

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

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY 401(K) PLAN</u>		1b Three-digit plan number (PN) ► <u>002</u>
			1c Effective date of plan <u>01/01/1997</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY</u> <u>225 EAST AVENUE</u> <u>ELYRIA, OH 44035</u>		2b Employer Identification Number (EIN) <u>34-0365210</u> 2c Plan Sponsor's telephone number <u>440-329-7105</u> 2d Business code (see instructions) <u>511110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/10/2017</u>	<u>ANN KLUNZINGER</u>
	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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 210
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 190 6a(2) 186 6b 1 6c 14 6d 201 6e 0 6f 201 6g 123 6h 24
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: 2A 2E 2F 2G 2J 2K 2T 3D 2S 3B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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 A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>34-0365210</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>84-0467907</u>	<u>68322</u>	<u>916781-01</u>	<u>123</u>	<u>01/01/2016</u>	<u>12/31/2016</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 2636**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 3284062**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 2509

c Additions: (1) Contributions deposited during the year	7c(1)	724
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	29
(4) Transferred from separate account	7c(4)	920
(5) Other (specify below)	7c(5)	0

(6) Total additions **7c(6)** 1673**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 4182**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	11
(3) Transferred to separate account	7e(3)	1535
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 1546**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2636

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 LORAIN COUNTY PRINTING & PUBLISHING COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LORAIN COUNTY PRINTING & PUBLISHING COMPANY	D Employer Identification Number (EIN) 34-0365210	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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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)

GLOBAL RETIREMENT PARTNERS

4340 REDWOOD HWY STE B60
SAN RAFAEL, CA 94903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	12925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	5507	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EMPOWER RETIREMENT ADVISORY SERVICE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	INVESTMENT MGMT	110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>34-0365210</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

c EIN-PN <u>84-0467907-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3284062</u>
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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)
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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)
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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)
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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)
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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)
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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)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>34-0365210</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	3132785	3284062
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2509	2636
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3135294	3286698

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3135294	3286698
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	199573	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		199573
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	30	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		248502
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		12925
d Total income. Add all income amounts in column (b) and enter total.....	2d		461030

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	283867	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		283867
f Corrective distributions (see instructions)	2f		7217
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	5617	
(3) Investment advisory and management fees.....	2i(3)	12925	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18542
j Total expenses. Add all expense amounts in column (b) and enter total	2j		309626

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		151404
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: BARNES WENDLING CPAS, INC.

(2) EIN: 34-1463411

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
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		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	
o 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.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LORAIN COUNTY PRINTING & PUBLISHING COMPANY</u>	D Employer Identification Number (EIN) <u>34-0365210</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>84-1455663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? 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 ☐ "Prior year" ADP test ☐ "Current 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 / / .	

**LORAIN COUNTY PRINTING AND
PUBLISHING
COMPANY 401(K) PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2016 AND 2015
AND YEAR ENDED DECEMBER 31,
2016**

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY 401(K) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Lorain County Printing and Publishing Company 401(k) Plan
Elyria, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Lorain County Printing and Publishing Company 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

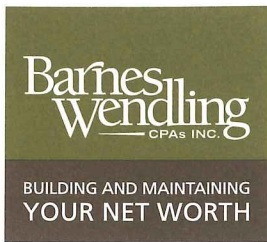
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation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

Auditors' Responsibility

Our 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information identified in Note C, which was certified by Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company, the trustee and custodian of the Plan, respectively, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.



Disclaimer of Opinion

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

Other Matter - Supplemental Schedule

The supplemental schedule as listed in the table of contents as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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 trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Emphasis of Matter - Adoption of New Accounting Standards

As discussed in Note B to the financial statements, the Plan adopted new accounting standards related to the presentation and disclosure of investments. Our report is not modified with respect to this matter.

