

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

Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <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>CABLE ONE 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>07/01/2015</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>CABLE ONE, INC.</u> <u>210 E. EARLL DRIVE</u> <u>PHOENIX, AZ 85012</u>	2b	Employer Identification Number (EIN) <u>13-3060083</u>
		2c	Plan Sponsor's telephone number <u>602-364-6257</u>
		2d	Business code (see instructions) <u>611000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2017	JOHN REPISCHAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 1561
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) 1220 6a(2) 1253 6b 0 6c 184 6d 1437 6e 0 6f 1437 6g 1425 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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>	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 CABLE ONE 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CABLE ONE, INC.	D Employer Identification Number (EIN) 13-3060083

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

	(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation THE VANGUARD GROUP, INC.
	23-1945930

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

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

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

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

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

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

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

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

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

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

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 25 26 52	NONE	56286	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan CABLE ONE 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CABLE ONE, INC.	D Employer Identification Number (EIN) 13-3060083	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	87644512	97957334
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	87644512	97957334

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	87644512	97957334
---	-----------	----------	----------

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)	2754842	
(B) Participants	2a(1)(B)	4513119	
(C) Others (including rollovers)	2a(1)(C)	1421900	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8689861
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3061863	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3061863
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4182471
c Other income.....	2c		15692
d Total income. Add all income amounts in column (b) and enter total.....	2d		15949887

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5579729	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	1050	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5580779
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	56286	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		56286
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5637065

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10312822
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: **MAYER HOFFMAN MCCANN P.C**

(2) EIN: **43-1947695**

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		10000000
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.
---	---	--

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

A Name of plan <u>CABLE ONE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CABLE ONE, INC.</u>	D Employer Identification Number (EIN) <u>13-3060083</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
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>23-2186884</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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
----------------	---

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
-----------------	---------------------------------

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 / / .	

CABLE ONE 401(k) PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

December 31, 2016 and 2015

CABLE ONE 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2016 and 2015

INDEX

	<u>Pages</u>
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 9
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) – December 31, 2016	10
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) – December 31, 2015	11



3101 N. Central Ave., Suite 300 ■ Phoenix, AZ 85012
Main: 602.264.6835 ■ Fax: 602.265.7631 ■ www.mhmcpa.com

INDEPENDENT AUDITORS' REPORT

To the Cable ONE 401(k) Plan Committee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Cable ONE 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 statements of changes in net assets available for benefits for the year ended December 31, 2016 and the period from July 7, 2015 to December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016 and for the period from July 7, 2015 to December 31, 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2016 and 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

A handwritten signature in black ink that reads "Mayer Hoffman McCann P.C." in a cursive, flowing script.

October 10, 2017

CABLE ONE 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
INVESTMENTS		
Mutual funds	<u>\$ 97,957,334</u>	<u>\$ 87,644,512</u>
Total investments	<u>97,957,334</u>	<u>87,644,512</u>
RECEIVABLES		
Employer corrective contribution	<u>32,531</u>	<u>32,531</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 97,989,865</u>	<u>\$ 87,677,043</u>

See Notes to Financial Statements

CABLE ONE 401(k) Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2016 and
Period from July 7, 2015 to December 31, 2015

	Year Ended December 31, 2016	Period from July 7, 2015 to December 31, 2015
ADDITIONS		
Contributions:		
Employer	\$ 2,754,842	\$ 1,272,795
Participants	4,513,119	2,075,774
Rollover	1,421,900	3,990,734
Total contributions	<u>8,689,861</u>	<u>7,339,303</u>
Interest and dividend income	3,061,863	2,739,626
Net appreciation in fair value of investments	4,182,471	-
Other income	15,692	142
Total investment income	<u>7,260,026</u>	<u>2,739,768</u>
TOTAL ADDITIONS	<u>15,949,887</u>	<u>10,079,071</u>
DEDUCTIONS		
Benefits paid to participants	5,580,779	3,315,713
Net depreciation in fair value of investments	-	6,185,276
Administrative expenses	56,286	15,060
TOTAL DEDUCTIONS	<u>5,637,065</u>	<u>9,516,049</u>
NET INCREASE IN NET ASSETS PRIOR TO TRANSFERS	10,312,822	563,022
TRANSFER OF NET ASSETS		
From The Savings Plan for GHC Divisions	<u>-</u>	<u>87,114,021</u>
NET INCREASE IN NET ASSETS	10,312,822	87,677,043
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>87,677,043</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 97,989,865</u>	<u>\$ 87,677,043</u>

See Notes to Financial Statements

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(1) Description of the Plan

The following brief description of the **Cable ONE 401(k) Plan** (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The Plan is a spin off and continuation of The Savings Plan for GHC Divisions (the "Prior Plan"), a qualified 401(k) plan sponsored by Graham Holdings Company ("Graham").

Effective with the distribution ("Spin-off") by Graham of its interest in Cable One, Inc. (the "Sponsor" or the "Company") on or about July 7, 2015, the Sponsor established the Plan as a qualified defined contribution plan to hold the spun-off assets and liabilities of the Prior Plan, and to continue to provide 401(k) savings opportunities and employer contributions for employees of the Sponsor and participating Affiliates in the Sponsor's controlled group (collectively, the "Participating Employers").

In connection with the Spin-off, account balances from the Prior Plan were transferred into the Plan.

Overall responsibility for administering the Plan rests with the Company, which is responsible for the general administration of the Plan including compliance with reporting and disclosure requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan agreement was amended during 2016 and 2015 to allow participants to elect and transact certain after-tax (i.e. Roth) and pre-tax activity, respectively.

