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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VAN WAGNER GROUP, LLC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1996

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)
VAN WAGNER GROUP, LLC

800 3RD AVE
NEW YORK, NY 10022

2b Employer Identification Number (EIN) 47-1648255

2c Plan Sponsor's telephone number 212-699-8459

2d Business code (see instructions) 531120

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.	08/09/2017	BRUNO WALMSLEY
	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 ☐ Same as Plan Sponsor

VAN WAGNER GROUP, LLC

800 3RD AVE
NEW YORK, NY 10022

3b Administrator's EIN: 47-1648255

3c Administrator's telephone number: 212-699-8459

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	493
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)**	180
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	150
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	380
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	530
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	532
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	528
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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
VAN WAGNER GROUP, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VAN WAGNER GROUP, LLC

D Employer Identification Number (EIN)
47-1648255

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

T. ROWE PRICE RPS, INC

52-1309931

(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 28 49 59 64 21 37 50 62 65 25 38 52 63 57	NONE	7851	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AMERICAN CENTURY

20-0623152

(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?
28 59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

FRANKLIN TEMPLETON

13-2670991

(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?
28 59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

FIDELITY FUNDS

04-2647786

(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?
28 59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ARTISAN FUNDS

30-0551775

(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?
28 59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

OAKMARK FUNDS

04-3276558

(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?
28 59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

JP MORGAN

13-2624428

(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?
28 59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

MET WEST

95-4597302

(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?
28 59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
T ROWE PRICE RPS, INC.	15 38 59 21 49 62 25 50 63 28 52 64 37 57 65	0

(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.
AMERICAN CENTURY MID CAP VAL P.O. BOX 419200 KANSAS CITY, MO 64141	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
T ROWE PRICE RPS, INC.	15 38 59 21 49 62 25 50 63 28 52 64 37 57 65	0

(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.
FIDELITY FUNDS ONE DESTINY WAY WESTLAKE, TX 76262	FEE FOR SHAREHOLDER SERVICING BASED UPON RANGE 0.00%-0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 38 59 21 49 62 25 50 63 28 52 64 37 57 65	0

(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.
FRANKL MUTUAL GLOBAL DISCOVERY FUND P.O. BOX 33030 ST. PETERSBURG, FL 33733	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.15%

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
T ROWE PRICE RPS, INC	15 38 59 21 49 62 25 50 63 28 52 64 37 57 65	0

(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.
ARTISAN INTERNATIONAL 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
T ROWE PRICE RPS, INC	15 38 59 21 49 62 25 50 63 28 52 64 37 57 65	0

(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.
OAKMARK FUNDS P.O. BOX 219558 KANSAS CITY, MO 64121	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN CENTURY INVESTMENTS	28 59	0

(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.
AMERICAN CENTURY MID CAP VAL P.O. BOX 419200 KANSAS CITY, MO 64141	INVESTMENT MANAGEMENT FEE BASED ON .98%

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
MET WEST	28 59	0

(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.
MET WEST TOTAL RETURN 855 SOUTH FIGUEROA STREET LOS ANGELES, CA 90017	INVESTMENT MANAGEMENT FEE BASED ON 0.44%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FRANKLIN TEMPLETON	28 59	0

(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.
MUTUAL GLOBAL DISCOVERY PO BOX 33030 ST. PETERSBURG, FL 33733	INVESTMENT MANAGEMENT FEE BASED ON 0.99%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY FUNDS	28 59	0

(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.
FIDELITY SPAR 500,SPAR EX MKT,SEL P 2300 NORTH RIDGETOP ROAD SANTA FE, NM 87506	INVESTMENT MANAGEMENT FEE BASED ON RANGE 0.09-0.73%

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
ARTISAN	28 59	0

(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.
ARTISAN INTERNATIONAL 875 EAST WISCONSIN AVE MILWAUKEE, WI 52302	INVESTMENT MANAGEMENT FEE BASED ON 1.17%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
OAKMARK	28 59	0

(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.
OAKMARK FUND I PO BOX 219558 KANSAS CITY, MD 64121	INVESTMENT MANAGEMENT FEE BASED ON 0.85%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
T. ROWE PRICE	15 21 25 28 37 38 49 50 52 59 57 62 63 64 65	0

