

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
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
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 <u>CFM 401(K) PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CFM RELIGION PUBLISHING GROUP, LLC</u> <u>8805 GOVERNORS HILL DRIVE, STE. 400</u> <u>CINCINNATI, OH 45249</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2006</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>68-0656411</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>513-728-6710</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>511130</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2006</u>		2b Employer Identification Number (EIN) <u>68-0656411</u>		2c Plan Sponsor's telephone number <u>513-728-6710</u>		2d Business code (see instructions) <u>511130</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2006</u>											
2b Employer Identification Number (EIN) <u>68-0656411</u>											
2c Plan Sponsor's telephone number <u>513-728-6710</u>											
2d Business code (see instructions) <u>511130</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	MARK ROSENBAUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	MARK ROSENBAUM
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ 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: a Sponsor's name	4b EIN 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) 116
a(2) Total number of active participants at the end of the plan year	6a(2) 90
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 44
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 134
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 134
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 105
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CFM 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CFM RELIGION PUBLISHING GROUP, LLC	D Employer Identification Number (EIN) 68-0656411	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB INVESTMENT MGMT CO. 211 MAIN STREET SAN FRANCISCO, CA 94105

(b) Enter name and EIN or address of person who provided you disclosure 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)

CHERNOFF DIAMOND & CO., LLC

11-2836994

(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 17 27 37 50 64	NONE	2017	Yes ☒ No ☐	Yes ☐ No ☒	17144	Yes ☐ No ☒

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	3243	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHERNOFF DIAMOND & CO., LLC	15 17 27 37 50 64	17144
(d) Enter name and EIN (address) of source of indirect compensation CHARLES SCHWAB & CO., INC. 94-1737782 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. MUTUAL FUND REVENUE RECAPTURE		
(a) Enter service provider name as it appears on line 2 CHARLES SCHWAB & CO., INC. (b) Service Codes (see instructions) 19 (c) Enter amount of indirect compensation 3243		
(d) Enter name and EIN (address) of source of indirect compensation CHERNOFF DIAMOND & CO., LLC 725 RXR PLAZA - EAST TOWER UNIONDALE, NY 11556 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. CUSTODIAL AND TRUSTEE FEES PAID BY CHERNOFF DIAMOND		
(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>CFM 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CFM RELIGION PUBLISHING GROUP, LLC</u>	D Employer Identification Number (EIN) <u>68-0656411</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB RETIREMENT TRUST FUND 2010</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15287</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB RETIREMENT TRUST FUND 2020</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>272719</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB RETIREMENT TRUST FUND 2030</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>430326</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB RETIREMENT TRUST FUND 2040</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST COMPANY</u>		
c EIN-PN <u>81-0625169-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>189458</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>GARTMORE MORLEY TRUST</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>382155</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 CFM 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CFM RELIGION PUBLISHING GROUP, LLC	D Employer Identification Number (EIN) 68-0656411	

	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 0 0
b	Receivables (less allowance for doubtful accounts):	
(1)	Employer contributions	1b(1) 115792 90792
(2)	Participant contributions	1b(2) 3000 8968
(3)	Other	1b(3)
c	General investments:	
(1)	Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 71273 85253
(2)	U.S. Government securities	1c(2)
(3)	Corporate debt instruments (other than employer securities):	
(A)	Preferred	1c(3)(A)
(B)	All other	1c(3)(B)
(4)	Corporate stocks (other than employer securities):	
(A)	Preferred	1c(4)(A)
(B)	Common	1c(4)(B)
(5)	Partnership/joint venture interests	1c(5)
(6)	Real estate (other than employer real property)	1c(6)
(7)	Loans (other than to participants)	1c(7)
(8)	Participant loans	1c(8) 47928 40659
(9)	Value of interest in common/collective trusts	1c(9) 1226409 1289945
(10)	Value of interest in pooled separate accounts	1c(10)
(11)	Value of interest in master trust investment accounts	1c(11)
(12)	Value of interest in 103-12 investment entities	1c(12)
(13)	Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 3555844 3596125
(14)	Value of funds held in insurance company general account (unallocated contracts)	1c(14)
(15)	Other	1c(15)