Barnes Wendling CPAs

Cleveland, Ohio
September 29, 2017

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY

401(K) PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2016	2015
ASSETS		
Cash	\$ 12	\$ 11
Investments, at fair value:		
Variable annuities	3,284,062	3,132,785
Fully benefit-responsive investment contracts at contract value:		
Guaranteed investment contract	2,624	2,498
TOTAL ASSETS	3,286,698	3,135,294
LIABILITIES		
Excess contribution payable	6,082	7,342
Net assets available for benefits	\$ 3,280,616	\$ 3,127,952

See Notes to Financial Statements

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY

401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2016

Net additions to (deductions from) net assets attributed to:

Investment income (expenses):

Net appreciation in fair value of investments	\$ 248,502	
Interest	30	
Revenue sharing	12,925	
	<u>261,457</u>	
Investment expenses	(12,925)	
		\$ 248,532

Participant contributions		<u>193,491</u>
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Net additions		442,023
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Deductions from net assets attributed to:

Benefits paid to participants	283,742	
Administrative expenses	<u>5,617</u>	
Total deductions		<u>289,359</u>

Net increase		152,664
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Net assets available for benefits:

Beginning of year		<u>3,127,952</u>
End of year		<u>\$ 3,280,616</u>

See Notes to Financial Statements

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY 401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015 and Year Ended December 31, 2016

NOTE A - DESCRIPTION OF PLAN

The following description of Lorain County Printing and Publishing Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Lorain County Printing and Publishing Company (the Company and Plan Sponsor) and Elyria Lorain Broadcasting who have completed 90 days of service, are at least 21 years old, and who are not represented by a collective bargaining unit. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is sponsored and administered by the Company.

Contributions

Participants may contribute up to 100 percent of their compensation, as defined by the Plan, on a pre-tax or after-tax basis, not to exceed the maximum contribution amount allowed by law. The Plan provides for discretionary Company matching and discretionary nonelective contributions. There were no Company contributions for the year ended December 31, 2016. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of fifty by the end of the plan year. Participants direct the investment of their elective contributions into the various options offered by the Plan.

Employees who become eligible to participate but do not enroll or opt out of the Plan are automatically enrolled at a deferral rate of 3% of pre-tax compensation as defined by the Plan. Contributions are invested in a designated fund until otherwise elected by the participants.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contributions, if any, and (b) Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant account earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled to receive is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their deferral and rollover contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of credited service at a rate of 20% per year. A participant is 100% vested after five years of credited service, or upon death or disability of the participant.

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY

401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015 and Year Ended December 31, 2016

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account. Participants invested in the Great-West SecureFoundation(R) Balanced G1 fund can elect to take lump-sum distributions at retirement or receive a lifetime annuity based upon the highest market value of their investment in the fund as reported by the trustees. If the value of the vested benefits credited to a participant's account is \$1,000 or less at the time of termination, the entire amount will be distributed without the participant's consent. In-service distributions are permitted for participants who have attained age 59½.

Active participants may request hardship withdrawals from their account balance, subject to Plan provisions. A participant who receives a distribution on account of hardship is prohibited from making deferrals for six months after receipt of the distribution.

Forfeitures

Forfeitures, if any, may be used to reduce employer contributions or to pay plan expenses.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Adoption of New Accounting Standards

In May 2015, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. The ASU is effective retrospectively for fiscal years beginning after December 15, 2016, with early adoption permitted. Plan management has elected to early adopt this ASU in these financial statements for the year ended December 31, 2016, and applied the changes retrospectively to the statement of net assets available for benefits as of December 31, 2015.

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY

401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015 and Year Ended December 31, 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Adoption of New Accounting Standards (Continued)

In July 2015, the FASB issued an ASU which simplifies financial reporting for employee benefit plans. This ASU contains three parts. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Part II eliminates the requirements to (i) disclose individual investments that represent five percent or more of net assets available for benefits, (ii) disclose the net appreciation or depreciation in fair value of investments by type, (iii) disaggregate investments measured at fair value by nature, characteristics, and type, and instead disaggregate them by general type, and (iv) disclose significant investment strategies for an investment in a fund that files an annual report on Form 5500 as a direct filing entity when the investment is measured using the net asset value per share as a practical expedient. Part III is not applicable to the Plan. This ASU is effective retrospectively for fiscal years beginning after December 15, 2015. The Plan adopted this ASU as required for the year ended December 31, 2016, and applied the changes retrospectively to the statement of net assets available for benefits and the disclosures as of December 31, 2015.

Investment Valuation

The Plan's 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. Plan management determines the Plan's valuation policies using information provided by the trustee and custodian. See Note D for discussion of fair value measurements.

Investment Income Recognition

Purchases and sales of securities are recorded on a trade date basis. Gains and losses on securities transactions are determined using the average cost method. Interest income is recorded on the accrual basis.