(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.
MET WEST FUNDS 865 SOUTH FIGUEROA STREET LOS ANGELES, CA 90017 95-4597302	FEE FOR SHAREHOLDER SERVICING BASED ON 0.10%

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
T. ROWE PRICE	15 21 25 28 37 38 49 50 52 59 57 62 63 64 65	0

(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.
JP MORGAN FUNDS 245 PARK AVE NEW YORK, NY 10167 13-2624428	FEE FOR SHAREHOLDER SERVICING BASED ON 0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JP MORGAN	28 59	0

(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.
JP MORGAN MID CAP GROWTH/UNDIS MGRS 245 PARK AVE NEW YORK, NY 10167 13-2624428	INVESTMENT MANAGEMENT FEE BASED ON 0.79%-1.11%

(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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

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
VAN WAGNER GROUP, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VAN WAGNER GROUP, LLC

D Employer Identification Number (EIN)
47-1648255

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP ST VAL COMMON TRUST FUND

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

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)
52-1309931-001	C	1641143

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)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
VAN WAGNER GROUP, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VAN WAGNER GROUP, LLC

D Employer Identification Number (EIN)
47-1648255

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)	540226	587599
(2) Participant contributions	1b(2)	28027	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12109	164874
(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)	296568	279524
(9) Value of interest in common/collective trusts	1c(9)	1686646	1641143
(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)	20926211	23504592
(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	23489787	26177732
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	23489787	26177732

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)	587599	
	(B) Participants	2a(1)(B)	1084790	
	(C) Others (including rollovers)	2a(1)(C)	80194	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1752583
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12	
	(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)	12357	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12369
	(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)	933225	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		933225
	(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)		19072
(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)		885677
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3602926
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1931947	
(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)		1931947
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		15198
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7851	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7851
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1954996
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1647930
l Transfers of assets:			
(1) To this plan	2l(1)		1040015
(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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: DOUGLAS J FREEMAN, CPA **(2)** EIN: 11-3415651

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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
VAN WAGNER GROUP, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VAN WAGNER GROUP, LLC

D Employer Identification Number (EIN)
47-1648255

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): 04-3583801

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 ____/____/____.

Financial Statements

Van Wagner Group, LLC
Retirement Savings Plan

December 31, 2016 and 2015

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Retirement Savings Plan

December 31, 2016 and 2015

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Douglas J. Freeman

CERTIFIED PUBLIC ACCOUNTANT

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Independent Auditor's Report

The Administrator
Van Wagner Group, LLC Retirement Savings Plan

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Van Wagner Group, LLC Retirement Savings Plan which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015; the related statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015; and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America. This includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. However, because of the matter described in the Basis for Disclaimer of Opinion paragraph, 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, as amended, the Plan Administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Notes 4 and 5 which was certified by Boston Financial Data Services, Inc. as agent for State Street Bank and Trust Company, the Trustee of the Plan, through June 30, 2016 and by Reliance Trust Company, the Trustee of the Plan thereafter, except for comparing such information with the related information included in the financial statements. I have been informed by the Plan Administrator that the respective Trustees held the Plan's investment assets and executed investment transactions for the periods noted. The Plan Administrator has obtained certifications from the respective Trustees as of and for the respective periods in the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the respective Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 - Report on Supplemental Schedule

The supplemental schedule as of the year ended December 31, 2016 as listed in the Table of Contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. It 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 herein, I 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 schedule, other than that derived from the information certified by the respective Trustees has been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

Douglas Freeman

Jericho, New York
August 2, 2017

Statements of Net Assets Available For Benefits

Van Wagner Group, LLC
Retirement Savings Plan

December 31, 2016 and 2015

	2016	2015
Investments at fair value		
Money market account	$ 164,874	$ 12,109
Mutual funds	23,504,593	20,926,211
	23,669,467	20,938,320
Investments at contract value	1,649,031	1,685,306
Total investments	25,318,498	22,623,626
Receivables		
Employer contributions	587,599	540,226
Participant contributions	- 0 -	28,027
Participant loans	279,524	296,568
	867,123	864,821
Total assets	26,185,621	23,488,447
Total liabilities	- 0 -	- 0 -
Net assets available for benefits	$ 26,185,621	$ 23,488,447

See accompanying Notes to Financial Statements
and Independent Auditor's Report.