- A. **Eligibility** - Full-time or part-time employees of the Company are eligible to participate in the Plan. Temporary, call-in or vacation relief employees are not eligible to participate in the Plan. Employees covered by a collective bargaining agreement with the Company are not eligible to participate unless the applicable collective bargaining agreement specifically provides for eligibility to participate in the Plan. Eligible employees who have completed 1,000 or more hours of service in a period of twelve consecutive months are eligible to receive matching contributions, as defined in the Plan agreement.
- B. **Contributions** - Participants may contribute a percentage of annual eligible compensation to the Plan. The total contribution, however, is subject to dollar limitations set forth by the Internal Revenue Code. After one year of service, participants in the Plan are eligible to receive Company Matching Contributions equal to 100% of a participant's contributions up to 5% of the participant's Base Salary, as defined in the Plan agreement. Additionally, the Company may make discretionary nonelective contributions to the Plan. Except as described in Note 7, there were no discretionary nonelective contributions made in 2016 or 2015. Participants may apply to the Cable ONE 401(k) Plan Committee to make rollover contributions into the Plan.
- C. **Participant accounts** - Each participant's account is credited with (a) contributions and (b) an allocation of Plan earnings and expenses. Allocations of Plan earnings and expenses are based on participant account balances. The benefit to which a participant is entitled is the participant's vested account balance.
- D. **Vesting** - Participants are immediately vested 100% in their accounts, including Company Matching Contributions.
- E. **Loans** - Participant loans are not permitted by the Plan.

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(1) Description of the Plan (continued)

F. Benefits - The Plan provides for the payment of benefits from the vested balance in a participant's account upon one of the following:

- a. Termination of employment
- b. Active employment and attainment of age 59 ½
- c. Financial hardship
- d. Death of participant

Benefits are payable in a lump-sum distribution. Distributions to a beneficiary other than the participant's spouse upon occurrence of death are only effective if the participant's spouse has waived the right to be the beneficiary, and has consented in writing to the designation of another beneficiary.

G. Administrative expenses - The Company pays for some of the Plan's administrative expenses.

(2) Significant accounting policies

The significant accounting policies followed by the Plan are as follows:

Basis of accounting - The financial statements of the Plan are prepared on the accrual method of accounting. Accordingly, income and contributions are recognized when earned and expenses are recorded when incurred.

Payments of benefits - Benefits are recorded when paid.

Management's 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 the reported amounts and disclosures of contingent items in these financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition - The investments of the Plan are reported at fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. If a Level 1 input is available, it must be used.
- Level 2: Inputs other than quoted prices that are observable for securities, either directly or indirectly. Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.; quoted prices for similar assets in active markets; and inputs derived from observable market data by correlation or other means.
- Level 3: Unobservable inputs, which contain assumptions by the party valuing those assets. For Level 3 inputs, there is no market data or correlations with market assumptions. Examples would include limited partnership interests, closely held stock, etc.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(2) Significant accounting policies (continued)

As of December 31, 2016 and 2015, the Plan's investments in mutual funds totaled \$97,957,334 and \$87,644,512, respectively, all of which are measured using Level 1 inputs within the fair value hierarchy.

Following is a description of the valuation methodologies used for the investments held by the Plan. There have been no changes in the methodologies used during 2016 or 2015.

- Mutual funds - Stated at net asset values, which are readily determinable fair values of those shares as they are published daily and are the basis for current transactions.

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

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

Risks and uncertainties - The Plan's exposure to loss in the event of nonperformance of investments is limited to the carrying value of such instruments. The Plan's provisions as well as those of ERISA dictate the Plan's concentrations of credit risk and market risk. Due to the level of credit risk, interest rate risk and market risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Subsequent events - The Plan's management has evaluated subsequent events through October 10, 2017, which is the date the financial statements were available to be issued.

(3) Tax status

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated December 16, 2016, covering all amendments through December 31, 2015, stating that the Plan was qualified under applicable sections of the Internal Revenue Code ("IRC") and, therefore, the related trust was exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statements date. Accordingly, no provision for income taxes has been included in the financial statements.

(4) Plan termination

While it is the Company's intention to continue the Plan, the Company has the right to terminate the Plan subject to the provisions of ERISA, provided all employer contributions due at the termination date have been paid. In the event of Plan termination, participants are fully vested in their accounts, including the Company Matching Contributions.

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(5) Information certified by the Plan Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Vanguard Fiduciary Trust Company, the trustee of the Plan's assets, has certified that the following information, included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments
- Interest and dividend income
- Net appreciation and depreciation in fair value of investments
- Other income
- Schedules of assets (held at end of year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(6) Party-in-interest transactions

Certain Plan investments are managed by Vanguard Fiduciary Trust Company, the Plan's trustee, as defined by the Plan. Therefore, transactions with the trustee qualify as party-in-interest transactions.

Total administrative fees and expenses paid by the Plan to parties-in-interest for the year ended December 31, 2016 and the period from July 7, 2015 to December 31, 2015 totaled \$56,286 and \$15,060, respectively, related to investment management and record keeping services. A portion of the administration fees and expenses have been absorbed by the Plan sponsor.