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5020246	5111742

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5020246	5111742
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	90792	
(B) Participants	2a(1)(B)	397516	
(C) Others (including rollovers)	2a(1)(C)	402	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		488710

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2014	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2023

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	268889	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		268889

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-4111
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-338661
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		416850

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	323337	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		323337
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2017	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2017
j Total expenses. Add all expense amounts in column (b) and enter total	2j		325354

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		91496
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PLATTENBURG & ASSOCIATES

(2) EIN: 31-1395136

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.)	☒	☐	☐	3000
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	☐	

	Yes	No	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.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

A Name of plan <u>CFM 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CFM RELIGION PUBLISHING GROUP, LLC</u>	D Employer Identification Number (EIN) <u>68-0656411</u>

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	<u>0</u>
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): <u>42-1558009</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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
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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
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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

CFM 401(K) PLAN



FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

December 31, 2015

**CFM 401(K) PLAN
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December 31, 2015**

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INDEPENDENT AUDITORS' REPORT

To the Trustee and Plan Administrator of
CFM 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CFM 401(K) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 4, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee 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 these financial statements.

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Plattensburg & Associates, Inc.

Plattensburg & Associates, Inc.

Cincinnati, Ohio

October 7, 2016

CFM 401(K) Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Cash	\$85,253	\$71,273
Investments	<u>4,886,070</u>	<u>4,782,253</u>
	4,971,323	4,853,526
Accounts receivable:		
Employer contributions	90,792	115,792
Employee contributions	8,968	3,000
Notes receivable from participants	<u>40,659</u>	<u>47,928</u>
Total Assets	5,111,742	5,020,246
Liabilities:		
Operating payables	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$5,111,742</u></u>	<u><u>\$5,020,246</u></u>

The accompanying notes are an integral part of this statement.

CFM 401(K) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Investment Income:		
Appreciation (depreciation) in fair value of investments,	(\$407,942)	(\$196,623)
Realized gains, net	65,170	192,393
Dividends	268,898	238,432
Interest income on participants' loans	<u>2,014</u>	<u>2,254</u>
Total Investment Income (Loss)	(71,860)	236,456
Contributions:		
Participants' contributions	397,516	426,470
Employer contributions	90,792	115,792
Other	<u>402</u>	<u>0</u>
Total Contributions	<u>488,710</u>	<u>542,262</u>
Total Additions	416,850	778,718
Deductions:		
Benefits paid to participants	(323,337)	(776,961)
Administration expenses	<u>(2,017)</u>	<u>(3,811)</u>
Total Deductions	<u>(325,354)</u>	<u>(780,772)</u>
Net Increase (Decrease)	91,496	(2,054)
Net Assets Available for Benefits, Beginning of Year	<u>5,020,246</u>	<u>5,022,300</u>
Net Assets Available for Benefits, End of Year	<u><u>\$5,111,742</u></u>	<u><u>\$5,020,246</u></u>

The accompanying notes are an integral part of this statement.

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

Note 1 – Description of Plan

The following description of the CFM 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of CFM Religion Publishing Group LLC (“Company”), other than excluded employees, who are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may voluntarily contribute a percentage of pretax annual compensation up to maximum amounts established by the plan as well as certain limitations established under Section 402(g) of the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Employer contributions equal a percentage of the amount of the elected deferred salary reduction. Also, additional discretionary contributions may be made as determined by the Company’s board of directors.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s contribution, an allocation of Plan earnings and charged with an allocation of administration expenses. 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.

Participant Loans

Upon approval by the Plan administrator, the Plan allows participants to borrow from their fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50 percent of their vested account balance. All loans bear interest at a fixed rate over a term not more than five years. (Exceptions can be made for loans to acquire a principal residence). Interest rates are charged at market rates at the inception of the loan. Generally, payments of principal and interest are made through payroll deductions.

