

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                |                                                                                                                                                                                 |                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                                                                                                                 |                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                |                                                                                                                                                                                 |                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan                  | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a DFE (specify) ____                                                                                                                                   |                                           |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                                                          | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                       |                                                                                                                                                                                 |                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                 |                                           |

|                                                                                                         |                                                                |                                          |                   |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|-------------------|
| <b>Part II</b>                                                                                          | <b>Basic Plan Information</b> —enter all requested information |                                          |                   |
| <b>1a</b> Name of plan                                                                                  | <u>CFM 401(K) PLAN</u>                                         | <b>1b</b> Three-digit plan number (PN) ► | <u>001</u>        |
|                                                                                                         |                                                                | <b>1c</b> Effective date of plan         | <u>01/01/2006</u> |
| <b>2a</b> 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>                                                               |                                                                |                                          |                   |
|                                                                                                         | <b>2b</b> Employer Identification Number (EIN)                 | <u>68-0656411</u>                        |                   |
|                                                                                                         | <b>2c</b> Plan Sponsor's telephone number                      | <u>513-728-6710</u>                      |                   |
| <u>8805 GOVERNORS HILL DRIVE, STE. 400</u>                                                              | <b>2d</b> Business code (see instructions)                     | <u>511130</u>                            |                   |
| <u>CINCINNATI, OH 45249</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.

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 06/15/2017 | TERRI BENSON-WELBORNE                                        |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 06/15/2017 | TERRI BENSON-WELBORNE                                        |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | 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                                  |
|                                                                                                 |                                                   |            |                                                              |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)  
v. 160205

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 91<br><b>6a(2)</b> 6<br><b>6b</b> 0<br><b>6c</b> 56<br><b>6d</b> 62<br><b>6e</b> 0<br><b>6f</b> 62<br><b>6g</b> 60<br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2016                                                 |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection.              |
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016                                                                                                                                                   |                                                                                                                                                                                                                             |                                                      |
| A Name of plan<br>CFM 401(K) PLAN                                                                                                                                                                                                            |                                                                                                                                                                                                                             | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CFM RELIGION PUBLISHING GROUP, LLC                                                                                                                                                 |                                                                                                                                                                                                                             | D Employer Identification Number (EIN)<br>68-0656411 |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| CHARLES SCHWAB & CO, INC.                                                                                  |
| 94-1737782                                                                                                 |

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

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

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

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

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

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

CHERNOFF DIAMOND & CO., LLC

11-2836994

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 15 17 37<br>50 64          | NONE                                                                                                     | 5750                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 14675                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

CHARLES SCHWAB BANK

42-1558009

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 19 21 31                      | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 3149                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHERNOFF DIAMOND & CO., LLC                                                      | 11 15 17 37 50 64                                                                                                                                                  | 14675                                     |
| (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. |                                           |
| CHARLES SCHWAB & CO, INC.<br><br>94-1737782                                      | MUTUAL FUND REVENUE RECAPTURE                                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB BANK                                                              | 19 21 31                                                                                                                                                           | 3149                                      |
| (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. |                                           |
| CHERNOFF DIAMOND & CO., LLC<br>725 RXR PLAZA - EAST TOWER<br>UNIONDALE, NY 11556 | CUSTODIAL AND TRUSTEE FEES PAID BY CHERNOFF DIAMOND                                                                                                                |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                  |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                  |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; text-align: center; padding: 10px; font-weight: bold; font-size: 1.2em;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

| Part I                                                                                  | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                                   |  |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Retirement Trust Fund 2010</u> |                                                                                                                                                                           |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Company</u>   |                                                                                                                                                                           |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>81-0625169-001</u>                                                   | <b>d</b> Entity code <u>C</u>                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32045</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Retirement Trust Fund 2020</u> |                                                                                                                                                                           |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Company</u>   |                                                                                                                                                                           |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>81-0625169-002</u>                                                   | <b>d</b> Entity code <u>C</u>                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99405</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Retirement Trust Fund 2030</u> |                                                                                                                                                                           |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Company</u>   |                                                                                                                                                                           |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>81-0625169-003</u>                                                   | <b>d</b> Entity code <u>C</u>                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>247087</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Schwab Retirement Trust Fund 2040</u> |                                                                                                                                                                           |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Charles Schwab Trust Company</u>   |                                                                                                                                                                           |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>81-0625169-004</u>                                                   | <b>d</b> Entity code <u>C</u>                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>160133</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>Morley Stable Value Fund</u>          |                                                                                                                                                                           |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>Gartmore Morley Trust</u>          |                                                                                                                                                                           |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>93-6274329-001</u>                                                   | <b>d</b> Entity code <u>C</u>                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>182021</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                           |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                           |                                                                                                                   |  |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code                                                                                                                                                      | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                           |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                           |                                                                                                                   |  |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code                                                                                                                                                      | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |  |