Statements of Changes in Net Assets Available For Benefits

Van Wagner Group, LLC
Retirement Savings Plan

Years Ended December 31, 2016 and 2015

	2016	2015
Additions to net assets attributed to		
Contributions		
Employer	$ 587,599	$ 540,226
Employee deferrals	1,084,790	1,070,320
Employee rollovers	80,194	78,343
	1,752,583	1,688,889
Investment activity		
Appreciation (depreciation) in value of investments	885,617	(1,038,943)
Dividends and interest	961,598	1,101,885
	1,847,215	62,942
Interest - participant loans	12,357	9,797
Total additions	3,612,155	1,761,628
Deductions from net assets attributed to		
Benefits paid to participants	1,931,947	3,529,783
Deemed distribution - loan default	15,198	- 0 -
Administrative expenses	7,851	4,744
Total deductions	1,954,996	3,534,527
Net increase (decrease)	1,657,159	(1,772,899)
Transfers of assets to this plan	1,040,015	- 0 -
Net assets available for benefits - beginning of year	23,488,447	25,261,346
Net assets available for benefits - end of year	$ 26,185,621	$ 23,488,447

See accompanying Notes to Financial Statements
and Independent Auditor's Report.

Note 1 Description of Plan

The following description of the Van Wagner Group, LLC Retirement Savings Plan, formerly the Van Wagner Communications, LLC Retirement Savings Plan, (the "Plan," or "Retirement Savings Plan") provides only general information. Participants should refer to the Volume Submitter Plan and Trust document, related Adoption Agreement and Summary Plan Description for a more complete description of the Plan's provisions.

General Effective as of October 1, 2014,Van Wagner Group, LLC, replaced Van Wagner Communications, LLC, as the sponsoring employer of the Plan. The Plan is a defined contribution 401(k) plan covering all eligible employees of Van Wagner Group, LLC (the "Sponsor") and of affiliate employers (together the "Employer") that with the consent of the Sponsor have adopted the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Eligibility is limited to full-time employees who have completed six months of service and attained age eighteen. Employees covered by collective bargaining agreements, non-resident aliens, leased, temporary and seasonal employees, are excluded from participation. Eligible employees may elect to begin participation in the Plan as of the first day of the calendar Plan year, or the first day of the seventh month of the Plan year coinciding with or next following the date that the age and service eligibility requirements are met.

Employee Contributions Each year, participants may authorize the Employer to withhold up to 100% (to a maximum of $18,000 in 2016 and 2015 of eligible compensation for contribution to the Plan. Participants over 50 years of age, may make an additional annual "catch-up" contribution. The maximum annual catch-up contribution for 2016 and 2015 is $6,000. Participants also may contribute rollover amounts representing distributions or distributable amounts from other tax qualified retirement plans. Participants may elect to contribute all or a portion of their elective contributions to the Plan as pre-tax elective deferrals or after tax Roth contributions.

Employer Contributions The Employer is obligated to contribute 3% of a participant's eligible compensation from the Employer as a safe harbor contribution. Eligible compensation is statutorily limited to $265,000 in 2016 and 2015. Additional discretionary profit sharing contributions may be made to the Plan solely at the option of the Employer.

Participant Accounts Each participant's Plan account is credited with the participant's contributions and allocations of the Employer's contributions, including any related earnings or losses, and may be charged with an allocation of certain administrative expenses, if any. Allocations of Employer contributions are based on participants' includible compensation. Allocations of Employer discretionary profit sharing contributions, if any, are made to participants who are employees of the Employer as of the last day of the Plan year. Allocations of earnings or losses are based on participants' account balances. The benefit to which a participant is entitled under the Plan as of a certain date is the amount of the participant's vested Plan balance.

Vesting Participants are immediately 100% vested in all their contributions and Employer safe harbor contributions, including any related earnings or losses. Employer discretionary profit sharing contributions and any related earnings or losses vest based on years of service. For these amounts, a participant becomes 100% vested, in 20% increments, over a period of two through six years of service. Also for these amounts, a participant becomes 100% vested upon normal retirement age 65, total disability, death, and termination or partial termination of the Plan. In general, a participant who terminates employment with the Employer before becoming fully vested in their Plan account balance will forfeit the unvested portion of their account balance.

