Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
KM SSA 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SERVICE SYSTEMS ASSOCIATES, INC.

4699 MARION STREET
DENVER, CO 80206

2b Employer Identification Number (EIN)
93-0996528

2c Plan Sponsor's telephone number
303-321-2760

2d Business code (see instructions)
722513

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/19/2017	KEVIN J ELDREDGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	794
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	685
a(2) Total number of active participants at the end of the plan year	**6a(2)**	725
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	113
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	840
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	840
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	476
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	25
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 3H 3D 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
KM SSA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SERVICE SYSTEMS ASSOCIATES, INC.

D Employer Identification Number (EIN)
93-0996528

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NATIONWIDE FINANCIAL
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

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

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

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

LEGACY BENEFIT SERVICES

5670 GREENWOOD PLAZA BLVD
SUITE 506
GREENWOOD VILLAGE, CO 80111

71-0948945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 13	TPA	22275	Yes [X] No [ ]	Yes [X] No [ ]	3589	Yes [ ] No [X]

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

NATIONWIDE FINANCIAL

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	CUSTODIAN	15198	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MML INSURANCE AGENCY

PO BOX 8089
BOSTON, MA 02266-8089

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 53	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	6403	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
KM SSA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SERVICE SYSTEMS ASSOCIATES, INC.

D Employer Identification Number (EIN)
93-0996528

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5287128	6328993
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5287128	6328993
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	2811	9730
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2811	9730
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5284317	6319263

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	78325	
	(B) Participants	2a(1)(B)	846237	
	(C) Others (including rollovers)	2a(1)(C)	13480	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		938042
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		497214
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1435256
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	268796	
(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)		268796
f Corrective distributions (see instructions)	2f		84049
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)	41062	
(3) Investment advisory and management fees	2i(3)	6403	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		47465
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		400310
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1034946
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: ELIZABETH A TAUER, CPA, PC **(2)** EIN: 84-1561711

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
KM SSA 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SERVICE SYSTEMS ASSOCIATES, INC.

D Employer Identification Number (EIN)
93-0996528

Part I Distributions

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

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

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

EIN(s): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0 % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b 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?	☐ Yes	☐ No

22a 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 _____.

22b 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 ____/____/____.

KM/SSA 401(K) PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2016 AND 2015

WITH

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

ELIZABETH A TAUER CPA, P. C.

Elizabeth A. Tauer, CPA, P.C.

1717 South Acoma Street
Denver, Colorado 80223

The Board of Trustees
KM/SSA 401(k) Plan
Denver, Colorado

Independent Auditor's Report

Report on Financial Statements

I was engaged to audit the accompanying financial statements of *KM/SSA 401(k) Plan*, which comprise the statement of net assets available for benefits and the related changes of net assets available for benefits as of December 31, 2016 and 2015, and for the years then ended, and the related footnotes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentations 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

My responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with accounting standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by the Nationwide Life Financial Services. Inc., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. I 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.

Offices at Artcraftsigns Telephone (720) 244-9149 Fax (303) 778-7175

Disclaimer of Opinion

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

Other Matter

I was engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and I do not express an opinion on the supplement schedules referred to above.

Report on the Form and Content With DOL Rules and Regulations

The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Elizabeth A Tauer CPA PC

Elizabeth A Tauer CPA, PC
Denver, CO
July 5, 2017

KM/SSA 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31,

	2016	2015
ASSETS		
Investment assets, at market	$ 6,328,993	$ 5,287,128
Total Assets Available for Benefits	6,328,993	5,287,128
LIABILITIES		
Return of ineligible contributions	9,730	2,811
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,319,263	$ 5,284,317

See accompanying notes and Accountant's Report

See accompanying notes and Accountant's Report

KM/SSA 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	2016	2015
ADDITIONS		
Additions to net assets attributable to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 497,214	$ (99,059)
	497,214	(99,059)
Contributions:		
Participants'	846,278	659,657
Employer's	78,284	65,966
Rollovers, forfeitures, etc.	13,480	84,343
	938,042	809,966
TOTAL ADDITIONS	1,435,256	710,907
DEDUCTIONS		
Deductions from net assets attributable to:		
Benefits paid to participants	268,796	807,107
Corrective distributions	84,049	31,476
Administrative expenses	47,465	43,661
TOTAL DEDUCTIONS	400,310	882,244
NET INCREASE	1,034,946	(171,337)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	5,284,317	5,455,654
END OF YEAR	$ 6,319,263	$ 5,284,317

KM/SSA 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

1. Description of the Plan:

The following description of KM/SSA 401(K) Plan is provided for general information purposes only. Participating members should refer to the Plan Agreement (as amended and restated) for more complete information.