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

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

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

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

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                            |                                                                    |            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b>   |                                                                    |            |
| <b>A</b> Name of plan<br><b>CFM 401(K) PLAN</b>                                                            | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                            |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CFM RELIGION PUBLISHING GROUP, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>68-0656411</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 1942            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 90792                 | 5185            |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 8968                  | 1117            |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 85253                 | 49728           |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 40659                 | 29002           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 1289945               | 720690          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 3596125               | 1901308         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                 |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 5111742 2708972 |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                 |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 5111742 2708972 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5185      |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 207035    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 212220    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> | 2         |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 1671      |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 1673      |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 125397    |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 125397    |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 47854     |
| (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) |            | 106968    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 494112    |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 2891132 |         |
| (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) |         | 2891132 |
| 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) | 5750    |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 5750    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 2896882 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -2402770 |
| 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:

**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.).....

**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 | Amount |
|----|-----|----|--------|
| 4a | X   |    | 3000   |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |         |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |         |

**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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>42-1558009</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                       |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

# CFM 401(K) PLAN



## FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

December 31, 2016

**CFM 401(K) PLAN  
TABLE OF CONTENTS  
December 31, 2016**

|                                                                | <u>Page</u> |
|----------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT                                   | 1-2         |
| FINANCIAL STATEMENTS:                                          |             |
| Statements of Net Assets Available for Benefits                | 3           |
| Statements of Changes in Net Assets available for Benefits     | 4           |
| Notes to the Financial Statements                              | 5-10        |
| ADDITIONAL INFORMATION REQUIRED BY ERISA:                      |             |
| Schedule of Assets Held for Investment Purposes at End of Year | 12          |
| Schedule of Delinquent Participant Contributions               | 13          |

## 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, 2016 and 2015, and the related statements 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, 2016 and 2015, 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, 2016 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

May 26, 2017

**CFM 401(K) Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2016 and 2015**

|                                    | <u>2016</u>               | <u>2015</u>               |
|------------------------------------|---------------------------|---------------------------|
| Assets:                            |                           |                           |
| Cash                               | \$1,942                   | \$0                       |
| Investments                        | <u>2,671,726</u>          | <u>4,971,323</u>          |
|                                    | 2,673,668                 | 4,971,323                 |
| Accounts receivable:               |                           |                           |
| Employer contributions             | 5,185                     | 90,792                    |
| Employee contributions             | 1,117                     | 8,968                     |
| Notes receivable from participants | <u>29,002</u>             | <u>40,659</u>             |
| Total Assets                       | 2,708,972                 | 5,111,742                 |
| Liabilities:                       |                           |                           |
| Operating payables                 | <u>-</u>                  | <u>-</u>                  |
| Net Assets Available for Benefits  | <u><u>\$2,708,972</u></u> | <u><u>\$5,111,742</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, 2016 and 2015**

|                                                           | <u>2016</u>               | <u>2015</u>               |
|-----------------------------------------------------------|---------------------------|---------------------------|
| Additions:                                                |                           |                           |
| Investment Income:                                        |                           |                           |
| Appreciation (depreciation) in fair value of investments, | (\$106,980)               | (\$407,942)               |
| Realized gains, net                                       | 261,802                   | 65,170                    |
| Dividends                                                 | 125,399                   | 268,898                   |
| Interest income on participants' loans                    | <u>1,671</u>              | <u>2,014</u>              |
| Total Investment Income (Loss)                            | 281,892                   | (71,860)                  |
| Contributions:                                            |                           |                           |
| Participants' contributions                               | 207,035                   | 397,516                   |
| Employer contributions                                    | 5,185                     | 90,792                    |
| Other                                                     | <u>0</u>                  | <u>402</u>                |
| Total Contributions                                       | <u>212,220</u>            | <u>488,710</u>            |
| Total Additions                                           | 494,112                   | 416,850                   |
| Deductions:                                               |                           |                           |
| Benefits paid to participants                             | (2,891,132)               | (323,337)                 |
| Administration expenses                                   | <u>(5,750)</u>            | <u>(2,017)</u>            |
| Total Deductions                                          | <u>(2,896,882)</u>        | <u>(325,354)</u>          |
| Net Increase (Decrease)                                   | (2,402,770)               | 91,496                    |
| Net Assets Available for Benefits, Beginning of Year      | <u>5,111,742</u>          | <u>5,020,246</u>          |
| Net Assets Available for Benefits, End of Year            | <u><u>\$2,708,972</u></u> | <u><u>\$5,111,742</u></u> |

The accompanying notes are an integral part of this statement.

