

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report ☐ an amended return/report	☐ the final 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 ☐ special extension (enter description)	☐ automatic extension	☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN	1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	10/16/1985
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)	LIBBY PERSZYK KATHMAN HOLDINGS, INC		
		2b Employer Identification Number (EIN)	31-1076158
		2c Plan Sponsor's telephone number	513-241-6401
		2d Business code (see instructions)	541800

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.	10/12/2017	DENNIS L. GEIGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2017	DENNIS L. GEIGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 280
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) 210 6a(2) 208 6b 0 6c 55 6d 263 6e 0 6f 263 6g 249 6h 6
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 2J 2K 3D 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBBY PERSZYK KATHMAN HOLDINGS, INC		D Employer Identification Number (EIN) 31-1076158

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

UBS FINANCIAL SERVICES, INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 63 99	N/A	131389	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBBY PERSZYK KATHMAN HOLDINGS, INC	D Employer Identification Number (EIN) 31-1076158	

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	29591	27330
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	26478	49108
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	40001	44753
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1184244	1465769
(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)	4660333	3652354
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	12621652	12705306
(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)	3880652	4936009
(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	22442951	22880629

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	22442951	22880629
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	317912	
(B) Participants	2a(1)(B)	1091672	
(C) Others (including rollovers)	2a(1)(C)	5490	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1415074
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2616	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	153355	
(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)		155971
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	355470	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	113678	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		469148
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6860587	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6843829	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		16758
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1165014	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1165014

		(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)		62730
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3284695

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2711428	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2711428
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)	4200	
(3) Investment advisory and management fees.....	2i(3)	131389	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		135589
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2847017

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		437678
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: CASSADY SCHILLER & ASSOCIATES

(2) EIN: 31-1311065

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		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 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>LIBBY PERSZYK KATHMAN HOLDINGS, INC</u>	D Employer Identification Number (EIN) <u>31-1076158</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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1433492</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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

Independent Auditor's Report

To the Trustees
Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2016 and 2015, and the changes in net assets available for benefits for the year ended December 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Cassidy Schiller & Associates, Inc.

Cincinnati, Ohio
August 10, 2017

**LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(k) PLAN**

Financial Statements

December 31, 2016 and 2015

Independent Auditor's Report

**LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015**

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Independent Auditor's Report

To the Trustees
Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2016 and 2015, and the changes in net assets available for benefits for the year ended December 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Cassidy Schiller & Associates, Inc.

Cincinnati, Ohio
August 10, 2017

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
Cash and cash equivalents	\$ 27,330	\$ 29,591
Investments, at fair value:		
Money market investments	1,465,769	1,184,244
Common stocks	12,705,306	12,621,652
Corporate bonds	3,652,354	4,660,333
Exchange traded funds	1,485,805	1,475,284
Mutual funds	<u>3,450,204</u>	<u>2,405,368</u>
Total investments, at fair value	22,759,438	22,346,881
Investment income receivable	44,753	40,001
Employer contributions receivable	<u>49,108</u>	<u>26,478</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 22,880,629</u>	<u>\$ 22,442,951</u>

**LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2016**

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments \$ 1,244,502

Interest and dividends 625,119

Net investment income 1,869,621

Contributions:

Employer 317,912

Employee 1,091,672

Rollover 5,490

Total contributions 1,415,074

Total additions 3,284,695

DEDUCTIONS

Benefits paid to participants 2,711,428

Investment fees 135,589

Total deductions 2,847,017

Net increase in net assets 437,678

Net assets available for benefits, beginning of year 22,442,951

Net assets available for benefits, end of year \$ 22,880,629

**LIBBY PERSZYK KATHMAN HOLDINGS, INC.
PROFIT SHARING 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015**

1. Plan description

The following description of the Libby Perszyk Kathman Holdings, Inc. Profit Sharing 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Libby Perszyk Kathman Holdings, Inc. and its U.S. subsidiaries (the "Company"), who have completed one hour of service. In order to become eligible for the matching contribution the employee must be age twenty-one or older and have completed six months of service. Effective January 1, 2015, employees who are co-ops or intern employees are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Each year participants may contribute a percentage of their annual compensation to the Plan, as defined in the plan document. Participants may also roll over amounts representing distributions from other qualified defined contribution plans. Contributions are made into non-participant directed accounts. The plan administrator is responsible for keeping accurate records of all contributions, distributions and investment income attributable to the individual participant accounts. The Company, at its discretion, may make matching contributions to the Plan each year. Beginning January 1, 2016, the Company contributes 50% of the first 5% of base compensation that a participant defers to the Plan, subject to IRS limitations. The Company matching contribution for 2016 was \$317,912.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contributions and (b) plan earnings, and charged with (a) an allocation of administrative fees and expenses paid out of the Plan, and (b) decreases in investment value. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions and earnings thereon. Participants are fully vested in the Company matching contribution after completing three years of service.

Expenses of the Plan

The Plan pays certain administrative expenses. The Company provides other administrative services at no cost to the Plan, which are excluded from these financial statements.

