
	AssetMark Trust Co.	Forward Credit Analysis Long/Short		118,151	-	117,495	118,151	656
	AssetMark Trust Co.	Forward Select EM Dividend Investor	2,628		-		2,628	
	AssetMark Trust Co.	Forward Select EM Dividend Investor		157,593	-	172,427	157,593	(14,834)
	AssetMark Trust Co.	Forward High Yield Bond Investor	34,991		-		34,991	
	AssetMark Trust Co.	Forward High Yield Bond Investor		134,596	-	141,221	134,596	(6,625)
	AssetMark Trust Co.	Forward Int'l Dividend Investor	28,561		-		28,561	
	AssetMark Trust Co.	Forward Int'l Dividend Investor		163,768	-	173,662	163,768	(9,894)
	AssetMark Trust Co.	Forward Select Income Inv		166,364	-	163,389	166,364	2,975
	AssetMark Trust Co.	iShares Barclays Short Treasury Bond	138,494		-		138,494	
	AssetMark Trust Co.	iShares Barclays Short Treasury Bond		239,038	-	239,045	239,038	(7)
	AssetMark Trust Co.	iShares MSCI Emerging Markets	2,164		-		2,164	
	AssetMark Trust Co.	iShares MSCI Emerging Markets		140,827	-	145,879	140,827	(5,052)
	AssetMark Trust Co.	iShares MSCI EMU Index	1,473		-		1,473	
	AssetMark Trust Co.	iShares MSCI EMU Index		135,639	-	143,426	135,639	(7,787)
	AssetMark Trust Co.	Vanguard Short-Term Bond ETF	220,407		-		220,407	
	AssetMark Trust Co.	Vanguard Short-Term Bond ETF		219,865	-	220,407	219,865	(542)
	AssetMark Trust Co.	Vanguard Short-Term Corp Bd Idx ETX	146,451		-		146,451	
	AssetMark Trust Co.	Vanguard Short-Term Corp Bd Idx ETX		146,545	-	146,451	146,545	94
	Fidelity Investments	JPMorgan SmartRetirement Income	888,147		-		888,147	
	Fidelity Investments	JPMorgan SmartRetirement Income		55,570	-	56,828	55,570	(1,258)
	Fidelity Investments	JPMorgan SmartRetirement 2020	335,676		-		335,676	
	Fidelity Investments	JPMorgan SmartRetirement 2020		49,796	-	52,184	49,796	(2,388)
	Fidelity Investments	JPMorgan SmartRetirement 2015	204,088		-		204,088	
	Fidelity Investments	JPMorgan SmartRetirement 2015		32,314	-	33,346	32,314	(1,032)
	Fidelity Investments	JPMorgan SmartRetirement 2030	153,660		-		153,660	
	Fidelity Investments	JPMorgan SmartRetirement 2030		31,660	-	32,942	31,660	(1,282)
	Fidelity Investments	JPMorgan SmartRetirement 2040	152,780		-		152,780	
	Fidelity Investments	JPMorgan SmartRetirement 2040		11,578	-	12,168	11,578	(590)
	Fidelity Investments	JPMorgan SmartRetirement 2035	149,796		-		149,796	
	Fidelity Investments	JPMorgan SmartRetirement 2035		6,185	-	6,692	6,185	(507)
*	Party in interest		2,662,206	2,040,344	-	2,088,417	4,702,550	(48,073)

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, 2015

(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			
	JPMorgan	JP Morgan Smart Retirement 2045 R2	64,159	58,585
	JPMorgan	JP Morgan Smart Retirement 2040 R2	148,218	135,599
	JPMorgan	JP Morgan Smart Retirement 2035 R2	118,105	108,452
	JPMorgan	JP Morgan Smart Retirement 2030 R2	103,110	94,884
	JPMorgan	JP Morgan Smart Retirement 2025 R2	64,787	60,146
	JPMorgan	JP Morgan Smart Retirement 2020 R2	307,652	286,914
	JPMorgan	JP Morgan Smart Retirement 2015 R2	194,793	182,732
	JPMorgan	JP Morgan Smart Retirement Income R2	839,905	791,450
	JPMorgan	JP Morgan Smart Retirement 2050 R2	11,585	10,734
		Total Mutual Funds	1,852,314	1,729,496
	CASH AND EQUIVALENTS			
	Fidelity Investments	Fidelity Government Cash Reserves	5,084	5,084
		Total Cash Equivalents	5,084	5,084
	PARTICIPANT LOANS:			
*	Various Participants	Various Maturity Dates; Interest Rate 5.25%	0	79,064
		Total Assets Held for Investment	$ 1,857,398	$ 1,813,644