(7) Employer corrective contribution receivable

For the 2015 Plan year, the Plan was determined to have failed the Actual Deferral Percentage (ADP) testing performed by the Plan. As a corrective measure, Plan management determined to make a qualifying nonelective contribution (QNEC) totaling \$32,531. The amount is recorded as a receivable as of December 31, 2015 and 2016, and as an employer contribution for the period ended December 31, 2015. The QNEC for 2015 was funded by the Company to the Plan in September 2017.

(8) Reconciliation to Form 5500

The following reconciles employer contributions and net assets available for benefits as reported on Form 5500 to the statements of net assets available for benefits as of December 31, 2015 and 2016 and the statement of changes in net assets available for benefits for the period ended December 31, 2015:

	<u>2016</u>	<u>2015</u>
Net assets available for benefits as reported on Form 5500	\$ 97,957,334	\$ 87,644,512
Plus: Employer corrective contribution receivable	<u>32,531</u>	<u>32,531</u>
Net assets available for benefits as reported on the financial statements	<u>\$ 97,989,865</u>	<u>\$ 87,677,043</u>
Employer contributions as reported on Form 5500		\$ 1,240,264
Plus: Employer contributions		<u>32,531</u>
Employer contributions as reported on the financial statements		<u>\$ 1,272,795</u>

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(9) Transfer

On or about July 7, 2015, assets totaling \$87,114,021 were transferred from The Savings Plan for GHC Divisions to the Cable ONE 401(k) Plan.

SUPPLEMENTAL SCHEDULES

CABLE ONE 401(k) Plan

EIN #13-3060083

Plan #001

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

December 31, 2016

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(e) Current value
(a)	(b) Identity of issue, borrower, lessor or similar party		(d) Cost	
	Mutual Funds			
	Sequoia Fund	Mutual fund	**	\$ 3,538,552
*	Vanguard 500 Index Fund Investor Shares	Mutual fund	**	12,237,282
*	Vanguard Federal Money Market Fund	Mutual fund	**	2,184,537
*	Vanguard Growth Index Fund Investor Shares	Mutual fund	**	5,432,600
*	Vanguard Mid-Cap Index Fund Investor Shares	Mutual fund	**	6,470,933
*	Vanguard Prime Money Market Fund	Mutual fund	**	6,107,930
*	Vanguard Short-Term Investment-Grade Fund: Inv Shr	Mutual fund	**	2,276,209
*	Vanguard Small-Cap Value Index Fund	Mutual fund	**	3,606,456
*	Vanguard Target Retirement 2010 Fund	Mutual fund	**	1,102,840
*	Vanguard Target Retirement 2015 Fund	Mutual fund	**	691,945
*	Vanguard Target Retirement 2020 Fund	Mutual fund	**	4,190,891
*	Vanguard Target Retirement 2025 Fund	Mutual fund	**	4,465,920
*	Vanguard Target Retirement 2030 Fund	Mutual fund	**	2,841,705
*	Vanguard Target Retirement 2035 Fund	Mutual fund	**	2,700,518
*	Vanguard Target Retirement 2040 Fund	Mutual fund	**	2,088,463
*	Vanguard Target Retirement 2045 Fund	Mutual fund	**	1,767,557
*	Vanguard Target Retirement 2050 Fund	Mutual fund	**	900,364
*	Vanguard Target Retirement 2055 Fund	Mutual fund	**	143,517
*	Vanguard Target Retirement 2060 Fund	Mutual fund	**	93,011
*	Vanguard Target Retirement Income	Mutual fund	**	401,334
*	Vanguard Total Bond Market Index Fund Investor Shares	Mutual fund	**	2,376,385
*	Vanguard Total International Bond Index Fund Investor Shr	Mutual fund	**	400,880
*	Vanguard Total International Stock Index Fund	Mutual fund	**	2,432,557
*	Vanguard Total Stock Market Index Fund Investor Shares	Mutual fund	**	697,616
*	Vanguard U.S. Growth Fund Investor Shares	Mutual fund	**	885,662
*	Vanguard Wellesley Income Fund Investor Shares	Mutual fund	**	3,482,162
*	Vanguard Wellington Fund Investor Shares	Mutual fund	**	10,193,708
*	Vanguard Windsor Fund Investor Shares	Mutual fund	**	14,245,800
	Total Mutual Funds			97,957,334
	TOTAL ASSETS (HELD AT END OF YEAR)			\$ 97,957,334