Vesting

Participants are immediately fully vested in their accounts.

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

Payment of Benefits

On termination of services due to death, disability, retirement or any other event, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Terminated employees with vested benefits exceeding \$5,000 may elect to remain in the Plan, but are only entitled to investment income on their account balance.

In conditions of "financial hardship," a participant may apply to the Plan administrator for approval to withdraw that portion of their 401(k) retirement account balance necessary to meet the financial hardship, subject to the limitations of the plan and the Internal Revenue Service.

Forfeitures

Participant accounts are fully vested at all times. Any amounts that may otherwise be forfeited under the plan are used to reduce the contribution of the employer. At December 31, 2015 there were no unallocated forfeitures.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting. The accrual basis recognizes revenues when earned rather than when received and expenses when incurred rather than when paid. The Plan also uses the accrual basis of accounting for Form 5500.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments primarily consist of units of participation in collective trusts and mutual funds.

The Plan values investments in accordance with Financial Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), which defines fair value and establishes a framework for measuring fair value in accordance with generally accepted accounting principles.

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

ASC 820 also establishes the disclosure requirements related to the methodology or inputs used for fair value measurements of securities. A three-tier hierarchy of inputs is required to classify fair value measurements as summarized in the three broad levels listed below:

- Level 1 — quoted prices in active markets for identical securities.
- Level 2 — other significant observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc., that are determined for an asset, either directly or indirectly, based on independent market data.
- Level 3 — significant unobservable inputs (including an issuer's or plan sponsor's own assumptions in determining the fair value of investments).

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Surrender charges do not apply to Plan investments. Charges may apply to participant retirement, separation from service, death, disability, loans, hardship withdrawals, return of excess plan contributions and certain plan expenses as outlined in the plan amendments.

Unrealized gains and losses for the year ended December 31st are reported in net appreciation in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Asset Custodian and Plan Administrator

The Plan's asset custodian is Charles Schwab Trust Company. Chernoff Diamond & Company, LLC serves as the third party administrator.

Note 3 – Plan Termination

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

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

Note 4 – Related Transactions

Certain plan investments are units of participation in collective trusts owned and managed by the Charles Schwab Trust Company. Charles Schwab Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for third party administrative services are satisfied by reducing the participant accounts on a pro rated basis.

Certain employees of the sponsor Company provide services to the Plan. These services include plan administration, oversight, and day-to-day operations. The Plan is not charged by the sponsor company for these services.

Note 5 – Operating Expenses

The operating expenses, including auditing and third party administrative fees are paid by reducing the participant accounts on a pro rated basis and/or may be paid by the sponsor company.

Note 6 – Investments

The Plan's investments are reported at fair value (see Note 2) in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2015	Fair Value			
Collective Investment Trusts	\$1,289,945	\$ -	\$1,289,945	\$ -
Mutual Funds	3,681,378	3,681,378	-	-
	<u>\$4,971,323</u>	<u>\$3,681,378</u>	<u>\$1,289,945</u>	<u>\$ -</u>

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2014	Fair Value			
Collective Investment Trusts	\$1,226,408	\$ -	\$1,226,408	\$ -
Mutual Funds	3,627,118	3,627,118	-	-
	<u>\$4,853,526</u>	<u>\$3,627,118</u>	<u>\$1,226,408</u>	<u>\$ -</u>

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

2015		2014	
Harbor International	\$384,514	Harbor International	\$376,028
Morley Stable Value Fund	382,155	Keeley Small Cap Value Fund	282,155
Oakmark Equity & Income	416,184	Morley Stable Value Fund	336,174
Schwab Managed Retirement Trust 2020	272,719	Oakmark Equity & Income	428,584
Schwab Managed Retirement Trust 2030	430,326	Schwab Managed Retirement Trust 2020	252,228
Schwab S&P 500 Select	787,235	Schwab Managed Retirement Trust 2030	412,864
Selected American	327,819	Schwab S&P 500 Select	664,874
Sound Shore Fund	380,023	Selected American	319,478
Wells Fargo Adv Growth	374,765	Sound Shore Fund	369,567
		Wells Fargo Adv Growth	371,228