**CFM 401(K) Plan**  
**Notes to the Financial Statements**  
**December 31, 2016 and 2015**

---

**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, 2016 and 2015**

---

**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, 2016 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, 2016 and 2015**

---

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**

The Company amended the Plan on March 8, 2017, to effectively terminate the Plan as of March 31, 2017, pursuant to Sections 8.1 and 8.2 of the Plan Document. As a result of the termination, participants are 100% vested in their accounts and Plan Administrator shall direct that distributions be made to participants and beneficiaries within a reasonable period of time after the effective date of termination.

**CFM 401(K) Plan**  
**Notes to the Financial Statements**  
**December 31, 2016 and 2015**

---

**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.

|                              |                    | <b>Fair Value Measurements Using:</b>                         |                                                        |                                                    |
|------------------------------|--------------------|---------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                              |                    | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets | Other Significant<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| December 31, 2016            | Fair Value         |                                                               |                                                        |                                                    |
| Collective Investment Trusts | \$720,691          | \$ -                                                          | \$720,691                                              | \$ -                                               |
| Mutual Funds                 | 1,951,035          | 1,951,035                                                     | -                                                      | -                                                  |
|                              | <u>\$2,671,726</u> | <u>\$1,951,035</u>                                            | <u>\$720,691</u>                                       | <u>\$ -</u>                                        |

|                              |                    | <b>Fair Value Measurements Using:</b>                         |                                                        |                                                    |
|------------------------------|--------------------|---------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                              |                    | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets | Other Significant<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(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>                                        |

**CFM 401(K) Plan**  
**Notes to the Financial Statements**  
**December 31, 2016 and 2015**

---

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

| 2016                                 |           | 2015                                 |           |
|--------------------------------------|-----------|--------------------------------------|-----------|
| Harbor International                 | \$160,937 | Harbor International                 | \$384,514 |
| Keeley Small Cap Value A             | 139,136   | Morley Stable Value Fund             | 382,155   |
| Morley Stable Value Fund             | 182,021   | Oakmark Equity & Income              | 416,184   |
| Oakmark Equity & Income              | 363,864   | Schwab Managed Retirement Trust 2020 | 272,719   |
| Schwab Managed Retirement Trust 2030 | 247,087   | Schwab Managed Retirement Trust 2030 | 430,326   |
| Schwab Managed Retirement Trust 2040 | 160,133   | Schwab S&P 500 Select                | 787,235   |
| Schwab S&P 500 Select                | 483,188   | Selected American                    | 327,819   |
| Wells Fargo Adv Growth               | 177,339   | Sound Shore Fund                     | 380,023   |
|                                      |           | Wells Fargo Adv Growth               | 374,765   |

**Note 7 – Investments and Information Certified by Trustee**

The following is a summary of unaudited information regarding the Plan as of December 31, 2016 and 2015, 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>2016</u> | <u>2015</u> |
|--------------------------|-------------|-------------|
| At December 31:          |             |             |
| Cash                     | \$1,942     | \$0         |
| Investments              | \$2,671,726 | \$4,971,323 |
| Year ended December 31:  |             |             |
| Investment income (loss) | \$281,892   | (\$71,860)  |

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 2013.

**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, 2017 and May 26, 2017, the date the financial statements were issued, for disclosure as required by generally accepted accounting principles. On March 8, 2017, the Plan was amended pursuant to Sections 8.1 and 8.2 of the Plan Document to effectively terminate the Plan as of March 31, 2017, with Plan assets to be distributed to participants and beneficiaries within a reasonable period of time after the effective date of termination. No participants shall enter the Plan after the effective date of termination and there will be no benefit accruals after such date.