* Denotes a party-in-interest

** Cost information is not required for participant-directed investments

CABLE ONE 401(k) Plan

EIN #13-3060083

Plan #001

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

December 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Funds			
	Sequoia Fund	Mutual fund	**	\$ 4,246,733
*	Vanguard 500 Index Fund Investor Shares	Mutual fund	**	10,975,129
*	Vanguard Federal Money Market Fund	Mutual fund	**	2,675,561
*	Vanguard Growth Index Fund Investor Shares	Mutual fund	**	5,131,411
*	Vanguard Mid-Cap Index Fund Investor Shares	Mutual fund	**	5,909,096
*	Vanguard Prime Money Market Fund	Mutual fund	**	5,246,260
*	Vanguard Short-Term Investment-Grade Fund: Inv Shr	Mutual fund	**	2,548,393
*	Vanguard Small-Cap Value Index Fund	Mutual fund	**	2,917,632
*	Vanguard Target Retirement 2010 Fund	Mutual fund	**	1,014,754
*	Vanguard Target Retirement 2015 Fund	Mutual fund	**	553,643
*	Vanguard Target Retirement 2020 Fund	Mutual fund	**	4,062,406
*	Vanguard Target Retirement 2025 Fund	Mutual fund	**	3,812,646
*	Vanguard Target Retirement 2030 Fund	Mutual fund	**	2,363,091
*	Vanguard Target Retirement 2035 Fund	Mutual fund	**	2,213,641
*	Vanguard Target Retirement 2040 Fund	Mutual fund	**	1,484,870
*	Vanguard Target Retirement 2045 Fund	Mutual fund	**	1,317,788
*	Vanguard Target Retirement 2050 Fund	Mutual fund	**	594,195
*	Vanguard Target Retirement 2055 Fund	Mutual fund	**	108,320
*	Vanguard Target Retirement 2060 Fund	Mutual fund	**	84,083
*	Vanguard Target Retirement Income	Mutual fund	**	403,797
*	Vanguard Total Bond Market Index Fund Investor Shares	Mutual fund	**	1,222,120
*	Vanguard Total International Bond Index Fund Investor Shr	Mutual fund	**	134,313
*	Vanguard Total International Stock Index Fund	Mutual fund	**	1,684,923
*	Vanguard Total Stock Market Index Fund Investor Shares	Mutual fund	**	352,046
*	Vanguard U.S. Growth Fund Investor Shares	Mutual fund	**	852,003
*	Vanguard Wellesley Income Fund Investor Shares	Mutual fund	**	2,924,798
*	Vanguard Wellington Fund Investor Shares	Mutual fund	**	9,126,374
*	Vanguard Windsor Fund Investor Shares	Mutual fund	**	13,684,486
	Total Mutual Funds			87,644,512
	TOTAL ASSETS (HELD AT END OF YEAR)			\$ 87,644,512

* Denotes a party-in-interest

** Cost information is not required for participant-directed investments

CABLE ONE 401(k) PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

December 31, 2016 and 2015

CABLE ONE 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2016 and 2015

INDEX

	<u>Pages</u>
INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 9
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) – December 31, 2016	10
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) – December 31, 2015	11



3101 N. Central Ave., Suite 300 ■ Phoenix, AZ 85012
Main: 602.264.6835 ■ Fax: 602.265.7631 ■ www.mhmcpa.com

INDEPENDENT AUDITORS' REPORT

To the Cable ONE 401(k) Plan Committee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Cable ONE 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 statements of changes in net assets available for benefits for the year ended December 31, 2016 and the period from July 7, 2015 to December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016 and for the period from July 7, 2015 to December 31, 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2016 and 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

A handwritten signature in black ink that reads "Mayer Hoffman McCann P.C." in a cursive, flowing script.

October 10, 2017

CABLE ONE 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
INVESTMENTS		
Mutual funds	<u>\$ 97,957,334</u>	<u>\$ 87,644,512</u>
Total investments	<u>97,957,334</u>	<u>87,644,512</u>
RECEIVABLES		
Employer corrective contribution	<u>32,531</u>	<u>32,531</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 97,989,865</u>	<u>\$ 87,677,043</u>

See Notes to Financial Statements

CABLE ONE 401(k) Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2016 and
Period from July 7, 2015 to December 31, 2015

	Year Ended December 31, 2016	Period from July 7, 2015 to December 31, 2015
ADDITIONS		
Contributions:		
Employer	\$ 2,754,842	\$ 1,272,795
Participants	4,513,119	2,075,774
Rollover	1,421,900	3,990,734
Total contributions	<u>8,689,861</u>	<u>7,339,303</u>
Interest and dividend income	3,061,863	2,739,626
Net appreciation in fair value of investments	4,182,471	-
Other income	15,692	142
Total investment income	<u>7,260,026</u>	<u>2,739,768</u>
TOTAL ADDITIONS	<u>15,949,887</u>	<u>10,079,071</u>
DEDUCTIONS		
Benefits paid to participants	5,580,779	3,315,713
Net depreciation in fair value of investments	-	6,185,276
Administrative expenses	56,286	15,060
TOTAL DEDUCTIONS	<u>5,637,065</u>	<u>9,516,049</u>
NET INCREASE IN NET ASSETS PRIOR TO TRANSFERS	10,312,822	563,022
TRANSFER OF NET ASSETS		
From The Savings Plan for GHC Divisions	<u>-</u>	<u>87,114,021</u>
NET INCREASE IN NET ASSETS	10,312,822	87,677,043
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>87,677,043</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 97,989,865</u>	<u>\$ 87,677,043</u>

See Notes to Financial Statements

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(1) Description of the Plan

The following brief description of the **Cable ONE 401(k) Plan** (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The Plan is a spin off and continuation of The Savings Plan for GHC Divisions (the "Prior Plan"), a qualified 401(k) plan sponsored by Graham Holdings Company ("Graham").

Effective with the distribution ("Spin-off") by Graham of its interest in Cable One, Inc. (the "Sponsor" or the "Company") on or about July 7, 2015, the Sponsor established the Plan as a qualified defined contribution plan to hold the spun-off assets and liabilities of the Prior Plan, and to continue to provide 401(k) savings opportunities and employer contributions for employees of the Sponsor and participating Affiliates in the Sponsor's controlled group (collectively, the "Participating Employers").

In connection with the Spin-off, account balances from the Prior Plan were transferred into the Plan.

Overall responsibility for administering the Plan rests with the Company, which is responsible for the general administration of the Plan including compliance with reporting and disclosure requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan agreement was amended during 2016 and 2015 to allow participants to elect and transact certain after-tax (i.e. Roth) and pre-tax activity, respectively.