Note 1 Description of Plan (continued)

Forfeitures Forfeitures of the non-vested portion of terminated participants' Plan accounts are applied to reduce Employer contributions. Activity arising from forfeitures of terminated participants' non-vested account balances for the years ended December 31, 2016 and 2015 was:

	2016	2015
Forfeiture balance available - beginning of year	$ 1,000	$ 42,000
Increase arising from forfeitures of terminated participants' non-vested account balances	5,000	1,000
Amount used to reduce Employer contributions	(1,000)	(42,000)
Forfeiture balance available - end of year	$ 5,000	$ 1,000

Participant Loans Participants may borrow from their Plan accounts, in general, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. No more than two loans may be outstanding at any time. The minimum permitted loan is $1,000. Loans are collateralized by the balance in the participant's Plan account. Principal and interest are to be paid ratably through payroll deductions. Loan origination fees, if any, are charged directly to the participant's account.

Hardship Distributions Participants may request a distribution of all or a portion of their vested Plan account balance in the event of certain defined financial hardships. Participants must first exhaust all other reasonably available resources before becoming eligible for hardship distributions.

In-service Distributions Participants who have attained age 59 ½ may request an in-service distribution of all or a portion of their vested Plan account balance, provided such request is for at least $500.

Payment of Benefits Upon termination of service with the Employer, participants may receive their vested Plan account balance in substantially equal installments or as a lump sum payable in cash.

Tax Status The Internal Revenue Service has issued an advisory letter to the sponsoring organization of the volume submitter plan adopted by the Employer opining that the form of the volume submitter plan and related trust are designed in accordance with applicable tax qualification and tax exemption sections of the Internal Revenue Code of 1986, as amended (the "Code"). The volume submitter plan has been amended since receiving the advisory letter. The Employer is not required, and has not sought, to apply for its own determination letter with regard to the tax qualification of the Plan. The Employer believes that the Plan is designed and currently is being operated in compliance with the applicable requirements of the Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Investment Options Upon enrollment in the Plan, participants may direct the investment of contributions made on their behalf and may transfer the investment of Plan account balances among approximately 35 investment options, primarily registered investment companies ("mutual funds"). The Sponsor, or its delegate, may add or subtract from the list of investment options from time to time, in accordance with its fiduciary duties under ERISA. When participants direct their own Plan account investments, their Plan accounts are allocated earnings or losses reflective of their chosen investments. A participant's Plan account does not share in the investment performance of other participants' Plan accounts.

Plan Termination Although it has not expressed any intent to do so, Van Wagner Group, LLC, as Plan Sponsor, has the right to permanently discontinue contributions and terminate the Plan subject to the provisions of ERISA and the Code. Should the Sponsor permanently discontinue contributions or terminate the Plan, participants will be 100% vested in all Plan accounts. Further, under some circumstances (such as a significant reduction in Plan participation from one Plan year to the next, resulting from certain events), Plan participants with respect to whom a partial Plan termination occurs will become 100% vested in all their Plan accounts.

Note 2 Summary of Significant Accounting Policies

The financial statements of the Plan are prepared using the accrual method of accounting.

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

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which removes the requirement to categorize within the fair value hierarchy all investments for which the fair value is measured using the net asset value per share practical expedient. The ASU also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The effective date for non public entities is fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. Early adoption is permitted for all entities. Management has elected to early adopt the provisions of this ASU effective 2015. There was no impact upon financial information currently or previously presented.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*, which is part of the FASB's Simplification Initiative for employee benefit plans. Part I of the ASU designates contract value as the only required measure for fully benefit-responsive investment contracts. Part II of the ASU removes the requirement to disclose individual investments that represent five percent or more of net assets available for benefits; removes the requirement to disclose the net appreciation or depreciation for investments by general type; and removes the requirement to disclose investments by class of investments in the fair value disclosures prescribed by FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*. Part III allows for certain amounts to be reported as of the month end date prior to the plan's year end for those year ends that do not fall on a month end. The ASU is effective for all entities for fiscal years beginning after December 15, 2015. Early adoption is permitted for all entities. Management has early adopted the provisions of this ASU effective 2015. Accordingly, (a) fully benefit responsive investments contracts are stated at contract value, (b) the disclosures in Part II for individual investments that represents five percent or more of net assets available for benefits, the net appreciation or depreciation for investments by general type and investments categorized by class in the fair value disclosures have been eliminated. Part III had no impact on the Plan's financial statements.

Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Attributes that are specific to an asset or liability, such as restrictions on the asset's sale, need to be considered when measuring fair value, if market participants would take those attributes into account when pricing the item. The Plan Administrator determines the Plan's valuation policies utilizing information provided by Boston Financial Data Services, Inc. as agent for State Street Bank and Trust Company, the Trustee of the Plan through June 30, 2016 and by Reliance Trust Company, the Trustee of the Plan thereafter. See Note 3 for a discussion of fair value measurements.

Note 2 Summary of Significant Accounting Policies (continued)

Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Participant loans receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a deemed distribution is recorded.

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. Net appreciation (or depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefits are recorded when paid.

Mutual fund, money market fund and common collective trust expenses, including investment management and advisory services, are charges against the respective investment vehicle assets and are reflected in the respective investment's share/unit value, dividends and net appreciation or (depreciation) in value of investments.

Certain operating and administrative expenses are absorbed by the Employer, and to that extent, are not reflected in these financial statements.

Certain amounts, classifications and disclosures included in prior year financial statements, are, from time to time, restated to conform to the presentation of the current year.

Note 3 Fair Value Measurements

The Plan's investments except for fully benefit-responsive investment contracts, are reported at fair value in the accompanying Statements of Net Assets Available for Benefits .

The fair value measurement accounting literature 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 for identical assets or liabilities in active markets that the Plan has the ability to access. Level 1 inputs have the highest priority.

Note 3 Fair Value Measurements (continued)

Level 2 inputs include:

- quoted prices for similar, but not identical, assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets (i.e., markets in which there are few transactions for the asset or liability, the prices are not current, price quotations vary substantially, either over time or among market makers, or in which little information is publicly available - for example, a principal-to-principal market);
- inputs other than quoted prices that are observable for the assets or liabilities; and
- inputs that are derived principally from, or corroborated by, observable market data, either by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 inputs have the lowest priority. Level 3 inputs, which are unobservable and significant, are used for fair value measurement only when observable inputs are not available. Thus, these inputs apply when there is little or no market activity for the asset or liability at the measurement date.

The assets' or liabilities' fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques that are used, maximize the use of observable inputs and minimize the use of unobservable inputs.

Appropriate valuation techniques based on the available inputs are used to measure the fair value of the Plan's investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Level 1 Fair Value Measurements - The fair value of all Plan investments in money market funds and mutual funds is based on year-end quoted net asset values of the shares held by the Plan, on the active market on which the funds are traded, as certified by the respective Trustee. (See Note 4.) Gains and losses, realized and unrealized, included in changes in net assets available for benefits for the years ended December 31, 2016 and 2015, are reported in net appreciation (or depreciation) in fair value of investments. The Plan's investments in money market funds and mutual funds are deemed to be actively traded.

Level 2 and 3 Fair Value Measurements - No Level 2 or Level 3 inputs were used by the Plan.

For the years ended December 31, 2016 and 2015 there were no transfers among Levels 1, 2 or 3.

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

Note 4 Investments and Participant Loans - Certified by Trustee

The December 31, 2016 and 2015 Statements of Net Assets Available for Benefits, the investment and participant loan activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2016 and 2015, and the accompanying notes to financial statements were prepared in part or entirely from information certified by Boston Financial Data Services, Inc. as agent for State Street Bank and Trust Company, the Trustee of the Plan, through June 30, 2016 and by Reliance Trust Company, the Trustee of the Plan thereafter, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes at December 31, 2016 and 2015:

	2016	2015
Investments	$ 25,318,498	$ 22,623,626
Participant loans	279,524	296,568
Appreciation (depreciation) in value of investments		
Mutual funds	885,678	(1,038,943)
Common collective trusts	(61)	- 0 -
	885,617	(1,038,943)
Dividends and interest		
Money market account	12	2
Mutual funds	933,225	1,074,449
Common collective trusts	28,361	27,434
	961,598	1,101,885
Interest - participant loans	12,357	9,797

Note 5 Investments at Contract Value - Fully Benefit-Responsive Investment Contracts

Investments include the contract value, $1,649,031 at December 31, 2016 and $1,685,306 at December 31, 2015 of the Plan's investment in the T. Rowe Price Stable Value Common Trust Fund ("Stable Value Fund" or "Fund"), a direct filing entity for a common collective trust whose investment portfolio includes fully benefit responsive investment contracts, as reported by the Stable Value Fund to the Plan Trustee. For a stable value trust fund, contract value is original cost plus accrued income and deposits minus withdrawals. For a particular participant in the fund, contract value is equal to the sum of benefits owed to the participant.