Revenue Sharing

Revenue sharing income represents the portion of investment management fees provided to the Plan from the investment fund manager to offset the cost of services provided to the Plan. Revenue sharing, which is included as a component of investment income (expenses) on the statement of changes in net assets available for benefits, was \$12,925 for the year ended December 31, 2016.

Contributions

Participant contributions are recorded and credited to each participant's account as received by the custodian and trustee from the Company. Any contributions attributable to the plan year but not received by the trust by the last day of the plan year are recorded as a receivable.

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY

401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015 and Year Ended December 31, 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Code are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the \$6,082 of excess contributions as of December 31, 2016 to the applicable participant prior to March 15, 2017. The Plan distributed the \$7,342 of excess contributions as of December 31, 2015 to the applicable participant prior to March 15, 2016.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in investment income (expenses) on the statement of changes in net assets available for benefits.

Participants invested in the Great-West SecureFoundation(R) Balanced G1 pay additional investment fees up to a maximum of 1.5% of their asset balance annually for the option to receive a lifetime annuity upon retirement.

Income Taxes

The Company adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, stating that the form of the underlying prototype plan document, as then designed, was in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes the Plan is no longer subject to income tax examinations for years prior to 2013.

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY

401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015 and Year Ended December 31, 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through September 29, 2017, the date which the financial statements were available to be issued.

NOTE C - CERTIFICATION

Investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2016 and 2015, and net appreciation in the fair value of investments and interest for the year ended December 31, 2016 were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee and custodian.

NOTE D - FAIR VALUE MEASUREMENTS

Following is a description of the valuation methodology used to measure assets at fair value as of December 31, 2016 and 2015. There have been no changes in the methodology used as of December 31, 2016.

Variable annuities are valued at the net asset value of units held by the Plan at year end. The net asset values, as provided by the trustee, are used as a practical expedient to estimate fair value. Net asset value is based on the quoted market prices of the underlying investments, net of insurance company fees and expenses. This practical expedient is not used when it is determined to be probable that a fund will sell the investment for an amount different than the reported net asset value.

The method described above may produce fair value calculations that may not be indicative of net realizable values or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of a different methodology or assumptions to determine the fair value of the financial instruments could result in a different fair value measurement as of the reporting date.

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY

401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015 and Year Ended December 31, 2016

NOTE E - VARIABLE ANNUITIES

The Plan has investments in Great-West Life & Annuity Insurance Company variable annuities, which are collective investment funds. Participants may ordinarily direct withdrawals or transfers of all or a portion of their account balance without restriction.

NOTE F - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a traditional fully benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company (GW) of \$2,624 and \$2,498 at December 31, 2016 and 2015, respectively. Contributions from the Plan are maintained in GW's general account. Under the contract, the Plan owns a promise by the issuer to pay interest at crediting rates, which are set based on the earnings of certain underlying assets of GW and market conditions. Participant principal and interest are fully guaranteed by the entire general account assets of GW. The minimum annual crediting rate under the contract cannot be less than zero. Interest crediting rates are reset quarterly. The contract includes a benefit payment option, the Guaranteed Lifetime Withdrawal Benefit (GLWB) option, which can be elected by a participant to receive periodic installments over the participant's life.

This contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by GW, represents contributions made under the contract; plus earnings at guaranteed crediting rates, less participant withdrawals and administrative expenses. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance at contract value.

The repayment of principal and interest credited to participants in the Plan is a financial obligation of GW. The Plan's ability to receive amounts due is dependent on GW's ability to meet its financial obligations. GW'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 GW or otherwise.

The contract may be terminated by either the Plan Sponsor or GW with 75 days written notice. If the Plan Sponsor terminates the contract, all benefits, rights, and privileges provided by the contract would terminate, including the right to receive payments under the GLWB option. The Plan Sponsor may not apply for a new contract for 90 days. A Plan-initiated termination of the contract is not probable of occurring.