Note 7 – Investments and Information Certified by Trustee

The following is a summary of unaudited information regarding the Plan as of December 31, 2015 and 2014, and for the years then ended, included in the accompanying financial statements and supplemental schedule that was prepared by or derived from information prepared by Charles Schwab Trust Company, the trustee of the Plan, and furnished to the plan administrator. The Plan administrator has obtained certifications from the trustee that the trustee-prepared information is complete and accurate.

	<u>2015</u>	<u>2014</u>
At December 31:		
Investments	\$4,971,323	\$4,853,526
Year ended December 31:		
Investment income (loss)	(\$71,860)	\$236,456

Supplemental Schedules – All investment balances and information in the schedules.

Note 8 – Tax Status

The Plan has adopted the prototype plan of the Plan Administrator. The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated February 8, 2007, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to federal income tax examinations for years prior to 2012.

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

Note 9- Risks and Uncertainties

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

Note 10- Subsequent Events

The Plan considered subsequent events that occurred between January 1, 2016 and October 7, 2016, the date the financial statements were issued, for disclosure as required by generally accepted accounting principles. The Company was sold in August 2016. Significant distributions and rollovers of participant accounts have occurred since the sale of the Company took place in August. Management is not aware of any other subsequent events that meet the requirements for disclosure.

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CFM 401(K) PLAN



ADDITIONAL INFORMATION REQUIRED BY ERISA

CFM 401(K) Plan

EIN: 27-0144775

Plan Number: 001

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

December 31, 2015

(a)	(b)	(c)	(d)	(b)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	AmCent Infl-Adj Bond Inv	Mutual Fund	N/A	\$5,791
	Aberdeen Emerging Mkts Inst	Mutual Fund	N/A	18,538
	Amer Funds Fundamental Invs R4	Mutual Fund	N/A	19,078
	Broadview Opportunity Fund	Mutual Fund	N/A	18,549
	Cohen & Steers Realty Shares	Mutual Fund	N/A	19,697
	Gabelli Small Cap Growth AAA	Mutual Fund	N/A	157,142
	Harbor Cap Appreciation Inv	Mutual Fund	N/A	15,852
	Harbor International Inv	Mutual Fund	N/A	384,514
	Keeley Small Cap Value A	Mutual Fund	N/A	224,629
	MainStay H-Yld Corporate Bd A	Mutual Fund	N/A	12,287
¹	Morley Stable Value (SICTZ)	Units of participation in collective trusts	N/A	382,155
	Oakmark Equity & Income I	Mutual Fund	N/A	416,184
	Oppenheimer Gold & Special A	Mutual Fund	N/A	10,992
	Oppenheimer Intl Bond A	Mutual Fund	N/A	27,848
¹	Participant Loans	Loans outstanding to active participants in the Plan. ²	\$0	40,659
	PIMCO Real Return D	Mutual Fund	N/A	167,346
	PIMCO Total Return D	Mutual Fund	N/A	9,865
¹	Schwab Managed Rtmt Trust 2010	Units of participation in collective trusts	N/A	15,287
¹	Schwab Managed Rtmt Trust 2020	Units of participation in collective trusts	N/A	272,719
¹	Schwab Managed Rtmt Trust 2030	Units of participation in collective trusts	N/A	430,326
¹	Schwab Managed Rtmt Trust 2040	Units of participation in collective trusts	N/A	189,458
¹	Schwab Retirement Adv Money	Mutual Fund	N/A	85,253
¹	Schwab S&P 500 Index	Mutual Fund	N/A	787,235
	Scout Mid Cap	Mutual Fund	N/A	15,959
	Selected American Shares S	Mutual Fund	N/A	327,819
	Sound Shore	Mutual Fund	N/A	380,023
	Vanguard GNMA Adm	Mutual Fund	N/A	8,750
	Vanguard Long-Term Bd Idx Inv	Mutual Fund	N/A	23,817
	Vanguard Equity Income Adm	Mutual Fund	N/A	16,087
	Wells Fargo Adv Growth Adm	Mutual Fund	N/A	374,765
	Westcore Plus Bond	Mutual Fund	N/A	153,359