The investment objectives of the Stable Value Fund are to maximize current income consistent with the maintenance of principal and to provide for benefit-responsive participant withdrawals at contract value for certain events without penalty or adjustment. The Fund attempts to achieve these objectives by investing primarily in guaranteed investment contracts ("GIC's") issued by insurance companies; investment contracts issued by banks ("BIC's"); structured or synthetic investment contracts ("SIC's") issued by banks, insurance companies, and other issuers, as well as the securities supporting such SIC's (underlying assets); separate account contracts ("SAC's"); and other similar instruments that are intended to maintain a constant net asset value (collectively, "investment contracts").

The Fund's ability to receive amounts due pursuant to these investment contracts is dependent upon the issuers' ability to meet their financial obligations. The Plan's ability to receive amounts due in accordance with the fully benefit responsive investment contract is dependent on the Fund's ability to meet its financial obligations. The Fund's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the Fund or otherwise.

Note 5 Investments at Contract Value - Fully Benefit-Responsive Investment Contracts (continued)

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the Fund. Nevertheless, certain events might limit the ability of the Plan to transact at contract value with the Fund. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
- Premature termination of the contracts
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

Certain events allow the Fund to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer

Note 6 Parties in Interest and Related Party Transactions

Certain investments of the Plan are in shares of mutual funds, money market funds and common collective trusts. These investment vehicles may pay fees for investment advisory services, management or similar services, both to their own related mutual fund family umbrella companies and to other service providers, some of which may do business with the Plan, the Employer, the Plan Administrator, the Trustee, the custodian, or with the Plan investment advisors.

Certain officers and employees of the Employer are members of the Retirement Savings Plan Committee that is designated as the Plan Administrator and is charged with the interpretation, administration and operation of the Plan. They, along with Plan service providers, the Employer and Trustee, are considered "parties in interest" pursuant to definitions within ERISA (and "disqualified persons" within the Code). In general, individuals and companies that do business with the Plan may be defined as parties in interest. Parties in interest may be restricted in their ability to be involved in transactions with the Plan and Plan fiduciaries.

Note 7 Risks, Concentrations and Uncertainties

Future Employer contributions to the Plan are subject to risk arising from concentration in, and the availability of, the sources providing those contributions.

Benefits provided by the Plan are not insured by the Pension Benefit Guaranty Corporation under ERISA. Also, the Plan's investments are not equivalent to bank deposits and are not insured or guaranteed by the FDIC. Further, all of the Plan's investments are exposed to various risks, such as interest rate and foreign exchange rate fluctuation, market volatility and credit risk. Accordingly it is at least reasonably possible in the near term, that risks would materially affect future amounts reported in the Statements of Net Assets Available for Benefits, and in the Statements of Changes in Net Assets Available for Benefits; and consequently impact participants' Plan account balances, including vested account values at retirement date or upon another distributable event.

Note 7 Risks, Concentrations and Uncertainties (continued)

Plan investments may directly or indirectly invest in securities with contractual cash flows. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Also see Note 5.

Note 8 Income Taxes

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize tax liabilities or assets if the Plan has taken uncertain tax positions that more likely than not would not be sustained upon examination of the applicable governmental authorities. The Plan Administrator believes there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements.

The Plan's income tax returns are subject to examination by taxing authorities. The Internal Revenue Service, by letter dated June 6, 2016 selected the Plan for examination of Plan year 2014 and concluded the examination on February 24, 2017, accepting the return as originally filed . With few exceptions, the Plan is no longer subject to examinations by taxing authorities for years before 2013. The application of tax laws and regulations to many types of transactions is susceptible to varying interpretations, and accordingly, amounts and disclosures reported in the financial statements could be changed at a later date upon final determination by the taxing authorities.