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY

401(K) PLAN

Notes to Financial Statements

December 31, 2016 and 2015 and Year Ended December 31, 2016

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the net assets per Form 5500:

	December 31,	
	2016	2015
Net assets available for benefits per the financial statements	\$3,280,616	\$3,127,952
Excess contribution payable accrued in the financial statements	<u>6,082</u>	<u>7,342</u>
Net assets per Form 5500	<u>\$3,286,698</u>	<u>\$3,135,294</u>

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500 for the year ended December 31, 2016:

Net increase per the financial statements	\$ 152,664
2016 excess contribution payable accrued for financial statement purposes	6,082
2015 excess contribution payable accrued for financial statement purposes	(<u>7,342</u>)
Net income per the Form 5500	<u>\$ 151,404</u>

NOTE H - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY 401(K) PLAN

Notes to Financial Statements December 31, 2016 and 2015 and Year Ended December 31, 2016

NOTE I - RISKS AND UNCERTAINTIES

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

NOTE J - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest transactions include investments in the funds of the custodian and trustee and the related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

LORAIN COUNTY PRINTING AND PUBLISHING COMPANY 401(K) PLAN

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

December 31, 2016

EIN - 34-0365210

Plan Number - 002

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Identity of issuer or borrower, lessor, or similar party				
Great-West Variable Annuities				
* Great-West SecureFoundation Balanced G1		Variable annuity	**	\$ 555,375
* Great-West Lifetime 2015 Fund T1		Variable annuity	**	1,087,899
* Great-West Lifetime 2025 Fund T1		Variable annuity	**	1,068,338
* Great-West Lifetime 2035 Fund T1		Variable annuity	**	287,903
* Great-West Lifetime 2045 Fund T1		Variable annuity	**	159,484
* Great-West Lifetime 2055 Fund T1		Variable annuity	**	30,402
* Great-West International Index Fund I		Variable annuity	**	2,548
* Oakmark International II		Variable annuity	**	426
* Great-West S&P SmallCap 600 Index Fund I		Variable annuity	**	3,302
* ClearBridge Small Cap Growth A		Variable annuity	**	2,574
* Great-West S&P Mid Cap 400 Index Fund I		Variable annuity	**	13,432
* Great-West S&P 500 Index Fund I		Variable annuity	**	25,549
* T. Rowe Price Blue Chip Growth Adv		Variable annuity	**	17,705
* American Funds American Balanced R3		Variable annuity	**	8,038
* PIMCO Foreign Bond (USD-Hedged) A		Variable annuity	**	634
* Pioneer Strategic Income A		Variable annuity	**	2,404
* Virtus Emerging Markets Opportunities A		Variable annuity	**	2,073
* Metropolitan West Total Re Bd Admin CI		Variable annuity	**	2,730
* MFS Mid Cap Value R3		Variable annuity	**	9,255
* MFS Value Fund A		Variable annuity	**	1,228
* Nuveen Inflation Protected Securities A		Variable annuity	**	2,763
				<u>3,284,062</u>
Great West Guaranteed Investment Contract				
		Guaranteed Investment Contract	**	
* Key Guaranteed Portfolio Fund			**	<u>2,624</u>
Total				<u><u>\$ 3,286,686</u></u>

* Represents a party-in-interest to the plan.