* Party in Interest

Taft Broadcasting Company
Provident Fund

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2015 and 2014



Taft Broadcasting Company Provident Fund
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December 31, 2015 and 2014

REPORT

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FINANCIAL STATEMENTS

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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) 15

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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 have audited 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, 2015 and 2014, the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 for the 2015 statements

Our responsibility is to express an opinion on the 2015 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2015 financial statements.

Auditor's Responsibility for the 2014 Statement

Our responsibility is to express an opinion on the 2014 financial statement 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 on the 2014 Financial Statement*** 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 on the 2014 Financial Statement

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 investment assets held by AssetMark Trust Company, the custodian of the Plan, and transactions in those assets, were excluded from the scope of our audit of the Plan's 2014 financial statements, except for comparing the information provided by the custodian, which is summarized in Note 3, with the related information included in the financial statements.

Disclaimer of Opinion on the 2014 Financial Statement

Because of the significance of the matter described in the ***Basis for Disclaimer of Opinion on the 2014 Financial Statement*** 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 2014 financial statement.

Opinion on the 2015 Financial Statements

In our opinion, the financial statements referred to in the first paragraph of the Taft Broadcasting Company Provident Fund as of December 31, 2015, and for the year then ended, present fairly, in all material respects, the financial status of the Plan as of December 31, 2015, and changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matter – Adoption of New Accounting Standard

As discussed in Note 2 to the financial statements, in 2015 the Plan adopted the provisions of the Financial Accounting Standards Board Accounting Standards Update 2015-12, *Plan Accounting: Defined Benefit Pension Plans, Defined Contribution Plans, and Health and Welfare Benefit Plans.* Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2015, was conducted for the purpose of forming an opinion on the financial statements as a whole. 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 together referred to as "supplemental information" as of and for the year ended December 31, 2015 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2015 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Form and Content of the 2014 Financial Statement in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2014 financial statement, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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
October 5, 2016

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

December 31,	**2015**	**2014**
Assets		
Cash	**$ -**	$ 4,038
Investments, at fair value		
Mutual funds	**1,729,495**	983,975
Exchange-traded funds	**-**	918,719
Money market accounts	**5,084**	59,493
Total investments, at fair value	**1,734,579**	1,962,187
Receivables		
Participant contributions	**6,761**	4,153
Notes receivable from participants	**79,064**	56,262
Other receivable	**4,083**	-
Total receivables	**89,908**	60,415
Net Assets Available for Benefits	**$ 1,824,487**	$ 2,026,640

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,	**2015**
Additions to Net Assets Attributed to	
Investment income (loss)	
Net depreciation in fair value of investments	**$ (148,206)**
Interest and dividend income	**52,043**
Total investment loss	**(96,163)**
Interest income on notes receivable from participants	**4,387**
Participant contributions	**144,743**
Total additions	**52,967**
Deductions from Net Assets Attributed to	
Benefits paid to participants	**206,399**
Administrative expenses	**48,721**
Total deductions	**255,120**
Net Decrease in Net Assets	**(202,153)**
Net Assets Available for Benefits	
Beginning of year	**2,026,640**
End of year	**$ 1,824,487**

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

AssetMark Trust Company ("AssetMark") held the Plan's investment assets and executed investment transactions from January 1, 2015 to April 8, 2015. Effective April 9, 2015, plan assets are held by Fidelity Investments (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, 2015, the Company made no discretionary contributions.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

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.

Investment Options

Participant contributions are automatically invested into one of nine 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.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

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.

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, 2015 and 2014, the forfeitures account totaled $5,084 and $1,346, respectively. During 2015, $3,976 of forfeitures were 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 Corbell LLC (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.