General. The Plan is a defined contribution plan covering all full-time employees of K-M Concessions, Inc. and Service System Associates, Inc. who have 1,000 hours of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. The Participants may elect to defer up to the annual IRS limit of their pretax annual compensation, as defined in the Plan. The participants direct the investment of their contributions and their allocation of the Company's contribution into various investment options offered by the Plan. The Company match is discretionary and the Company sets the percentage prior to the Plan year. The employer contribution rate was 10% of employee contributions in 2016 and 2015. However, in no case shall they exceed the maximum allowable amount deductible for income tax purposes in each year.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings and account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting. Participates are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion plus actual earnings thereon is based on continuous years of service. A participant is 100% vested after five years of credited service.

Payment of Benefits. Upon retirement age 65, or death or disability if earlier, or termination of employment in the case of vested benefits, the balance in the member's separate account is paid to the member or their beneficiaries in a lump sum or in various forms of distribution as determined by the participant.

KM/SSA 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

1. Description of the Plan (continued):

Forfeited Accounts. At December 31, 2016 and 2015, forfeited non-vested accounts totaled approximately $7,590 and $281 respectively. These amounts maybe used to reduce the employer contribution.

Termination. While the Company has not expressed any intent to terminate the Plan, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to provisions of ERISA. In the event of a Plan termination, participants would become 100 %vested in their employer contributions.

2. Summary of Significant Accounting Policies:

Contributions:

Contributions from the Company are accrued in the period in which they become an obligation of the Company by agreement of declaration by the Board of Directors.

Investment Assets:

The Plan's investments are stated at fair value as determined by the plan trustee, using quoted market prices and other available information. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Dividend/Interest Income and Benefit/Withdrawal Liabilities:

Dividend/interest income and benefit/withdrawal liabilities are recorded when received and when paid rather then earned and incurred, respectively, as required by generally accepted accounting principles. Such unrecorded amounts are not significant in relation to total assets available for plan benefits.

Income Tax Status:

The Internal Revenue Service has determined and informed the Company by a letter dated September 25, 1995, that the Plan is designed in accordance with acceptable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator

2. Summary of Significant Accounting Policies: (continued)

believes that the Plan is designed and is currently being operated in compliance. with the applicable requirements of the IRC

The Plan administrator believes that the Plan is no longer subject to tax examinations for year prior to 2014.

Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits:

Benefits are recorded when paid.

Operating Expenses:

All expenses of maintaining the Plan are paid by the Company.

Date of Management's Review:

Subsequent events were evaluated through July 5, 2017, which is the date the financial statements were available to be issued.

3. Fair Value Measurements:

Unaudited Information Certified by the Plan Trustee

The December 31, 2016 and 2015 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years then ended, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by Nationwide Life Financial Services Inc. for 2016 and 2015 in accordance with 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.

3. Fair Value Measurements: (continued)

Fair Value Measurements

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and has the highest priority. Level 2 inputs are other than quoted market prices but are observable in the market place and Level 3 is used only when Level 1 or Level 2 inputs are not available. The Plan uses appropriate valuation techniques based upon the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair value of mutual funds is based upon quoted net asset value of the shares held by the Plan at year end.

The investments are held by Nationwide Life Financial Services, Inc. and are stated at fair value. Investment assets at December 31, 2016 and 2015 were as follows:

		Quoted Market Prices
December 31, 2016	Fair Value	(Level 1)
Mutual Funds	$6,328,993	$ 6,328,993
December 31, 2015		
Mutual Funds	$5,287,128	$ 5,278,128

KM/SSA 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

4. Investments:

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

	2016	2015
Am Fds Growth Fund of America	$963,697	$729,129
MnNpr Pro Bld Max Term A	780,110	720,410
PIMCO Total Return Class A	543,985	543,985
JPM SmCap Equity A	835,982	840,012
Harbor MdCap Val Inst	366,830	296,057
Ptnm Eq Inc	390,238	307,122
Prncpl MdCap A	345,361	275,112

During 2016 and 2015 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $484,513 and $(99,059) respectively.

5. 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.