¹ -Denotes party-in-interest² -These loans are collateralized by the participant's remaining vested balance in their account. Loan transactions are treated as a transfer to (from) the investment funds to the participant loans. All loans bear interest at a fixed rate of 4.25% over a term not more than five years.

CFM 401(K) Plan

EIN: 27-0144775

Plan Number: 001

Schedule H, Part IV, line 4(a) - Schedule of Delinquent Participant Contributions
December 31, 2015

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
\$3,000	-	\$3,000	-	-

NOTES TO SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS:

NOTE A -- The Plan administrator calculated and corrected lost earnings on October 1, 2015 outside VFCP.

NOTE B -- No contributions were delinquent for 2015. Delinquent contribution was from 2014 plan year.

CFM 401(K) PLAN



FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

December 31, 2015

**CFM 401(K) PLAN
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INDEPENDENT AUDITORS' REPORT

To the Trustee and Plan Administrator of
CFM 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CFM 401(K) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 4, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee 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 these financial statements.

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Plattenburg & Associates, Inc.

Plattenburg & Associates, Inc.

Cincinnati, Ohio

October 7, 2016

CFM 401(K) Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Cash	\$85,253	\$71,273
Investments	<u>4,886,070</u>	<u>4,782,253</u>
	4,971,323	4,853,526
Accounts receivable:		
Employer contributions	90,792	115,792
Employee contributions	8,968	3,000
Notes receivable from participants	<u>40,659</u>	<u>47,928</u>
Total Assets	5,111,742	5,020,246
Liabilities:		
Operating payables	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$5,111,742</u></u>	<u><u>\$5,020,246</u></u>

The accompanying notes are an integral part of this statement.

CFM 401(K) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Investment Income:		
Appreciation (depreciation) in fair value of investments,	(\$407,942)	(\$196,623)
Realized gains, net	65,170	192,393
Dividends	268,898	238,432
Interest income on participants' loans	<u>2,014</u>	<u>2,254</u>
Total Investment Income (Loss)	(71,860)	236,456
Contributions:		
Participants' contributions	397,516	426,470
Employer contributions	90,792	115,792
Other	<u>402</u>	<u>0</u>
Total Contributions	<u>488,710</u>	<u>542,262</u>
Total Additions	416,850	778,718
Deductions:		
Benefits paid to participants	(323,337)	(776,961)
Administration expenses	<u>(2,017)</u>	<u>(3,811)</u>
Total Deductions	<u>(325,354)</u>	<u>(780,772)</u>
Net Increase (Decrease)	91,496	(2,054)
Net Assets Available for Benefits, Beginning of Year	<u>5,020,246</u>	<u>5,022,300</u>
Net Assets Available for Benefits, End of Year	<u><u>\$5,111,742</u></u>	<u><u>\$5,020,246</u></u>

The accompanying notes are an integral part of this statement.

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

Note 1 – Description of Plan

The following description of the CFM 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of CFM Religion Publishing Group LLC (“Company”), other than excluded employees, who are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may voluntarily contribute a percentage of pretax annual compensation up to maximum amounts established by the plan as well as certain limitations established under Section 402(g) of the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Employer contributions equal a percentage of the amount of the elected deferred salary reduction. Also, additional discretionary contributions may be made as determined by the Company’s board of directors.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s contribution, an allocation of Plan earnings and charged with an allocation of administration expenses. 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.