Note 9 Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to Form 5500 at December 31, 2016 and 2015:

	2016	2015
Net assets available for benefits per financial statements	$ 26,185,621	$ 23,488,447
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(7,888)	1,340
Net assets available for benefits per Form 5500	$ 26,177,733	$ 23,489,787

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31, 2016 and 2015:

	2016	2015
Net increase (decrease) in net assets available for benefits per financial statements	$ 1,657,159	$ (1,772,899)
Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	(9,228)	(20,878)
Net income (loss) per Form 5500	$ 1,647,931	$ (1,793,777)

Note 10 Transfer of Net Assets into the Plan

In late 2015, the Sponsor of the Plan, Van Wagner Group, LLC ("Group"), decided to merge into the Plan the tax-qualified defined contribution plan (the Van Wagner Big Screen Productions, LLC 401(k) Profit Sharing Plan) of an entity that Group had acquired and which became a member of the Group controlled group. Effective January 1, 2016 the acquired entity's plan was merged into the Group Plan and the assets of the related plan trust were transferred to the Plan trust. At the time of the asset transfers, the acquired entity's plan trust had net assets (market value basis) of $1,040,015.

Note 11 Subsequent Events

Management has evaluated subsequent events through August 2, 2017, the date on which the financial statements were available to be issued.

Supplemental Information

Van Wagner Group, LLC
Retirement Savings Plan

12/31/2016
EIN: 47-1648255 Plan # 001
Attachment to 2016 Form 5500 Schedule H
Part IV, Question 4(i): Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lesser or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	AMERICAN CENTURY MID CAP VALUE FUND	Registered Investment Co		$ 200,878.23
*	ARTISAN INTERNATIONAL VALUE	Registered Investment Co		25,869.91
*	FIDELITY SELECT HEALTH CARE	Registered Investment Co		19,764.36
*	FIDELITY SPARTAN 500 INDEX	Registered Investment Co		775,861.79
*	FIDELITY SPARTAN EXTENDED MARKET INDEX	Registered Investment Co		38,519.02
*	JPMORGAN MID CAP GROWTH R5	Registered Investment Co		73,530.26
*	JPMORGAN UNDISCOVERED MGRS BEH VAL L	Registered Investment Co		77,132.61
*	METROPOLITAN WEST TOTAL RETURN BOND INDEX	Registered Investment Co		192,328.54
*	MUTUAL GLOBAL DISCOVERY FUND - CLASS Z	Registered Investment Co		101,174.06
*	OAKMARK FUND	Registered Investment Co		113,736.24
*	T. ROWE PRICE BALANCED	Registered Investment Co		45,872.33
*	T. ROWE PRICE EQUITY INCOME	Registered Investment Co		195,428.97
*	T. ROWE PRICE GLOBAL TECHNOLOGY	Registered Investment Co		58,893.40
*	T. ROWE PRICE GROWTH STOCK	Registered Investment Co		138,334.45
*	T. ROWE PRICE HIGH YIELD	Registered Investment Co		66,180.28
*	T. ROWE PRICE INFLATION PROTECTED BOND	Registered Investment Co		163,747.65
*	T. ROWE PRICE INTL VALUE EQUITY	Registered Investment Co		85,477.84
*	T. ROWE PRICE MEDIA & TELECOMMUNICATIONS	Registered Investment Co		22,600.97
*	T. ROWE PRICE NEW ERA	Registered Investment Co		14,914.24
*	T. ROWE PRICE NEW HORIZONS	Registered Investment Co		27,962.50
*	T. ROWE GOVERNMENT MONEY	Money Market		164,874.42
*	T. ROWE PRICE REAL ESTATE	Registered Investment Co		87,109.91
*	T. ROWE PRICE RETIREMENT 2005	Registered Investment Co		231,356.99
*	T. ROWE PRICE RETIREMENT 2010	Registered Investment Co		1,016,740.00
*	T. ROWE PRICE RETIREMENT 2015	Registered Investment Co		435,102.03
*	T. ROWE PRICE RETIREMENT 2020	Registered Investment Co		2,544,674.70
*	T. ROWE PRICE RETIREMENT 2025	Registered Investment Co		2,183,342.55
*	T. ROWE PRICE RETIREMENT 2030	Registered Investment Co		3,910,695.98
*	T. ROWE PRICE RETIREMENT 2035	Registered Investment Co		4,676,230.96
*	T. ROWE PRICE RETIREMENT 2040	Registered Investment Co		3,026,873.25
*	T. ROWE PRICE RETIREMENT 2045	Registered Investment Co		1,566,127.52
*	T. ROWE PRICE RETIREMENT 2050	Registered Investment Co		902,107.89
*	T. ROWE PRICE RETIREMENT 2055	Registered Investment Co		324,248.18
*	T. ROWE PRICE RETIREMENT 2060	Registered Investment Co		1,344.93
*	T. ROWE PRICE RETIREMENT BALANCED	Registered Investment Co		61,050.97
*	T. ROWE PRICE SPECTRUM INCOME	Registered Investment Co		37,441.27
*	T. ROWE PRICE STABLE VALUE	Common Collective Trust **		1,641,143.00
*	T. ROWE PRICE U.S. TREASURY INTERMEDIATE	Registered Investment Co		61,937.51
	Total Investments			25,310,609.71
*	PARTICIPANT LOANS	4.25% - 8.25%		279,523.88
	Total Assets (Held At End of Year)			25,590,133.59