*This Space Intentionally Left Blank*

## 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, 2016

| (a)          | (b)                                                      | (c)                                                                                                          | (d)  | (b)           |
|--------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|---------------|
|              | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including maturity<br>date, rate of interest, collateral, par or<br>maturity value | Cost | Current Value |
|              | AmCent Infl-Adj Bond Inv                                 | Mutual Fund                                                                                                  | N/A  | \$2,895       |
|              | Aberdeen Emerging Mkts Inst                              | Mutual Fund                                                                                                  | N/A  | 8,489         |
|              | Amer Funds EuroPacific Gr R6                             | Mutual Fund                                                                                                  | N/A  | 10,270        |
|              | Amer Funds Fundamental Invs R6                           | Mutual Fund                                                                                                  | N/A  | 8,561         |
|              | Cohen & Steers Realty Shares                             | Mutual Fund                                                                                                  | N/A  | 7,854         |
|              | DFA Intl Core Equity I                                   | Mutual Fund                                                                                                  | N/A  | 11,136        |
|              | Gabelli Small Cap Growth AAA                             | Mutual Fund                                                                                                  | N/A  | 73,006        |
|              | Harbor Cap Appreciation Inv                              | Mutual Fund                                                                                                  | N/A  | 6,950         |
|              | Harbor International Inv                                 | Mutual Fund                                                                                                  | N/A  | 160,937       |
|              | Keeley Small Cap Value A                                 | Mutual Fund                                                                                                  | N/A  | 139,136       |
|              | MainStay H-Yld Corporate Bd A                            | Mutual Fund                                                                                                  | N/A  | 4,817         |
| <sup>1</sup> | Morley Stable Value (SICTZ)                              | Units of participation in collective trusts                                                                  | N/A  | 182,021       |
|              | Oakmark Equity & Income I                                | Mutual Fund                                                                                                  | N/A  | 363,864       |
|              | Oppenheimer Gold & Special A                             | Mutual Fund                                                                                                  | N/A  | 3,754         |
|              | Oppenheimer Intl Bond A                                  | Mutual Fund                                                                                                  | N/A  | 11,652        |
| <sup>1</sup> | Participant Loans                                        | Loans outstanding to active participants in the Plan. <sup>2</sup>                                           | \$0  | 29,002        |
|              | PIMCO Real Return D                                      | Mutual Fund                                                                                                  | N/A  | 88,405        |
|              | PIMCO Total Return D                                     | Mutual Fund                                                                                                  | N/A  | 4,756         |
| <sup>1</sup> | Schwab Government Money Fund                             | Mutual Fund                                                                                                  | N/A  | 49,728        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2010                           | Units of participation in collective trusts                                                                  | N/A  | 32,045        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2020                           | Units of participation in collective trusts                                                                  | N/A  | 99,405        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2030                           | Units of participation in collective trusts                                                                  | N/A  | 247,087       |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2040                           | Units of participation in collective trusts                                                                  | N/A  | 160,133       |
| <sup>1</sup> | Schwab S&P 500 Index                                     | Mutual Fund                                                                                                  | N/A  | 483,188       |
|              | Scout Mid Cap                                            | Mutual Fund                                                                                                  | N/A  | 8,682         |
|              | Selected American Shares S                               | Mutual Fund                                                                                                  | N/A  | 116,426       |
|              | Sound Shore                                              | Mutual Fund                                                                                                  | N/A  | 73,962        |
|              | Vanguard Equity Income Adm                               | Mutual Fund                                                                                                  | N/A  | 8,444         |
|              | Vanguard GNMA Adm                                        | Mutual Fund                                                                                                  | N/A  | 4,373         |
|              | Vanguard Long-Term Bd Idx Inv                            | Mutual Fund                                                                                                  | N/A  | 9,565         |
|              | Vanguard Strategic Small-Cap                             | Mutual Fund                                                                                                  | N/A  | 9,518         |
|              | Wells Fargo Adv Growth Adm                               | Mutual Fund                                                                                                  | N/A  | 177,339       |
|              | Westcore Plus Bond                                       | Mutual Fund                                                                                                  | N/A  | 103,330       |

<sup>1</sup> -Denotes party-in-interest

<sup>2</sup> -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, 2016

| Participant Contributions<br>Transferred Late<br>To Plan | Contributions<br>Not Corrected | Contributions<br>Corrected<br>Outside VFCP | Contributions Pending<br>Correction in VFCP | Total Fully<br>Corrected Under<br>VFCP and<br>PTE 2002-51 |
|----------------------------------------------------------|--------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
| \$3,000                                                  | -                              | \$3,000                                    | -                                           | -                                                         |
| \$1,942                                                  | \$1,942                        | -                                          | -                                           | -                                                         |

**NOTES TO SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS:**

NOTE A -- The Plan administrator calculated and corrected lost earnings on October 1, 2015 outside VFCP for \$3,000 late contribution for 2014.