** Cost omitted for participant-directed investments.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

**Lorain County Printing & Publishing Company 401(k) Plan
01-JAN-16 to 31-DEC-16**

27-JAN-17 19:30:03

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4KGPf	1.60	0.000000	1	0.00	0.000000	24	0.00	SERIES
1SFBLG1	6,530.13	418.609449	79	(4,903.47)	(316.289772)	195	(4,578.59)	SERIES
12015M1	18,310.99	1,130.285732	164	(1,043,688.57)	(61,969.186985)	33	(1,015,963.91)	SERIES
12015A1	1,076,891.53	60,739.605411	412	(29,143.22)	(1,603.048996)	6	(28,399.68)	SERIES
12025M1	18,180.15	1,037.382546	200	(1,201,956.98)	(65,435.419727)	39	(1,165,839.42)	SERIES
12025A1	1,227,216.71	63,127.869944	480	(211,606.91)	(10,559.810048)	2	(205,139.02)	SERIES
12035M1	7,583.32	406.889889	142	(261,471.79)	(13,190.922039)	28	(252,155.64)	SERIES
12035A1	280,248.91	13,693.601348	361	(7,012.78)	(345.101323)	7	(7,066.10)	SERIES
12045M1	6,153.71	327.583784	96	(159,897.41)	(7,971.064748)	28	(154,387.90)	SERIES
12045A1	168,492.92	8,269.031382	211	(16,817.89)	(865.502428)	4	(17,606.04)	SERIES
12055M1	2,745.78	148.261286	102	(24,154.29)	(1,220.061419)	20	(23,703.86)	SERIES
12055A1	29,604.13	1,467.208270	256	(699.91)	(34.838124)	1	(697.44)	SERIES
1296M1	2,178.34	205.833006	208	(424.59)	(39.359084)	72	(417.55)	SERIES
11FSOI2	813.46	30.464921	159	(1,901.88)	(74.894015)	79	(2,123.86)	SERIES
1426VK	2,119.39	216.255720	208	(603.51)	(61.350197)	52	(570.83)	SERIES
1401QC	432.66	82.496203	127	(1,391.73)	(251.737392)	44	(1,268.56)	SERIES
193MX6	774.05	23.093352	202	(598.97)	(17.212358)	71	(566.37)	SERIES
1371LI	233.54	15.705316	53	0.00	0.000000	0	0.00	SERIES
1473UM	72.22	7.065481	8	(149.43)	(13.265437)	1	(139.22)	SERIES
1295MM	6,853.95	432.431881	222	(1,387.90)	(85.207426)	104	(1,279.77)	SERIES
1494VH	8,724.57	855.247689	86	(16.19)	(1.510023)	11	(15.39)	SERIES
1297RI	580.79	39.102027	123	(8,307.74)	(532.070873)	44	(8,174.45)	SERIES
194MX5	7,301.17	307.866247	272	(1,793.42)	(75.460687)	88	(1,753.23)	SERIES
1117VC	274.38	14.069913	68	(299.18)	(14.836951)	17	(289.82)	SERIES
1177MV	1,199.49	60.465200	89	0.00	0.000000	0	0.00	SERIES
1116TB	5,285.02	202.160476	189	(1,075.94)	(44.022721)	33	(1,135.92)	SERIES
199AFBL	5,138.79	249.755639	175	(3,438.03)	(168.476936)	104	(3,374.82)	SERIES
1382WR	2,777.22	254.657335	95	0.00	0.000000	0	0.00	SERIES
1395NI	3,074.61	319.088408	36	(242.66)	(25.772343)	34	(248.42)	SERIES
1403QF	400.13	34.046601	180	(7.94)	(0.697810)	25	(7.83)	SERIES
1122PR	976.88	64.907834	114	(3,600.00)	(236.524140)	46	(3,443.36)	SERIES
1143PT	401.29	38.316048	99	(2,976.81)	(283.318520)	77	(2,893.54)	SERIES
1311PN	1,679.80	142.248042	194	(906.46)	(74.386160)	76	(862.62)	SERIES
1KGPf	1,642.45	0.000000	149	(1,545.79)	0.000000	100	(1,545.79)	SERIES

5% TRANSACTIONS

12015M1	2,077.51	123.299506	16	(1,035,196.51)	(61,438.556403)	30	(1,007,251.64)	22-APR-16
12015A1	1,035,196.51	58,435.061221	30	0.00	0.000000	0	0.00	22-APR-16
12025M1	2,428.21	132.160406	23	(1,187,234.94)	(64,617.745481)	35	(1,151,311.74)	22-APR-16
12025A1	1,187,234.94	61,114.533207	35	0.00	0.000000	0	0.00	22-APR-16
12035M1	511.71	25.815127	12	(261,471.79)	(13,190.922039)	28	(252,155.64)	22-APR-16
12035A1	261,309.98	12,787.402410	27	0.00	0.000000	0	0.00	22-APR-16
12025A1	0.00	0.000000	0	(195,900.25)	(9,777.847591)	1	(189,948.31)	19-OCT-16

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Lorain County Printing & Publishing Company 401(k) Plan
01-JAN-16 to 31-DEC-16