KM/SSA 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

ADDITIONAL INFORMATION

KM/SSA 401(k) Plan

Schedule of Assets Held for Investment Purposes At End of Year
Attachment for Schedule H, Line 4i
December 31, 2016

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Harbor MdCap Value	Mutual Fund	N/A	366,830
	AmFds Growth Fund of America	Mutual Fund	N/A	963,697
	AmFds Capital World Growth and Income R3	Mutual Fund	N/A	257,387
	Buf Gr	Mutual Fund	N/A	150,897
	AmFds New Wold	Mutual Fund	N/A	36
	MnNpr Pro Bld Max Term A	Mutual Fund	N/A	780,110
	FidAdv Free 2015	Mutual Fund	N/A	31,477
	FidAdv Free 2025	Mutual Fund	N/A	21,359
	FidAdv Free 2020	Mutual Fund	N/A	26,633
	FidAdv Free 2030	Mutual Fund	N/A	51,511
	FidAdv Free 2035	Mutual Fund	N/A	22,580
	FidAdv Free 2040	Mutual Fund	N/A	53,909
	FidAdv Free 2045	Mutual Fund	N/A	43,107
	FidAdv Free 2050	Mutual Fund	N/A	158,989
	Ptnm Eq Inc	Mutual Fund	N/A	390,238
	JPM SmCap Equity A	Mutual Fund	N/A	835,983
	Lazard Emrg Markets Port o8	Mutual Fund	N/A	112,725
	BLKRK GL Alloc	Mutual Fund	N/A	286,590
	PIMCO Total Return	Mutual Fund	N/A	673,853
	Oppnhmr Intl Bond Fund A	Mutual Fund	N/A	122,587
	Principal MidCap A	Mutual Fund	N/A	345,361
	Ev Large Cap Value Fund A	Mutual Fund	N/a	3,733
	Col Contrsa RS	Mutual Fund	N/A	78,701
	Vangurad Growth Index Adml	Mutual Fund	N/A	2,061
	Vanguard Small Cap Index Fund	Mutual Fund	NA	3,331
	Opp Mn St SmCap A	Mutual Fund	N/A	66,381
	Thornburg Intl	Mutual Fund	N/A	88,846
	GdmnScs Midcap Value Fund A	Mutual Fund	N/A	2,550
	RS Ptnrs Fund A	Mutual Fund	N/a	63
	Invesco Midcap Growth A	Mutual Fund	N/A	103,508
	Nationwide Money Market	Mutual Fund	N/A	283,960
				$ 6,328,993

See Accompanying Accountant's Report

KM/SSA 401(k) Plan

Schedule of Assets Held for Investment Purposes At End of Year
Attachment for Schedule H, Line 4i
December 31, 2015

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Harbor MdCap Value	Mutual Fund	N/A	296,057
	AmFds Growth Fund of America	Mutual Fund	N/A	729,128
	AmFds Capital World Growth and Income R3	Mutual Fund	N/A	262,630
	Buf Gr	Mutual Fund	N/A	97,665
	AmFds New Wold	Mutual Fund	N/A	8
	MnNpr Pro Bld Max Term A	Mutual Fund	N/A	720,410
	FidAdv Free 2025	Mutual Fund	N/A	14,097
	FidAdv Free 2020	Mutual Fund	N/A	19,918
	FidAdv Free 2030	Mutual Fund	N/A	23,184
	FidAdv Free 2040	Mutual Fund	N/A	30,846
	FidAdv Free 2045	Mutual Fund	N/A	10,987
	FidAdv Free 2035	Mutual Fund	N/A	19,764
	FidAdv Free 2015	Mutual Fund	N/A	20,617
	FidAdv Free 2050	Mutual Fund	N/A	97,760
	Ptnm Eq Inc	Mutual Fund	N/A	307,122
	JPM SmCap Equity A	Mutual Fund	N/A	840,012
	Lazard Emrg Markets Port o8	Mutual Fund	N/A	71,464
	BLKRK GL Alloc	Mutual Fund	N/A	257,611
	PIMCO Total Return	Mutual Fund	N/A	543,985
	Oppnhmr Intl Bond Fund A	Mutual Fund	N/A	77,287
	Principal MidCap A	Mutual Fund	N/A	275,112
	Opp Mn St SmCap A	Mutual Fund	N/A	79,167
	Thornburg Intl	Mutual Fund	N/A	82,214
	Invesco Midcap Growth A	Mutual Fund	N/A	123,925
	Nationwide Money Market	Mutual Fund	N/A	286,158
				$ 5,287,128