NOTE B -- No contributions were delinquent for 2015.

NOTE C -- \$1,942 late contribution for 2016 was not corrected as plan will be terminated March 2017.

# CFM 401(K) PLAN



## FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

December 31, 2016

**CFM 401(K) PLAN**  
**TABLE OF CONTENTS**  
**December 31, 2016**

|                                                                | <u>Page</u> |
|----------------------------------------------------------------|-------------|
| INDEPENDENT AUDITORS' REPORT                                   | 1-2         |
| FINANCIAL STATEMENTS:                                          |             |
| Statements of Net Assets Available for Benefits                | 3           |
| Statements of Changes in Net Assets available for Benefits     | 4           |
| Notes to the Financial Statements                              | 5-10        |
| ADDITIONAL INFORMATION REQUIRED BY ERISA:                      |             |
| Schedule of Assets Held for Investment Purposes at End of Year | 12          |
| Schedule of Delinquent Participant Contributions               | 13          |

## 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, 2016 and 2015, and the related statements 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, 2016 and 2015, 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, 2016 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

May 26, 2017

**CFM 401(K) Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2016 and 2015**

|                                    | <u>2016</u>               | <u>2015</u>               |
|------------------------------------|---------------------------|---------------------------|
| Assets:                            |                           |                           |
| Cash                               | \$1,942                   | \$0                       |
| Investments                        | <u>2,671,726</u>          | <u>4,971,323</u>          |
|                                    | 2,673,668                 | 4,971,323                 |
| Accounts receivable:               |                           |                           |
| Employer contributions             | 5,185                     | 90,792                    |
| Employee contributions             | 1,117                     | 8,968                     |
| Notes receivable from participants | <u>29,002</u>             | <u>40,659</u>             |
| Total Assets                       | 2,708,972                 | 5,111,742                 |
| Liabilities:                       |                           |                           |
| Operating payables                 | <u>-</u>                  | <u>-</u>                  |
| Net Assets Available for Benefits  | <u><u>\$2,708,972</u></u> | <u><u>\$5,111,742</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, 2016 and 2015**

|                                                           | <u>2016</u>               | <u>2015</u>               |
|-----------------------------------------------------------|---------------------------|---------------------------|
| Additions:                                                |                           |                           |
| Investment Income:                                        |                           |                           |
| Appreciation (depreciation) in fair value of investments, | (\$106,980)               | (\$407,942)               |
| Realized gains, net                                       | 261,802                   | 65,170                    |
| Dividends                                                 | 125,399                   | 268,898                   |
| Interest income on participants' loans                    | <u>1,671</u>              | <u>2,014</u>              |
| Total Investment Income (Loss)                            | 281,892                   | (71,860)                  |
| Contributions:                                            |                           |                           |
| Participants' contributions                               | 207,035                   | 397,516                   |
| Employer contributions                                    | 5,185                     | 90,792                    |
| Other                                                     | <u>0</u>                  | <u>402</u>                |
| Total Contributions                                       | <u>212,220</u>            | <u>488,710</u>            |
| Total Additions                                           | 494,112                   | 416,850                   |
| Deductions:                                               |                           |                           |
| Benefits paid to participants                             | (2,891,132)               | (323,337)                 |
| Administration expenses                                   | <u>(5,750)</u>            | <u>(2,017)</u>            |
| Total Deductions                                          | <u>(2,896,882)</u>        | <u>(325,354)</u>          |
| Net Increase (Decrease)                                   | (2,402,770)               | 91,496                    |
| Net Assets Available for Benefits, Beginning of Year      | <u>5,111,742</u>          | <u>5,020,246</u>          |
| Net Assets Available for Benefits, End of Year            | <u><u>\$2,708,972</u></u> | <u><u>\$5,111,742</u></u> |

The accompanying notes are an integral part of this statement.

**CFM 401(K) Plan**  
**Notes to the Financial Statements**  
**December 31, 2016 and 2015**

---

**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, 2016 and 2015**

---

**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, 2016 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, 2016 and 2015**

---

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**

The Company amended the Plan on March 8, 2017, to effectively terminate the Plan as of March 31, 2017, pursuant to Sections 8.1 and 8.2 of the Plan Document. As a result of the termination, participants are 100% vested in their accounts and Plan Administrator shall direct that distributions be made to participants and beneficiaries within a reasonable period of time after the effective date of termination.