27-JAN-17 19:30:03

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

4KGPF	Key Guaranteed Portfolio Fund	1SFB LG1	Great-West SecureFoundation Balanced G1
12015M1	Great-West Lifetime 2015 Fund II T1	12015A1	Great-West Lifetime 2015 Fund T1
12025M1	Great-West Lifetime 2025 Fund II T1	12025A1	Great-West Lifetime 2025 Fund T1
12035M1	Great-West Lifetime 2035 Fund II T1	12035A1	Great-West Lifetime 2035 Fund T1
12045M1	Great-West Lifetime 2045 Fund II T1	12045A1	Great-West Lifetime 2045 Fund T1
12055M1	Great-West Lifetime 2055 Fund II T1	12055A1	Great-West Lifetime 2055 Fund T1
1296MI	Great-West International Index Fund I	11FSOI2	Oakmark International II
1426VK	Virtus Emerging Markets Opportunities A	1401QC	PIMCO Commodity Real Ret Strat A
193MX6	Great-West S&P SmallCap 600 Index Fund I	1371LI	ClearBridge Small Cap Growth A
1473UM	Undiscovered Mgrs Behavioral Value A	1295MM	Great-West S&P Mid Cap 400 Index Fund I
1494VH	MFS Mid Cap Value R3	1297RI	RidgeWorth Ceredex Mid-Cap Value Eq I
194MX5	Great-West S&P 500 Index Fund I	1117VC	Invesco Comstock A
1177MV	MFS Value Fund A	1116TB	T. Rowe Price Blue Chip Growth Adv
199AFBL	American Funds American Balanced - R3	1382WR	Metropolitan West Total Re Bd Admin Cl
1395NI	Nuveen Inflation Protected Securities A	1403QF	PIMCO Foreign Bond (USD-Hedged) A
1122PR	PIMCO Real Return A	1143PT	PIMCO Total Return A
1311PN	Pioneer Strategic Income A	1KGP F	Key Guaranteed Portfolio Fund

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**Lorain County Printing & Publishing Company 401(k) Plan
01-JAN-16 to 31-DEC-16**

27-JAN-17 19:30:03

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1SFBLG1			493,870.64	555,374.66
12015A1			1,048,491.85	1,087,898.96
12025A1			1,022,077.69	1,068,338.49
12035A1			273,182.81	287,902.50
12045A1			150,886.88	159,484.33
12055A1			28,906.69	30,402.05
1296MI			2,511.27	2,547.83
1IFSOI2			392.68	426.12
1426VK			2,160.04	2,073.45
193MX6			2,681.80	3,302.34
1371LI			2,473.07	2,574.11
1295MM			11,837.67	13,432.02
1494VH			8,709.19	9,254.86
194MX5			23,178.01	25,548.78
1177MV			1,199.49	1,228.47
1116TB			16,543.16	17,705.25
199AFBL			7,623.63	8,038.42
1382WR			2,777.22	2,730.04
1395NI			2,826.18	2,763.21
1403QF			616.73	634.15
1311PN			2,279.96	2,401.86
1KGPF		1.100	2,595.09	2,624.15
			3,107,821.75	3,286,686.05
FORFEITURES			12.00	12.29

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 34-0365210

LEGEND

INVESTMENT OPTION:

1SFBLG1 Great-West SecureFoundation Balanced G1
 12025A1 Great-West Lifetime 2025 Fund T1
 12045A1 Great-West Lifetime 2045 Fund T1
 1296MI Great-West International Index Fund I
 1426VK Virtus Emerging Markets Opportunities A
 1371LI ClearBridge Small Cap Growth A
 1494VH MFS Mid Cap Value R3
 1177MV MFS Value Fund A
 199AFBL American Funds American Balanced - R3
 1395NI Nuveen Inflation Protected Securities A
 1311PN Pioneer Strategic Income A

12015A1 Great-West Lifetime 2015 Fund T1
 12035A1 Great-West Lifetime 2035 Fund T1
 12055A1 Great-West Lifetime 2055 Fund T1
 1IFSOI2 Oakmark International II
 193MX6 Great-West S&P SmallCap 600 Index Fund I
 1295MM Great-West S&P Mid Cap 400 Index Fund I
 194MX5 Great-West S&P 500 Index Fund I
 1116TB T. Rowe Price Blue Chip Growth Adv
 1382WR Metropolitan West Total Re Bd Admin CI
 1403QF PIMCO Foreign Bond (USD-Hedged) A
 1KGPF Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