Adoption of New Accounting Standard

In July 2015 the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-12 ("ASU 2012-12") Plan Accounting: *Defined Benefit Pension Plans, Defined Contribution Plans, and Health and Welfare Benefit Plans*, which included new reporting and disclosure requirements for employee benefit plans. Under ASU 2015-12, fully-benefit responsive investment contracts are reported at contract value only, with no adjustment for estimated fair value. Additionally, the ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset.

The Plan elected to early implement the provisions of this new accounting standard. Comparative financial statements and disclosures of prior years have been adjusted to apply the new requirements retrospectively. There was no effect on previously reported net assets available for benefits due to the adoption of this new accounting standard.

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.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 and 2014. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefit payments to participants are recorded when paid.

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 October 5, 2016, 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 BY THE CUSTODIAN (UNAUDITED)

At December 31, 2014, the Plan's investments were held by Assetmark. The following information included in the accompanying 2014 financial statement 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
b) Amounts included in Note 4, *Fair Value Measurements* as of December 31, 2014.

NOTE 4: FAIR VALUE MEASUREMENTS

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, 2015.

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.

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

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.

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

December 31, 2015	**Quoted Market Prices in Active Markets (Level 1)**	**Other Observable Inputs (Level 2)**	**Unobservable Inputs (Level 3)**
Mutual funds	**$ 1,729,495**	**$ -**	**$ -**
Money market	**-**	**5,084**	**-**
Total Assets at Fair Value	**$ 1,729,495**	**$ 5,084**	**$ -**

December 31, 2014 (Unaudited)	**Quoted Market Prices in Active Markets (Level 1)**	**Other Observable Inputs (Level 2)**	**Unobservable Inputs (Level 3)**
Mutual funds	$ 983,975	$ -	$ -
Exchange-traded funds	918,719	-	-
Money market	-	59,493	-
Total Assets at Fair Value	$ 1,902,694	$ 59,493	$ -

NOTE 5: PARTIES-IN-INTEREST

Net assets available for benefits include notes receivable from participants and investments managed by the custodian at December 31, 2015 and 2014. 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 $40,866 of investment advisor and Custodian fees and $7,855 of recordkeeping fees for the year ended December 31, 2015.

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, 2015, the Company failed to segregate participant contributions totaling $5,534 and loan repayments totaling $1,324 in a timely manner. The Company calculated lost earnings pursuant to guidelines established by the Department of Labor. The amounts of lost earnings, which are immaterial to the financial statements, are not recorded in the accompanying statements of net assets available for benefits. The calculated lost earnings will be recorded as interest income when remitted to the Plan in 2016. During the year ended December 31, 2014, the Company failed to segregate participant contributions totaling $10,538 and loan payments totaling $1,097 in a timely manner. As a result, the Company owed the Plan an additional $13 in calculated lost earnings which is recorded in 2015 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, 2015

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 2015	$ 6,858	$ -	$ -	$ -
Plan year 2014	-	11,635	-	-
	$ 6,858	$ 11,635	$ -	$ -

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, 2015

(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
	MUTUAL FUNDS			
	JPMorgan	JP Morgan Smart Retirement 2045 R2	$ 64,159	$ 58,585
	JPMorgan	JP Morgan Smart Retirement 2040 R2	148,218	135,599
	JPMorgan	JP Morgan Smart Retirement 2035 R2	118,105	108,452
	JPMorgan	JP Morgan Smart Retirement 2030 R2	103,110	94,884
	JPMorgan	JP Morgan Smart Retirement 2025 R2	64,787	60,146
	JPMorgan	JP Morgan Smart Retirement 2020 R2	307,652	286,914
	JPMorgan	JP Morgan Smart Retirement 2015 R2	194,793	182,732
	JPMorgan	JP Morgan Smart Retirement Income R2	839,905	791,449
	JPMorgan	JP Morgan Smart Retirement 2050 R2	11,585	10,734
		Total Mutual Funds	1,852,314	1,729,495
	MONEY MARKET ACCOUNTS			
*	Fidelity Investments	Fidelity Government Cash Reserves	5,084	5,084
	PARTICIPANT LOANS			
*	Various Participants	Various maturity dates from 2016 to 2020; Interest rate 5.25%	-	79,064
			$ 1,857,398	$ 1,813,643