**CFM 401(K) Plan**  
**Notes to the Financial Statements**  
**December 31, 2016 and 2015**

---

**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.

|                              |                    | <b>Fair Value Measurements Using:</b>                         |                                                        |                                                    |
|------------------------------|--------------------|---------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                              |                    | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets | Other Significant<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| December 31, 2016            | Fair Value         |                                                               |                                                        |                                                    |
| Collective Investment Trusts | \$720,691          | \$ -                                                          | \$720,691                                              | \$ -                                               |
| Mutual Funds                 | 1,951,035          | 1,951,035                                                     | -                                                      | -                                                  |
|                              | <u>\$2,671,726</u> | <u>\$1,951,035</u>                                            | <u>\$720,691</u>                                       | <u>\$ -</u>                                        |

|                              |                    | <b>Fair Value Measurements Using:</b>                         |                                                        |                                                    |
|------------------------------|--------------------|---------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
|                              |                    | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets | Other Significant<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(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>                                        |

**CFM 401(K) Plan**  
**Notes to the Financial Statements**  
**December 31, 2016 and 2015**

---

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

| 2016                                 |           | 2015                                 |           |
|--------------------------------------|-----------|--------------------------------------|-----------|
| Harbor International                 | \$160,937 | Harbor International                 | \$384,514 |
| Keeley Small Cap Value A             | 139,136   | Morley Stable Value Fund             | 382,155   |
| Morley Stable Value Fund             | 182,021   | Oakmark Equity & Income              | 416,184   |
| Oakmark Equity & Income              | 363,864   | Schwab Managed Retirement Trust 2020 | 272,719   |
| Schwab Managed Retirement Trust 2030 | 247,087   | Schwab Managed Retirement Trust 2030 | 430,326   |
| Schwab Managed Retirement Trust 2040 | 160,133   | Schwab S&P 500 Select                | 787,235   |
| Schwab S&P 500 Select                | 483,188   | Selected American                    | 327,819   |
| Wells Fargo Adv Growth               | 177,339   | Sound Shore Fund                     | 380,023   |
|                                      |           | Wells Fargo Adv Growth               | 374,765   |

**Note 7 – Investments and Information Certified by Trustee**

The following is a summary of unaudited information regarding the Plan as of December 31, 2016 and 2015, 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>2016</u> | <u>2015</u> |
|--------------------------|-------------|-------------|
| At December 31:          |             |             |
| Cash                     | \$1,942     | \$0         |
| Investments              | \$2,671,726 | \$4,971,323 |
| Year ended December 31:  |             |             |
| Investment income (loss) | \$281,892   | (\$71,860)  |

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 2013.

**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, 2017 and May 26, 2017, the date the financial statements were issued, for disclosure as required by generally accepted accounting principles. On March 8, 2017, the Plan was amended pursuant to Sections 8.1 and 8.2 of the Plan Document to effectively terminate the Plan as of March 31, 2017, with Plan assets to be distributed to participants and beneficiaries within a reasonable period of time after the effective date of termination. No participants shall enter the Plan after the effective date of termination and there will be no benefit accruals after such date.