Participant Loans

Upon approval by the Plan administrator, the Plan allows participants to borrow from their fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50 percent of their vested account balance. All loans bear interest at a fixed rate over a term not more than five years. (Exceptions can be made for loans to acquire a principal residence). Interest rates are charged at market rates at the inception of the loan. Generally, payments of principal and interest are made through payroll deductions.

Vesting

Participants are immediately fully vested in their accounts.

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

Payment of Benefits

On termination of services due to death, disability, retirement or any other event, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Terminated employees with vested benefits exceeding \$5,000 may elect to remain in the Plan, but are only entitled to investment income on their account balance.

In conditions of "financial hardship," a participant may apply to the Plan administrator for approval to withdraw that portion of their 401(k) retirement account balance necessary to meet the financial hardship, subject to the limitations of the plan and the Internal Revenue Service.

Forfeitures

Participant accounts are fully vested at all times. Any amounts that may otherwise be forfeited under the plan are used to reduce the contribution of the employer. At December 31, 2015 there were no unallocated forfeitures.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting. The accrual basis recognizes revenues when earned rather than when received and expenses when incurred rather than when paid. The Plan also uses the accrual basis of accounting for Form 5500.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments primarily consist of units of participation in collective trusts and mutual funds.

The Plan values investments in accordance with Financial Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), which defines fair value and establishes a framework for measuring fair value in accordance with generally accepted accounting principles.

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

ASC 820 also establishes the disclosure requirements related to the methodology or inputs used for fair value measurements of securities. A three-tier hierarchy of inputs is required to classify fair value measurements as summarized in the three broad levels listed below:

- Level 1 — quoted prices in active markets for identical securities.
- Level 2 — other significant observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc., that are determined for an asset, either directly or indirectly, based on independent market data.
- Level 3 — significant unobservable inputs (including an issuer's or plan sponsor's own assumptions in determining the fair value of investments).

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Surrender charges do not apply to Plan investments. Charges may apply to participant retirement, separation from service, death, disability, loans, hardship withdrawals, return of excess plan contributions and certain plan expenses as outlined in the plan amendments.

Unrealized gains and losses for the year ended December 31st are reported in net appreciation in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Asset Custodian and Plan Administrator

The Plan's asset custodian is Charles Schwab Trust Company. Chernoff Diamond & Company, LLC serves as the third party administrator.

Note 3 – Plan Termination

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

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

Note 4 – Related Transactions

Certain plan investments are units of participation in collective trusts owned and managed by the Charles Schwab Trust Company. Charles Schwab Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for third party administrative services are satisfied by reducing the participant accounts on a pro rated basis.

Certain employees of the sponsor Company provide services to the Plan. These services include plan administration, oversight, and day-to-day operations. The Plan is not charged by the sponsor company for these services.

Note 5 – Operating Expenses

The operating expenses, including auditing and third party administrative fees are paid by reducing the participant accounts on a pro rated basis and/or may be paid by the sponsor company.

Note 6 – Investments

The Plan's investments are reported at fair value (see Note 2) in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2015	Fair Value			
Collective Investment Trusts	\$1,289,945	\$ -	\$1,289,945	\$ -
Mutual Funds	3,681,378	3,681,378	-	-
	<u>\$4,971,323</u>	<u>\$3,681,378</u>	<u>\$1,289,945</u>	<u>\$ -</u>

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2014	Fair Value			
Collective Investment Trusts	\$1,226,408	\$ -	\$1,226,408	\$ -
Mutual Funds	3,627,118	3,627,118	-	-
	<u>\$4,853,526</u>	<u>\$3,627,118</u>	<u>\$1,226,408</u>	<u>\$ -</u>

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

2015		2014	
Harbor International	\$384,514	Harbor International	\$376,028
Morley Stable Value Fund	382,155	Keeley Small Cap Value Fund	282,155
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Selected American	327,819	Schwab S&P 500 Select	664,874
Sound Shore Fund	380,023	Selected American	319,478
Wells Fargo Adv Growth	374,765	Sound Shore Fund	369,567
		Wells Fargo Adv Growth	371,228

Note 7 – Investments and Information Certified by Trustee

The following is a summary of unaudited information regarding the Plan as of December 31, 2015 and 2014, and for the years then ended, included in the accompanying financial statements and supplemental schedule that was prepared by or derived from information prepared by Charles Schwab Trust Company, the trustee of the Plan, and furnished to the plan administrator. The Plan administrator has obtained certifications from the trustee that the trustee-prepared information is complete and accurate.