- A. **Eligibility** - Full-time or part-time employees of the Company are eligible to participate in the Plan. Temporary, call-in or vacation relief employees are not eligible to participate in the Plan. Employees covered by a collective bargaining agreement with the Company are not eligible to participate unless the applicable collective bargaining agreement specifically provides for eligibility to participate in the Plan. Eligible employees who have completed 1,000 or more hours of service in a period of twelve consecutive months are eligible to receive matching contributions, as defined in the Plan agreement.
- B. **Contributions** - Participants may contribute a percentage of annual eligible compensation to the Plan. The total contribution, however, is subject to dollar limitations set forth by the Internal Revenue Code. After one year of service, participants in the Plan are eligible to receive Company Matching Contributions equal to 100% of a participant's contributions up to 5% of the participant's Base Salary, as defined in the Plan agreement. Additionally, the Company may make discretionary nonelective contributions to the Plan. Except as described in Note 7, there were no discretionary nonelective contributions made in 2016 or 2015. Participants may apply to the Cable ONE 401(k) Plan Committee to make rollover contributions into the Plan.
- C. **Participant accounts** - Each participant's account is credited with (a) contributions and (b) an allocation of Plan earnings and expenses. Allocations of Plan earnings and expenses are based on participant account balances. The benefit to which a participant is entitled is the participant's vested account balance.
- D. **Vesting** - Participants are immediately vested 100% in their accounts, including Company Matching Contributions.
- E. **Loans** - Participant loans are not permitted by the Plan.

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(1) Description of the Plan (continued)

F. Benefits - The Plan provides for the payment of benefits from the vested balance in a participant's account upon one of the following:

- a. Termination of employment
- b. Active employment and attainment of age 59 ½
- c. Financial hardship
- d. Death of participant

Benefits are payable in a lump-sum distribution. Distributions to a beneficiary other than the participant's spouse upon occurrence of death are only effective if the participant's spouse has waived the right to be the beneficiary, and has consented in writing to the designation of another beneficiary.

G. Administrative expenses - The Company pays for some of the Plan's administrative expenses.

(2) Significant accounting policies

The significant accounting policies followed by the Plan are as follows:

Basis of accounting - The financial statements of the Plan are prepared on the accrual method of accounting. Accordingly, income and contributions are recognized when earned and expenses are recorded when incurred.

Payments of benefits - Benefits are recorded when paid.

Management's 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 the reported amounts and disclosures of contingent items in these financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition - The investments of the Plan are reported at fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. If a Level 1 input is available, it must be used.
- Level 2: Inputs other than quoted prices that are observable for securities, either directly or indirectly. Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.; quoted prices for similar assets in active markets; and inputs derived from observable market data by correlation or other means.
- Level 3: Unobservable inputs, which contain assumptions by the party valuing those assets. For Level 3 inputs, there is no market data or correlations with market assumptions. Examples would include limited partnership interests, closely held stock, etc.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(2) Significant accounting policies (continued)

As of December 31, 2016 and 2015, the Plan's investments in mutual funds totaled \$97,957,334 and \$87,644,512, respectively, all of which are measured using Level 1 inputs within the fair value hierarchy.

Following is a description of the valuation methodologies used for the investments held by the Plan. There have been no changes in the methodologies used during 2016 or 2015.

- Mutual funds - Stated at net asset values, which are readily determinable fair values of those shares as they are published daily and are the basis for current transactions.

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

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

Risks and uncertainties - The Plan's exposure to loss in the event of nonperformance of investments is limited to the carrying value of such instruments. The Plan's provisions as well as those of ERISA dictate the Plan's concentrations of credit risk and market risk. Due to the level of credit risk, interest rate risk and market risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Subsequent events - The Plan's management has evaluated subsequent events through October 10, 2017, which is the date the financial statements were available to be issued.

(3) Tax status

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated December 16, 2016, covering all amendments through December 31, 2015, stating that the Plan was qualified under applicable sections of the Internal Revenue Code ("IRC") and, therefore, the related trust was exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statements date. Accordingly, no provision for income taxes has been included in the financial statements.

(4) Plan termination

While it is the Company's intention to continue the Plan, the Company has the right to terminate the Plan subject to the provisions of ERISA, provided all employer contributions due at the termination date have been paid. In the event of Plan termination, participants are fully vested in their accounts, including the Company Matching Contributions.

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(5) Information certified by the Plan Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Vanguard Fiduciary Trust Company, the trustee of the Plan's assets, has certified that the following information, included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments
- Interest and dividend income
- Net appreciation and depreciation in fair value of investments
- Other income
- Schedules of assets (held at end of year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(6) Party-in-interest transactions

Certain Plan investments are managed by Vanguard Fiduciary Trust Company, the Plan's trustee, as defined by the Plan. Therefore, transactions with the trustee qualify as party-in-interest transactions.

Total administrative fees and expenses paid by the Plan to parties-in-interest for the year ended December 31, 2016 and the period from July 7, 2015 to December 31, 2015 totaled \$56,286 and \$15,060, respectively, related to investment management and record keeping services. A portion of the administration fees and expenses have been absorbed by the Plan sponsor.

(7) Employer corrective contribution receivable

For the 2015 Plan year, the Plan was determined to have failed the Actual Deferral Percentage (ADP) testing performed by the Plan. As a corrective measure, Plan management determined to make a qualifying nonelective contribution (QNEC) totaling \$32,531. The amount is recorded as a receivable as of December 31, 2015 and 2016, and as an employer contribution for the period ended December 31, 2015. The QNEC for 2015 was funded by the Company to the Plan in September 2017.