**Lorain County Printing & Publishing Company 401(k) Plan
01-JAN-16 to 31-DEC-16**

27-JAN-17 19:30:03

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4KGPf	1.60	0.000000	1	0.00	0.000000	24	0.00	SERIES
1SFBLG1	6,530.13	418.609449	79	(4,903.47)	(316.289772)	195	(4,578.59)	SERIES
12015M1	18,310.99	1,130.285732	164	(1,043,688.57)	(61,969.186985)	33	(1,015,963.91)	SERIES
12015A1	1,076,891.53	60,739.605411	412	(29,143.22)	(1,603.048996)	6	(28,399.68)	SERIES
12025M1	18,180.15	1,037.382546	200	(1,201,956.98)	(65,435.419727)	39	(1,165,839.42)	SERIES
12025A1	1,227,216.71	63,127.869944	480	(211,606.91)	(10,559.810048)	2	(205,139.02)	SERIES
12035M1	7,583.32	406.889889	142	(261,471.79)	(13,190.922039)	28	(252,155.64)	SERIES
12035A1	280,248.91	13,693.601348	361	(7,012.78)	(345.101323)	7	(7,066.10)	SERIES
12045M1	6,153.71	327.583784	96	(159,897.41)	(7,971.064748)	28	(154,387.90)	SERIES
12045A1	168,492.92	8,269.031382	211	(16,817.89)	(865.502428)	4	(17,606.04)	SERIES
12055M1	2,745.78	148.261286	102	(24,154.29)	(1,220.061419)	20	(23,703.86)	SERIES
12055A1	29,604.13	1,467.208270	256	(699.91)	(34.838124)	1	(697.44)	SERIES
1296M1	2,178.34	205.833006	208	(424.59)	(39.359084)	72	(417.55)	SERIES
11FSOI2	813.46	30.464921	159	(1,901.88)	(74.894015)	79	(2,123.86)	SERIES
1426VK	2,119.39	216.255720	208	(603.51)	(61.350197)	52	(570.83)	SERIES
1401QC	432.66	82.496203	127	(1,391.73)	(251.737392)	44	(1,268.56)	SERIES
193MX6	774.05	23.093352	202	(598.97)	(17.212358)	71	(566.37)	SERIES
1371LI	233.54	15.705316	53	0.00	0.000000	0	0.00	SERIES
1473UM	72.22	7.065481	8	(149.43)	(13.265437)	1	(139.22)	SERIES
1295MM	6,853.95	432.431881	222	(1,387.90)	(85.207426)	104	(1,279.77)	SERIES
1494VH	8,724.57	855.247689	86	(16.19)	(1.510023)	11	(15.39)	SERIES
1297RI	580.79	39.102027	123	(8,307.74)	(532.070873)	44	(8,174.45)	SERIES
194MX5	7,301.17	307.866247	272	(1,793.42)	(75.460687)	88	(1,753.23)	SERIES
1117VC	274.38	14.069913	68	(299.18)	(14.836951)	17	(289.82)	SERIES
1177MV	1,199.49	60.465200	89	0.00	0.000000	0	0.00	SERIES
1116TB	5,285.02	202.160476	189	(1,075.94)	(44.022721)	33	(1,135.92)	SERIES
199AFBL	5,138.79	249.755639	175	(3,438.03)	(168.476936)	104	(3,374.82)	SERIES
1382WR	2,777.22	254.657335	95	0.00	0.000000	0	0.00	SERIES
1395NI	3,074.61	319.088408	36	(242.66)	(25.772343)	34	(248.42)	SERIES
1403QF	400.13	34.046601	180	(7.94)	(0.697810)	25	(7.83)	SERIES
1122PR	976.88	64.907834	114	(3,600.00)	(236.524140)	46	(3,443.36)	SERIES
1143PT	401.29	38.316048	99	(2,976.81)	(283.318520)	77	(2,893.54)	SERIES
1311PN	1,679.80	142.248042	194	(906.46)	(74.386160)	76	(862.62)	SERIES
1KGPf	1,642.45	0.000000	149	(1,545.79)	0.000000	100	(1,545.79)	SERIES

5% TRANSACTIONS

12015M1	2,077.51	123.299506	16	(1,035,196.51)	(61,438.556403)	30	(1,007,251.64)	22-APR-16
12015A1	1,035,196.51	58,435.061221	30	0.00	0.000000	0	0.00	22-APR-16
12025M1	2,428.21	132.160406	23	(1,187,234.94)	(64,617.745481)	35	(1,151,311.74)	22-APR-16
12025A1	1,187,234.94	61,114.533207	35	0.00	0.000000	0	0.00	22-APR-16
12035M1	511.71	25.815127	12	(261,471.79)	(13,190.922039)	28	(252,155.64)	22-APR-16
12035A1	261,309.98	12,787.402410	27	0.00	0.000000	0	0.00	22-APR-16
12025A1	0.00	0.000000	0	(195,900.25)	(9,777.847591)	1	(189,948.31)	19-OCT-16