	<u>2015</u>	<u>2014</u>
At December 31:		
Investments	\$4,971,323	\$4,853,526
Year ended December 31:		
Investment income (loss)	(\$71,860)	\$236,456

Supplemental Schedules – All investment balances and information in the schedules.

Note 8 – Tax Status

The Plan has adopted the prototype plan of the Plan Administrator. The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated February 8, 2007, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to federal income tax examinations for years prior to 2012.

CFM 401(K) Plan
Notes to the Financial Statements
December 31, 2015 and 2014

Note 9- Risks and Uncertainties

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

Note 10- Subsequent Events

The Plan considered subsequent events that occurred between January 1, 2016 and October 7, 2016, the date the financial statements were issued, for disclosure as required by generally accepted accounting principles. The Company was sold in August 2016. Significant distributions and rollovers of participant accounts have occurred since the sale of the Company took place in August. Management is not aware of any other subsequent events that meet the requirements for disclosure.

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CFM 401(K) PLAN



ADDITIONAL INFORMATION REQUIRED BY ERISA

CFM 401(K) Plan

EIN: 27-0144775

Plan Number: 001

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

December 31, 2015

(a)	(b)	(c)	(d)	(b)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	AmCent Infl-Adj Bond Inv	Mutual Fund	N/A	\$5,791
	Aberdeen Emerging Mkts Inst	Mutual Fund	N/A	18,538
	Amer Funds Fundamental Invs R4	Mutual Fund	N/A	19,078
	Broadview Opportunity Fund	Mutual Fund	N/A	18,549
	Cohen & Steers Realty Shares	Mutual Fund	N/A	19,697
	Gabelli Small Cap Growth AAA	Mutual Fund	N/A	157,142
	Harbor Cap Appreciation Inv	Mutual Fund	N/A	15,852
	Harbor International Inv	Mutual Fund	N/A	384,514
	Keeley Small Cap Value A	Mutual Fund	N/A	224,629
	MainStay H-Yld Corporate Bd A	Mutual Fund	N/A	12,287
¹	Morley Stable Value (SICTZ)	Units of participation in collective trusts	N/A	382,155
	Oakmark Equity & Income I	Mutual Fund	N/A	416,184
	Oppenheimer Gold & Special A	Mutual Fund	N/A	10,992
	Oppenheimer Intl Bond A	Mutual Fund	N/A	27,848
¹	Participant Loans	Loans outstanding to active participants in the Plan. ²	\$0	40,659
	PIMCO Real Return D	Mutual Fund	N/A	167,346
	PIMCO Total Return D	Mutual Fund	N/A	9,865
¹	Schwab Managed Rtmt Trust 2010	Units of participation in collective trusts	N/A	15,287
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¹	Schwab Managed Rtmt Trust 2040	Units of participation in collective trusts	N/A	189,458
¹	Schwab Retirement Adv Money	Mutual Fund	N/A	85,253
¹	Schwab S&P 500 Index	Mutual Fund	N/A	787,235
	Scout Mid Cap	Mutual Fund	N/A	15,959
	Selected American Shares S	Mutual Fund	N/A	327,819
	Sound Shore	Mutual Fund	N/A	380,023
	Vanguard GNMA Adm	Mutual Fund	N/A	8,750
	Vanguard Long-Term Bd Idx Inv	Mutual Fund	N/A	23,817
	Vanguard Equity Income Adm	Mutual Fund	N/A	16,087
	Wells Fargo Adv Growth Adm	Mutual Fund	N/A	374,765
	Westcore Plus Bond	Mutual Fund	N/A	153,359

¹ -Denotes party-in-interest² -These loans are collateralized by the participant's remaining vested balance in their account. Loan transactions are treated as a transfer to (from) the investment funds to the participant loans. All loans bear interest at a fixed rate of 4.25% over a term not more than five years.