(8) Reconciliation to Form 5500

The following reconciles employer contributions and net assets available for benefits as reported on Form 5500 to the statements of net assets available for benefits as of December 31, 2015 and 2016 and the statement of changes in net assets available for benefits for the period ended December 31, 2015:

	<u>2016</u>	<u>2015</u>
Net assets available for benefits as reported on Form 5500	\$ 97,957,334	\$ 87,644,512
Plus: Employer corrective contribution receivable	<u>32,531</u>	<u>32,531</u>
Net assets available for benefits as reported on the financial statements	<u>\$ 97,989,865</u>	<u>\$ 87,677,043</u>
Employer contributions as reported on Form 5500		\$ 1,240,264
Plus: Employer contributions		<u>32,531</u>
Employer contributions as reported on the financial statements		<u>\$ 1,272,795</u>

CABLE ONE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2016 and 2015

(9) Transfer

On or about July 7, 2015, assets totaling \$87,114,021 were transferred from The Savings Plan for GHC Divisions to the Cable ONE 401(k) Plan.

SUPPLEMENTAL SCHEDULES

CABLE ONE 401(k) Plan

EIN #13-3060083

Plan #001

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

December 31, 2016

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
(a)	(b) Identity of issue, borrower, lessor or similar party			
	Mutual Funds			
	Sequoia Fund	Mutual fund	**	\$ 3,538,552
*	Vanguard 500 Index Fund Investor Shares	Mutual fund	**	12,237,282
*	Vanguard Federal Money Market Fund	Mutual fund	**	2,184,537
*	Vanguard Growth Index Fund Investor Shares	Mutual fund	**	5,432,600
*	Vanguard Mid-Cap Index Fund Investor Shares	Mutual fund	**	6,470,933
*	Vanguard Prime Money Market Fund	Mutual fund	**	6,107,930
*	Vanguard Short-Term Investment-Grade Fund: Inv Shr	Mutual fund	**	2,276,209
*	Vanguard Small-Cap Value Index Fund	Mutual fund	**	3,606,456
*	Vanguard Target Retirement 2010 Fund	Mutual fund	**	1,102,840
*	Vanguard Target Retirement 2015 Fund	Mutual fund	**	691,945
*	Vanguard Target Retirement 2020 Fund	Mutual fund	**	4,190,891
*	Vanguard Target Retirement 2025 Fund	Mutual fund	**	4,465,920
*	Vanguard Target Retirement 2030 Fund	Mutual fund	**	2,841,705
*	Vanguard Target Retirement 2035 Fund	Mutual fund	**	2,700,518
*	Vanguard Target Retirement 2040 Fund	Mutual fund	**	2,088,463
*	Vanguard Target Retirement 2045 Fund	Mutual fund	**	1,767,557
*	Vanguard Target Retirement 2050 Fund	Mutual fund	**	900,364
*	Vanguard Target Retirement 2055 Fund	Mutual fund	**	143,517
*	Vanguard Target Retirement 2060 Fund	Mutual fund	**	93,011
*	Vanguard Target Retirement Income	Mutual fund	**	401,334
*	Vanguard Total Bond Market Index Fund Investor Shares	Mutual fund	**	2,376,385
*	Vanguard Total International Bond Index Fund Investor Shr	Mutual fund	**	400,880
*	Vanguard Total International Stock Index Fund	Mutual fund	**	2,432,557
*	Vanguard Total Stock Market Index Fund Investor Shares	Mutual fund	**	697,616
*	Vanguard U.S. Growth Fund Investor Shares	Mutual fund	**	885,662
*	Vanguard Wellesley Income Fund Investor Shares	Mutual fund	**	3,482,162
*	Vanguard Wellington Fund Investor Shares	Mutual fund	**	10,193,708
*	Vanguard Windsor Fund Investor Shares	Mutual fund	**	14,245,800
	Total Mutual Funds			97,957,334
	TOTAL ASSETS (HELD AT END OF YEAR)			\$ 97,957,334