See Accompanying Accountant's Report

KM/SSA 401(k) Plan

Schedule of Assets Held for Investment Purposes At End of Year
Attachment for Schedule H, Line 4i
December 31, 2016

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Harbor MdCap Value	Mutual Fund	N/A	366,830
	AmFds Growth Fund of America	Mutual Fund	N/A	963,697
	AmFds Capital World Growth and Income R3	Mutual Fund	N/A	257,387
	Buf Gr	Mutual Fund	N/A	150,897
	AmFds New Wold	Mutual Fund	N/A	36
	MnNpr Pro Bld Max Term A	Mutual Fund	N/A	780,110
	FidAdv Free 2015	Mutual Fund	N/A	31,477
	FidAdv Free 2025	Mutual Fund	N/A	21,359
	FidAdv Free 2020	Mutual Fund	N/A	26,633
	FidAdv Free 2030	Mutual Fund	N/A	51,511
	FidAdv Free 2035	Mutual Fund	N/A	22,580
	FidAdv Free 2040	Mutual Fund	N/A	53,909
	FidAdv Free 2045	Mutual Fund	N/A	43,107
	FidAdv Free 2050	Mutual Fund	N/A	158,989
	Ptnm Eq Inc	Mutual Fund	N/A	390,238
	JPM SmCap Equity A	Mutual Fund	N/A	835,983
	Lazard Emrg Markets Port o8	Mutual Fund	N/A	112,725
	BLKRK GL Alloc	Mutual Fund	N/A	286,590
	PIMCO Total Return	Mutual Fund	N/A	673,853
	Oppnhmr Intl Bond Fund A	Mutual Fund	N/A	122,587
	Principal MidCap A	Mutual Fund	N/A	345,361
	Ev Large Cap Value Fund A	Mutual Fund	N/a	3,733
	Col Contrsa RS	Mutual Fund	N/A	78,701
	Vangurad Growth Index Adml	Mutual Fund	N/A	2,061
	Vanguard Small Cap Index Fund	Mutual Fund	NA	3,331
	Opp Mn St SmCap A	Mutual Fund	N/A	66,381
	Thornburg Intl	Mutual Fund	N/A	88,846
	GdmnScs Midcap Value Fund A	Mutual Fund	N/A	2,550
	RS Ptnrs Fund A	Mutual Fund	N/a	63
	Invesco Midcap Growth A	Mutual Fund	N/A	103,508
	Nationwide Money Market	Mutual Fund	N/A	283,960
				$ 6,328,993

See Accompanying Accountant's Report

KM/SSA 401(k) Plan

Schedule of Assets Held for Investment Purposes At End of Year
Attachment for Schedule H, Line 4i
December 31, 2015

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Harbor MdCap Value	Mutual Fund	N/A	296,057
	AmFds Growth Fund of America	Mutual Fund	N/A	729,128
	AmFds Capital World Growth and Income R3	Mutual Fund	N/A	262,630
	Buf Gr	Mutual Fund	N/A	97,665
	AmFds New Wold	Mutual Fund	N/A	8
	MnNpr Pro Bld Max Term A	Mutual Fund	N/A	720,410
	FidAdv Free 2025	Mutual Fund	N/A	14,097
	FidAdv Free 2020	Mutual Fund	N/A	19,918
	FidAdv Free 2030	Mutual Fund	N/A	23,184
	FidAdv Free 2040	Mutual Fund	N/A	30,846
	FidAdv Free 2045	Mutual Fund	N/A	10,987
	FidAdv Free 2035	Mutual Fund	N/A	19,764
	FidAdv Free 2015	Mutual Fund	N/A	20,617
	FidAdv Free 2050	Mutual Fund	N/A	97,760
	Ptnm Eq Inc	Mutual Fund	N/A	307,122
	JPM SmCap Equity A	Mutual Fund	N/A	840,012
	Lazard Emrg Markets Port o8	Mutual Fund	N/A	71,464
	BLKRK GL Alloc	Mutual Fund	N/A	257,611
	PIMCO Total Return	Mutual Fund	N/A	543,985
	Oppnhmr Intl Bond Fund A	Mutual Fund	N/A	77,287
	Principal MidCap A	Mutual Fund	N/A	275,112
	Opp Mn St SmCap A	Mutual Fund	N/A	79,167
	Thornburg Intl	Mutual Fund	N/A	82,214
	Invesco Midcap Growth A	Mutual Fund	N/A	123,925
	Nationwide Money Market	Mutual Fund	N/A	286,158
				$ 5,287,128

See Accompanying Accountant's Report