* Party in Interest

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, 2015

	(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	171,359		-		171,359	
*	AssetMark Trust Co.	BlackRock Liquidity TempFund		230,855	-	230,855	230,855	-
*	AssetMark Trust Co.	Forward Credit Analysis Long/Short	31,531		-		31,531	
*	AssetMark Trust Co.	Forward Credit Analysis Long/Short		118,151	-	117,495	118,151	656
*	AssetMark Trust Co.	Forward Select EM Dividend Investor	2,628		-		2,628	
*	AssetMark Trust Co.	Forward Select EM Dividend Investor		157,593	-	172,427	157,593	(14,834)
*	AssetMark Trust Co.	Forward High Yield Bond Investor	34,991		-		34,991	
*	AssetMark Trust Co.	Forward High Yield Bond Investor		134,596	-	141,221	134,596	(6,625)
*	AssetMark Trust Co.	Forward Int'l Dividend Investor	28,561		-		28,561	
*	AssetMark Trust Co.	Forward Int'l Dividend Investor		163,768	-	173,662	163,768	(9,894)
*	AssetMark Trust Co.	Forward Select Income Inv		166,364	-	163,389	166,364	2,975
*	AssetMark Trust Co.	iShares Barclays Short Treasury Bond	138,494		-		138,494	
*	AssetMark Trust Co.	iShares Barclays Short Treasury Bond		239,038	-	239,045	239,038	(7)
*	AssetMark Trust Co.	iShares MSCI Emerging Markets	2,164		-		2,164	
*	AssetMark Trust Co.	iShares MSCI Emerging Markets		140,827	-	145,879	140,827	(5,052)
*	AssetMark Trust Co.	iShares MSCI EMU Index	1,473		-		1,473	
*	AssetMark Trust Co.	iShares MSCI EMU Index		135,639	-	143,426	135,639	(7,787)
*	AssetMark Trust Co.	Vanguard Short-Term Bond ETF	220,407		-		220,407	
*	AssetMark Trust Co.	Vanguard Short-Term Bond ETF		219,865	-	220,407	219,865	(542)
*	AssetMark Trust Co.	Vanguard Short-Term Corp Bd Idx ETX	146,451		-		146,451	
*	AssetMark Trust Co.	Vanguard Short-Term Corp Bd Idx ETX		146,545	-	146,451	146,545	94
*	Fidelity Investments	JPMorgan SmartRetirement Income	888,147		-		888,147	
*	Fidelity Investments	JPMorgan SmartRetirement Income		55,570	-	56,828	55,570	(1,258)
*	Fidelity Investments	JPMorgan SmartRetirement 2020	335,676		-		335,676	

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, 2015

	(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)
*	Fidelity Investments	JPMorgan SmartRetirement 2020		49,796	-	52,184	49,796	(2,388)
*	Fidelity Investments	JPMorgan SmartRetirement 2015	204,088		-		204,088	
*	Fidelity Investments	JPMorgan SmartRetirement 2015		32,314	-	33,346	32,314	(1,032)
*	Fidelity Investments	JPMorgan SmartRetirement 2030	153,660		-		153,660	
*	Fidelity Investments	JPMorgan SmartRetirement 2030		31,660	-	32,942	31,660	(1,282)
*	Fidelity Investments	JPMorgan SmartRetirement 2040	152,780		-		152,780	
*	Fidelity Investments	JPMorgan SmartRetirement 2040		11,578	-	12,168	11,578	(590)
*	Fidelity Investments	JPMorgan SmartRetirement 2035	149,796		-		149,796	
*	Fidelity Investments	JPMorgan SmartRetirement 2035		6,185	-	6,692	6,185	(507)
			2,662,206	2,040,344	-	2,088,417	4,702,550	(48,073)

* Party in interest

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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
- ☒ 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
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 (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)
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	[signature]	10/3/16	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)
Sharon M Bergeson
Compensation Strategies Group, Ltd.
2920 Toccoa Road

Beaumont TX 77703

Preparer's telephone number (409) 898-0061