* Denotes a party-in-interest

** Cost information is not required for participant-directed investments

CABLE ONE 401(k) Plan

EIN #13-3060083

Plan #001

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

December 31, 2015

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
(a)	(b) Identity of issue, borrower, lessor or similar party			
	Mutual Funds			
	Sequoia Fund	Mutual fund	**	\$ 4,246,733
*	Vanguard 500 Index Fund Investor Shares	Mutual fund	**	10,975,129
*	Vanguard Federal Money Market Fund	Mutual fund	**	2,675,561
*	Vanguard Growth Index Fund Investor Shares	Mutual fund	**	5,131,411
*	Vanguard Mid-Cap Index Fund Investor Shares	Mutual fund	**	5,909,096
*	Vanguard Prime Money Market Fund	Mutual fund	**	5,246,260
*	Vanguard Short-Term Investment-Grade Fund: Inv Shr	Mutual fund	**	2,548,393
*	Vanguard Small-Cap Value Index Fund	Mutual fund	**	2,917,632
*	Vanguard Target Retirement 2010 Fund	Mutual fund	**	1,014,754
*	Vanguard Target Retirement 2015 Fund	Mutual fund	**	553,643
*	Vanguard Target Retirement 2020 Fund	Mutual fund	**	4,062,406
*	Vanguard Target Retirement 2025 Fund	Mutual fund	**	3,812,646
*	Vanguard Target Retirement 2030 Fund	Mutual fund	**	2,363,091
*	Vanguard Target Retirement 2035 Fund	Mutual fund	**	2,213,641
*	Vanguard Target Retirement 2040 Fund	Mutual fund	**	1,484,870
*	Vanguard Target Retirement 2045 Fund	Mutual fund	**	1,317,788
*	Vanguard Target Retirement 2050 Fund	Mutual fund	**	594,195
*	Vanguard Target Retirement 2055 Fund	Mutual fund	**	108,320
*	Vanguard Target Retirement 2060 Fund	Mutual fund	**	84,083
*	Vanguard Target Retirement Income	Mutual fund	**	403,797
*	Vanguard Total Bond Market Index Fund Investor Shares	Mutual fund	**	1,222,120
*	Vanguard Total International Bond Index Fund Investor Shr	Mutual fund	**	134,313
*	Vanguard Total International Stock Index Fund	Mutual fund	**	1,684,923
*	Vanguard Total Stock Market Index Fund Investor Shares	Mutual fund	**	352,046
*	Vanguard U.S. Growth Fund Investor Shares	Mutual fund	**	852,003
*	Vanguard Wellesley Income Fund Investor Shares	Mutual fund	**	2,924,798
*	Vanguard Wellington Fund Investor Shares	Mutual fund	**	9,126,374
*	Vanguard Windsor Fund Investor Shares	Mutual fund	**	13,684,486
	Total Mutual Funds			87,644,512
	TOTAL ASSETS (HELD AT END OF YEAR)			\$ 87,644,512

* Denotes a party-in-interest

** Cost information is not required for participant-directed investments

CABLE ONE 401(k) Plan

EIN #13-3060083

Plan #001

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

December 31, 2016

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(e) Current value
(a)	(b) Identity of issue, borrower, lessor or similar party		(d) Cost	
	Mutual Funds			
	Sequoia Fund	Mutual fund	**	\$ 3,538,552
*	Vanguard 500 Index Fund Investor Shares	Mutual fund	**	12,237,282
*	Vanguard Federal Money Market Fund	Mutual fund	**	2,184,537
*	Vanguard Growth Index Fund Investor Shares	Mutual fund	**	5,432,600
*	Vanguard Mid-Cap Index Fund Investor Shares	Mutual fund	**	6,470,933
*	Vanguard Prime Money Market Fund	Mutual fund	**	6,107,930
*	Vanguard Short-Term Investment-Grade Fund: Inv Shr	Mutual fund	**	2,276,209
*	Vanguard Small-Cap Value Index Fund	Mutual fund	**	3,606,456
*	Vanguard Target Retirement 2010 Fund	Mutual fund	**	1,102,840
*	Vanguard Target Retirement 2015 Fund	Mutual fund	**	691,945
*	Vanguard Target Retirement 2020 Fund	Mutual fund	**	4,190,891
*	Vanguard Target Retirement 2025 Fund	Mutual fund	**	4,465,920
*	Vanguard Target Retirement 2030 Fund	Mutual fund	**	2,841,705
*	Vanguard Target Retirement 2035 Fund	Mutual fund	**	2,700,518
*	Vanguard Target Retirement 2040 Fund	Mutual fund	**	2,088,463
*	Vanguard Target Retirement 2045 Fund	Mutual fund	**	1,767,557
*	Vanguard Target Retirement 2050 Fund	Mutual fund	**	900,364
*	Vanguard Target Retirement 2055 Fund	Mutual fund	**	143,517
*	Vanguard Target Retirement 2060 Fund	Mutual fund	**	93,011
*	Vanguard Target Retirement Income	Mutual fund	**	401,334
*	Vanguard Total Bond Market Index Fund Investor Shares	Mutual fund	**	2,376,385
*	Vanguard Total International Bond Index Fund Investor Shr	Mutual fund	**	400,880
*	Vanguard Total International Stock Index Fund	Mutual fund	**	2,432,557
*	Vanguard Total Stock Market Index Fund Investor Shares	Mutual fund	**	697,616
*	Vanguard U.S. Growth Fund Investor Shares	Mutual fund	**	885,662
*	Vanguard Wellesley Income Fund Investor Shares	Mutual fund	**	3,482,162
*	Vanguard Wellington Fund Investor Shares	Mutual fund	**	10,193,708
*	Vanguard Windsor Fund Investor Shares	Mutual fund	**	14,245,800
	Total Mutual Funds			97,957,334
	TOTAL ASSETS (HELD AT END OF YEAR)			\$ 97,957,334