*This Space Intentionally Left Blank*

## 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, 2016

| (a)          | (b)                                                      | (c)                                                                                                          | (d)  | (b)           |
|--------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|---------------|
|              | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including maturity<br>date, rate of interest, collateral, par or<br>maturity value | Cost | Current Value |
|              | AmCent Infl-Adj Bond Inv                                 | Mutual Fund                                                                                                  | N/A  | \$2,895       |
|              | Aberdeen Emerging Mkts Inst                              | Mutual Fund                                                                                                  | N/A  | 8,489         |
|              | Amer Funds EuroPacific Gr R6                             | Mutual Fund                                                                                                  | N/A  | 10,270        |
|              | Amer Funds Fundamental Invs R6                           | Mutual Fund                                                                                                  | N/A  | 8,561         |
|              | Cohen & Steers Realty Shares                             | Mutual Fund                                                                                                  | N/A  | 7,854         |
|              | DFA Intl Core Equity I                                   | Mutual Fund                                                                                                  | N/A  | 11,136        |
|              | Gabelli Small Cap Growth AAA                             | Mutual Fund                                                                                                  | N/A  | 73,006        |
|              | Harbor Cap Appreciation Inv                              | Mutual Fund                                                                                                  | N/A  | 6,950         |
|              | Harbor International Inv                                 | Mutual Fund                                                                                                  | N/A  | 160,937       |
|              | Keeley Small Cap Value A                                 | Mutual Fund                                                                                                  | N/A  | 139,136       |
|              | MainStay H-Yld Corporate Bd A                            | Mutual Fund                                                                                                  | N/A  | 4,817         |
| <sup>1</sup> | Morley Stable Value (SICTZ)                              | Units of participation in collective trusts                                                                  | N/A  | 182,021       |
|              | Oakmark Equity & Income I                                | Mutual Fund                                                                                                  | N/A  | 363,864       |
|              | Oppenheimer Gold & Special A                             | Mutual Fund                                                                                                  | N/A  | 3,754         |
|              | Oppenheimer Intl Bond A                                  | Mutual Fund                                                                                                  | N/A  | 11,652        |
| <sup>1</sup> | Participant Loans                                        | Loans outstanding to active participants in the Plan. <sup>2</sup>                                           | \$0  | 29,002        |
|              | PIMCO Real Return D                                      | Mutual Fund                                                                                                  | N/A  | 88,405        |
|              | PIMCO Total Return D                                     | Mutual Fund                                                                                                  | N/A  | 4,756         |
| <sup>1</sup> | Schwab Government Money Fund                             | Mutual Fund                                                                                                  | N/A  | 49,728        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2010                           | Units of participation in collective trusts                                                                  | N/A  | 32,045        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2020                           | Units of participation in collective trusts                                                                  | N/A  | 99,405        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2030                           | Units of participation in collective trusts                                                                  | N/A  | 247,087       |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2040                           | Units of participation in collective trusts                                                                  | N/A  | 160,133       |
| <sup>1</sup> | Schwab S&P 500 Index                                     | Mutual Fund                                                                                                  | N/A  | 483,188       |
|              | Scout Mid Cap                                            | Mutual Fund                                                                                                  | N/A  | 8,682         |
|              | Selected American Shares S                               | Mutual Fund                                                                                                  | N/A  | 116,426       |
|              | Sound Shore                                              | Mutual Fund                                                                                                  | N/A  | 73,962        |
|              | Vanguard Equity Income Adm                               | Mutual Fund                                                                                                  | N/A  | 8,444         |
|              | Vanguard GNMA Adm                                        | Mutual Fund                                                                                                  | N/A  | 4,373         |
|              | Vanguard Long-Term Bd Idx Inv                            | Mutual Fund                                                                                                  | N/A  | 9,565         |
|              | Vanguard Strategic Small-Cap                             | Mutual Fund                                                                                                  | N/A  | 9,518         |
|              | Wells Fargo Adv Growth Adm                               | Mutual Fund                                                                                                  | N/A  | 177,339       |
|              | Westcore Plus Bond                                       | Mutual Fund                                                                                                  | N/A  | 103,330       |

<sup>1</sup> -Denotes party-in-interest<sup>2</sup> -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, 2016

| Participant Contributions<br>Transferred Late<br>To Plan | Contributions<br>Not Corrected | Contributions<br>Corrected<br>Outside VFCP | Contributions Pending<br>Correction in VFCP | Total Fully<br>Corrected Under<br>VFCP and<br>PTE 2002-51 |
|----------------------------------------------------------|--------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
| \$3,000                                                  | -                              | \$3,000                                    | -                                           | -                                                         |
| \$1,942                                                  | \$1,942                        | -                                          | -                                           | -                                                         |

**NOTES TO SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS:**

NOTE A -- The Plan administrator calculated and corrected lost earnings on October 1, 2015 outside VFCP for \$3,000 late contribution for 2014.

NOTE B -- No contributions were delinquent for 2015.

NOTE C -- \$1,942 late contribution for 2016 was not corrected as plan will be terminated March 2017.