CFM 401(K) Plan

EIN: 27-0144775

Plan Number: 001

Schedule H, Part IV, line 4(a) - Schedule of Delinquent Participant Contributions
December 31, 2015

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
\$3,000	-	\$3,000	-	-

NOTES TO SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS:

NOTE A -- The Plan administrator calculated and corrected lost earnings on October 1, 2015 outside VFCP.

NOTE B -- No contributions were delinquent for 2015. Delinquent contribution was from 2014 plan year.

CFM 401(K) Plan

EIN: 27-0144775

Plan Number: 001

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

December 31, 2015

(a)	(b)	(c)	(d)	(b)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	AmCent Infl-Adj Bond Inv	Mutual Fund	N/A	\$5,791
	Aberdeen Emerging Mkts Inst	Mutual Fund	N/A	18,538
	Amer Funds Fundamental Invs R4	Mutual Fund	N/A	19,078
	Broadview Opportunity Fund	Mutual Fund	N/A	18,549
	Cohen & Steers Realty Shares	Mutual Fund	N/A	19,697
	Gabelli Small Cap Growth AAA	Mutual Fund	N/A	157,142
	Harbor Cap Appreciation Inv	Mutual Fund	N/A	15,852
	Harbor International Inv	Mutual Fund	N/A	384,514
	Keeley Small Cap Value A	Mutual Fund	N/A	224,629
	MainStay H-Yld Corporate Bd A	Mutual Fund	N/A	12,287
¹	Morley Stable Value (SICTZ)	Units of participation in collective trusts	N/A	382,155
	Oakmark Equity & Income I	Mutual Fund	N/A	416,184
	Oppenheimer Gold & Special A	Mutual Fund	N/A	10,992
	Oppenheimer Intl Bond A	Mutual Fund	N/A	27,848
¹	Participant Loans	Loans outstanding to active participants in the Plan. ²	\$0	40,659
	PIMCO Real Return D	Mutual Fund	N/A	167,346
	PIMCO Total Return D	Mutual Fund	N/A	9,865
¹	Schwab Managed Rtmt Trust 2010	Units of participation in collective trusts	N/A	15,287
¹	Schwab Managed Rtmt Trust 2020	Units of participation in collective trusts	N/A	272,719
¹	Schwab Managed Rtmt Trust 2030	Units of participation in collective trusts	N/A	430,326
¹	Schwab Managed Rtmt Trust 2040	Units of participation in collective trusts	N/A	189,458
¹	Schwab Retirement Adv Money	Mutual Fund	N/A	85,253
¹	Schwab S&P 500 Index	Mutual Fund	N/A	787,235
	Scout Mid Cap	Mutual Fund	N/A	15,959
	Selected American Shares S	Mutual Fund	N/A	327,819
	Sound Shore	Mutual Fund	N/A	380,023
	Vanguard GNMA Adm	Mutual Fund	N/A	8,750
	Vanguard Long-Term Bd Idx Inv	Mutual Fund	N/A	23,817
	Vanguard Equity Income Adm	Mutual Fund	N/A	16,087
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CFM 401(K) Plan

EIN: 27-0144775

Plan Number: 001

Schedule H, Part IV, line 4(a) - Schedule of Delinquent Participant Contributions
December 31, 2015

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
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NOTES TO SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS:

NOTE A -- The Plan administrator calculated and corrected lost earnings on October 1, 2015 outside VFCP.

NOTE B -- No contributions were delinquent for 2015. Delinquent contribution was from 2014 plan year.