* Denotes a party-in-interest

** Cost information is not required for participant-directed investments

CABLE ONE 401(k) Plan

EIN #13-3060083

Plan #001

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

December 31, 2015

		(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(e) Current value
(a)	(b) Identity of issue, borrower, lessor or similar party		(d) Cost	
	Mutual Funds			
	Sequoia Fund	Mutual fund	**	\$ 4,246,733
*	Vanguard 500 Index Fund Investor Shares	Mutual fund	**	10,975,129
*	Vanguard Federal Money Market Fund	Mutual fund	**	2,675,561
*	Vanguard Growth Index Fund Investor Shares	Mutual fund	**	5,131,411
*	Vanguard Mid-Cap Index Fund Investor Shares	Mutual fund	**	5,909,096
*	Vanguard Prime Money Market Fund	Mutual fund	**	5,246,260
*	Vanguard Short-Term Investment-Grade Fund: Inv Shr	Mutual fund	**	2,548,393
*	Vanguard Small-Cap Value Index Fund	Mutual fund	**	2,917,632
*	Vanguard Target Retirement 2010 Fund	Mutual fund	**	1,014,754
*	Vanguard Target Retirement 2015 Fund	Mutual fund	**	553,643
*	Vanguard Target Retirement 2020 Fund	Mutual fund	**	4,062,406
*	Vanguard Target Retirement 2025 Fund	Mutual fund	**	3,812,646
*	Vanguard Target Retirement 2030 Fund	Mutual fund	**	2,363,091
*	Vanguard Target Retirement 2035 Fund	Mutual fund	**	2,213,641
*	Vanguard Target Retirement 2040 Fund	Mutual fund	**	1,484,870
*	Vanguard Target Retirement 2045 Fund	Mutual fund	**	1,317,788
*	Vanguard Target Retirement 2050 Fund	Mutual fund	**	594,195
*	Vanguard Target Retirement 2055 Fund	Mutual fund	**	108,320
*	Vanguard Target Retirement 2060 Fund	Mutual fund	**	84,083
*	Vanguard Target Retirement Income	Mutual fund	**	403,797
*	Vanguard Total Bond Market Index Fund Investor Shares	Mutual fund	**	1,222,120
*	Vanguard Total International Bond Index Fund Investor Shr	Mutual fund	**	134,313
*	Vanguard Total International Stock Index Fund	Mutual fund	**	1,684,923
*	Vanguard Total Stock Market Index Fund Investor Shares	Mutual fund	**	352,046
*	Vanguard U.S. Growth Fund Investor Shares	Mutual fund	**	852,003
*	Vanguard Wellesley Income Fund Investor Shares	Mutual fund	**	2,924,798
*	Vanguard Wellington Fund Investor Shares	Mutual fund	**	9,126,374
*	Vanguard Windsor Fund Investor Shares	Mutual fund	**	13,684,486
	Total Mutual Funds			87,644,512
	TOTAL ASSETS (HELD AT END OF YEAR)			\$ 87,644,512

* Denotes a party-in-interest

** Cost information is not required for participant-directed investments

Vanguard®

P.O. Box 2900

Valley Forge, PA 19482-2900

www.vanguard.com

Reasonable Cause Letter:

Form 5500 IRS Notification – “Form 5558 denied”:

The Form 5558 was mailed prior to the 7/31 deadline as stated under the filing requirements. The delivery took place on July 27, 2017 via FedEx however during delivery the package was damaged while in route from Philadelphia into the Memphis hub. Once in Memphis the package was held in their “Package Research Area” until delivery information could be confirmed at which time the delivery was finalized on August 16th, 2017.

Please see the attached FedEx Tracking confirmation.

[My Profile](#) | [Support](#) | [Locations](#) | [English](#) | [Submit](#)

FedEx | [Shipping](#) | [Tracking](#) | [Manage](#) | [Learn](#) | [FedEx Office](#) | [Login](#)

IMPORTANT!
FedEx is closely monitoring Tropical Storm Irma. [Learn More](#)

FedEx® Tracking

779747407197

Ship date:
Thu 7/27/2017

Delivered
Signed for by: B.IZATT

Actual delivery:
Pending

Wayne, PA US

OGDEN, UT US

2 Piece shipment

Travel History

▲ Date/Time	Activity	Location
8/16/2017 - Wednesday		
10:04 am	Delivered	OGDEN, UT
8:35 am	On FedEx vehicle for delivery	OGDEN, UT
7:43 am	At local FedEx facility	OGDEN, UT
5:15 am	At destination sort facility	SALT LAKE CITY, UT
3:23 am	Departed FedEx location	MEMPHIS, TN
7/27/2017 - Thursday		
11:03 pm	Arrived at FedEx location	MEMPHIS, TN
8:10 pm	Left FedEx origin facility	WEST CHESTER, PA
3:59 pm	Picked up	WEST CHESTER, PA
9:52 am	Shipment information sent to FedEx	

Shipment Facts

Tracking number	779747407197	Service	FedEx Standard Overnight
Master tracking number	779747407749	Weight	8 lbs / 3.63 kgs
Total pieces	2	Total shipment weight	8 lbs / 3.63 kgs
Terms	Shipper	Packaging	FedEx Box
Special handling section	Deliver Weekday	Standard transit	7/28/2017 by 3:00 pm

FedEx

[Submit](#)

Customer Focus
New Customer Center
Small Business Center
Service Guide
Customer Support

Company Information
About FedEx
Careers
Investor Relations
Subscribe to FedEx email

Featured Services
FedEx Delivery Manager
FedEx Critical Inventory Logistics
FedEx SameDay
FedEx Home Delivery
FedEx TechConnect
FedEx HealthCare Solutions
Online Retail Solutions
Packaging Services
Ancillary Clearance Services

Other Resources
FedEx Compatible
Developer Resource Center
FedEx Ship Manager Software
FedEx Mobile

Companies
FedEx Express
FedEx Ground
FedEx Office
FedEx Freight
FedEx Custom Critical
FedEx Trade Networks
FedEx Cross Border
FedEx Supply Chain

Follow FedEx
[f](#) [t](#) [v](#) [in](#)

[United States - English](#)

Ask FedEx

© FedEx 1995-2017

[Careers](#) | [Global Home](#) | [Site Map](#) | [fedex.com Terms of Use](#) | [Security and Privacy](#)