** Stated at fair value, not contract value

See accompanying independent auditor's report.

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

Name of Plan:

► VAN WAGNER GROUP LLC RETIREMENT SAVINGS PLAN

Employer Identification Number:► 47-1648255

For plan year (beginning/ending):► 01/01/2016-12/31/2016 Plan number:►001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	TRP GROWTH STOCK	MUTUAL FUND		138334
*	TRP NEW ERA	MUTUAL FUND		14914
*	TRP NEW HORIZONS	MUTUAL FUND		27963
*	TRP GOVERNMENT MONEY FUND	INTEREST-BEARING CASH		164874
*	TRP HIGH YIELD	MUTUAL FUND		66180
*	TRP U.S. TREASURY INTERME	MUTUAL FUND		61938
*	TRP BALANCED	MUTUAL FUND		45872
*	TRP EQUITY INCOME	MUTUAL FUND		195429
*	TRP SPECTRUM INCOME	MUTUAL FUND		37441
*	TRP STABLE VALUE	COMMON COLLECTIVE TRUST		1641143
*	TRP MEDIA & TELECOMMUNICATI	MUTUAL FUND		22601
*	TRP REAL ESTATE	MUTUAL FUND		87110
*	TRP INTL VALUE EQUITY	MUTUAL FUND		85478
*	TRP GLOBAL TECHNOLOGY	MUTUAL FUND		58893
*	TRP RETIREMENT 2010	MUTUAL FUND		1016740
*	TRP RETIREMENT 2020	MUTUAL FUND		2544674
*	TRP RETIREMENT 2030	MUTUAL FUND		3910696
*	TRP RETIREMENT 2040	MUTUAL FUND		3026873
*	TRP RETIREMENT BALANCED	MUTUAL FUND		61051
*	TRP INFLATION PROTECTED BON	MUTUAL FUND		163748
*	TRP RETIREMENT 2005	MUTUAL FUND		231357
*	TRP RETIREMENT 2015	MUTUAL FUND		435102
*	TRP RETIREMENT 2025	MUTUAL FUND		2183343
*	TRP RETIREMENT 2035	MUTUAL FUND		4676231
*	TRP RETIREMENT 2045	MUTUAL FUND		1566128
	ARTISAN INTERNATIONAL FUND	MUTUAL FUND		25870
*	TRP RETIREMENT 2050	MUTUAL FUND		902108
*	TRP RETIREMENT 2055	MUTUAL FUND		324248
	MUTUAL GLOBAL DISCOVERY FUN	MUTUAL FUND		101174
	AMERICAN CENTURY MID CAP VAL	MUTUAL FUND		200878
	OAKMARK FUND	MUTUAL FUND		113736
	FIDELITY 500 INDEX FUND	MUTUAL FUND		775862
	FIDELITY EXTENDED MARKET IND	MUTUAL FUND		38519
	FIDELITY SELECT HEALTH CARE P	MUTUAL FUND		19764
	METROPOLITAN WEST TOTAL RET	MUTUAL FUND		192328
	JPMORGAN UNDISCOVERED MGR	MUTUAL FUND		77133
	JPMORGAN MID CAP GROWTH R5	MUTUAL FUND		73530
*	TRP RETIREMENT 2060	MUTUAL FUND		1345
	PARTICIPANT LOANS	LOW-HIGH INT RATE 4.25% - 8.25%		279524