**CFM 401(K) Plan**

EIN: 27-0144775

Plan Number: 001

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

December 31, 2016

| (a)          | (b)                                                      | (c)                                                                                                          | (d)  | (b)           |
|--------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|---------------|
|              | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including maturity<br>date, rate of interest, collateral, par or<br>maturity value | Cost | Current Value |
|              | AmCent Infl-Adj Bond Inv                                 | Mutual Fund                                                                                                  | N/A  | \$2,895       |
|              | Aberdeen Emerging Mkts Inst                              | Mutual Fund                                                                                                  | N/A  | 8,489         |
|              | Amer Funds EuroPacific Gr R6                             | Mutual Fund                                                                                                  | N/A  | 10,270        |
|              | Amer Funds Fundamental Invs R6                           | Mutual Fund                                                                                                  | N/A  | 8,561         |
|              | Cohen & Steers Realty Shares                             | Mutual Fund                                                                                                  | N/A  | 7,854         |
|              | DFA Intl Core Equity I                                   | Mutual Fund                                                                                                  | N/A  | 11,136        |
|              | Gabelli Small Cap Growth AAA                             | Mutual Fund                                                                                                  | N/A  | 73,006        |
|              | Harbor Cap Appreciation Inv                              | Mutual Fund                                                                                                  | N/A  | 6,950         |
|              | Harbor International Inv                                 | Mutual Fund                                                                                                  | N/A  | 160,937       |
|              | Keeley Small Cap Value A                                 | Mutual Fund                                                                                                  | N/A  | 139,136       |
|              | MainStay H-Yld Corporate Bd A                            | Mutual Fund                                                                                                  | N/A  | 4,817         |
| <sup>1</sup> | Morley Stable Value (SICTZ)                              | Units of participation in collective trusts                                                                  | N/A  | 182,021       |
|              | Oakmark Equity & Income I                                | Mutual Fund                                                                                                  | N/A  | 363,864       |
|              | Oppenheimer Gold & Special A                             | Mutual Fund                                                                                                  | N/A  | 3,754         |
|              | Oppenheimer Intl Bond A                                  | Mutual Fund                                                                                                  | N/A  | 11,652        |
| <sup>1</sup> | Participant Loans                                        | Loans outstanding to active participants in the Plan. <sup>2</sup>                                           | \$0  | 29,002        |
|              | PIMCO Real Return D                                      | Mutual Fund                                                                                                  | N/A  | 88,405        |
|              | PIMCO Total Return D                                     | Mutual Fund                                                                                                  | N/A  | 4,756         |
| <sup>1</sup> | Schwab Government Money Fund                             | Mutual Fund                                                                                                  | N/A  | 49,728        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2010                           | Units of participation in collective trusts                                                                  | N/A  | 32,045        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2020                           | Units of participation in collective trusts                                                                  | N/A  | 99,405        |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2030                           | Units of participation in collective trusts                                                                  | N/A  | 247,087       |
| <sup>1</sup> | Schwab Managed Rtmt Trust 2040                           | Units of participation in collective trusts                                                                  | N/A  | 160,133       |
| <sup>1</sup> | Schwab S&P 500 Index                                     | Mutual Fund                                                                                                  | N/A  | 483,188       |
|              | Scout Mid Cap                                            | Mutual Fund                                                                                                  | N/A  | 8,682         |
|              | Selected American Shares S                               | Mutual Fund                                                                                                  | N/A  | 116,426       |
|              | Sound Shore                                              | Mutual Fund                                                                                                  | N/A  | 73,962        |
|              | Vanguard Equity Income Adm                               | Mutual Fund                                                                                                  | N/A  | 8,444         |
|              | Vanguard GNMA Adm                                        | Mutual Fund                                                                                                  | N/A  | 4,373         |
|              | Vanguard Long-Term Bd Idx Inv                            | Mutual Fund                                                                                                  | N/A  | 9,565         |
|              | Vanguard Strategic Small-Cap                             | Mutual Fund                                                                                                  | N/A  | 9,518         |
|              | Wells Fargo Adv Growth Adm                               | Mutual Fund                                                                                                  | N/A  | 177,339       |
|              | Westcore Plus Bond                                       | Mutual Fund                                                                                                  | N/A  | 103,330       |

<sup>1</sup> -Denotes party-in-interest<sup>2</sup> -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, 2016

| Participant Contributions<br>Transferred Late<br>To Plan | Contributions<br>Not Corrected | Contributions<br>Corrected<br>Outside VFCP | Contributions Pending<br>Correction in VFCP | Total Fully<br>Corrected Under<br>VFCP and<br>PTE 2002-51 |
|----------------------------------------------------------|--------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
| \$3,000                                                  | -                              | \$3,000                                    | -                                           | -                                                         |
| \$1,942                                                  | \$1,942                        | -                                          | -                                           | -                                                         |

**NOTES TO SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS:**

NOTE A -- The Plan administrator calculated and corrected lost earnings on October 1, 2015 outside VFCP for \$3,000 late contribution for 2014.

NOTE B -- No contributions were delinquent for 2015.

NOTE C -- \$1,942 late contribution for 2016 was not corrected as plan will be terminated March 2017.