Forfeited accounts

Participant forfeitures of Company matching contributions are first used to offset the Company matching contribution. The remaining balance may be applied to expenses of the Plan. There were no forfeited non-vested accounts at December 31, 2016 and 2015. During 2016, forfeited non-vested accounts of \$5,954 were used to pay Company matching contributions.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Payment of benefits

On termination of service due to death, disability or retirement, or any other reason, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Net assets of withdrawing participants

No participants had elected to withdraw from the Plan prior to December 31, 2016 that had not received distributions before year end.

2. Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

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 of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and uncertainties

The Plan utilizes various investment instruments, including money market investments, exchange traded funds, mutual funds, common stocks, and corporate bonds. Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Benefits

Benefit payments are recorded when paid.

3. Transactions with related parties

The Plan permits the payment of administrative expenses to be made from the Plan's assets and for them to be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. However, with the exception of investment fees and expense relating to specific participant transactions, all administrative expenses of the Plan are paid by the Company. Expenses relating to specific participant transactions (i.e. distribution request) are charged directly against the appropriate participant's account.

Certain plan investments include shares of the UBS Liquid Asset Fund. UBS Financial Services, Inc. is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

4. Tax status

On March 31, 2014, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

5. Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- 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.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2016 and 2015.

- Money market investments:* Valued at the net asset value (NAV) of shares held by the Plan at year end, a quoted price in an active market. Accordingly, the fair value is established using the Level 1 input.
- Common stocks and exchange traded funds:* Valued at the closing price reported on the active market on which the individual securities are traded.
- Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.
- Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at fair value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Money market investments	\$ 1,465,769	\$ -	\$ -	\$ 1,465,769
Common stocks	12,705,306	-	-	12,705,306
Corporate bonds	-	3,652,354	-	3,652,354
Exchange traded funds	1,485,805	-	-	1,485,805
Mutual funds	3,450,204	-	-	3,450,204
Total assets in the fair value hierarchy	19,107,084	3,652,354	-	22,759,438
Investments measured at NAV (a)	-	-	-	-
Investments, at fair value	<u>\$ 19,107,084</u>	<u>\$ 3,652,354</u>	<u>\$ -</u>	<u>\$ 22,759,438</u>

Assets at fair value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Money market investments	\$ 1,184,244	\$ -	\$ -	\$ 1,184,244
Common stocks	12,621,652	-	-	12,621,652
Corporate bonds	-	4,660,333	-	4,660,333
Exchange traded funds	1,475,284	-	-	1,475,284
Mutual funds	2,405,368	-	-	2,405,368
Total assets in the fair value hierarchy	17,686,548	4,660,333	-	22,346,881
Investments measured at NAV (a)	-	-	-	-
Investments, at fair value	<u>\$ 17,686,548</u>	<u>\$ 4,660,333</u>	<u>\$ -</u>	<u>\$ 22,346,881</u>

(a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value to the line items presented in the net asset available for benefits.

For years ended December 31, 2016 and 2015, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

6. Reportable transactions

No reportable transactions were noted in 2016 and 2015.

7. Fidelity bonding requirements

The Plan was covered by a \$1,500,000 bond during 2016 and 2015.

8. Subsequent events

The plan administrator has evaluated subsequent events through August 10, 2017, the date the financial statements were available to be issued. The plan administrator is not aware of any subsequent events that would require recognition or disclosure in the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
	Cash and cash equivalents		\$ 27,330	\$ 27,330
	Investments, at fair value			
	Money market investments			
	* UBS Liquid Asset Fund	1,215,769 units	\$ 1,215,769	\$ 1,215,769
	* UBS Bank USA Dep Acct	250,000 units	250,000	250,000
	Total money market investments		1,465,769	1,465,769
	Common stocks			
	Abbvie Inc.	3,490 shares	197,700	218,544
	Allstate Corp.	3,385 shares	70,466	250,896
	Alphabet Inc.	262 shares	205,487	202,217
	Ameriprise Financial, Inc.	1,980 shares	36,899	219,661
	Amgen, Inc.	1,340 shares	65,228	195,921
	Anthem, Inc.	1,625 shares	77,992	233,626
	Apple, Inc.	2,075 shares	99,353	240,327
	AT&T, Inc.	5,390 shares	131,343	229,237
	Automatic Data Processing, Inc.	2,635 shares	126,647	270,825
	Boeing Company	1,535 shares	210,461	238,969
	Cardinal Health, Inc.	2,770 shares	107,107	199,357
	Chevron Corp.	1,760 shares	145,187	207,152
	Cisco Systems, Inc.	7,630 shares	120,509	230,579
	Coca-Cola Enterprises, Inc.	4,470 shares	172,609	140,358
	Comcast Corp.	3,505 shares	101,057	242,020
	Computer Sciences	3,890 shares	51,842	231,144
	CVS Health Corp.	2,175 shares	203,704	171,629
	Eaton Corp. PLC	3,545 shares	208,427	237,834
	Exxon Mobil Corp.	2,170 shares	113,304	195,864
	General Dynamics Corp.	1,575 shares	90,626	271,940
	Gilead Sciences Inc.	2,075 shares	227,417	148,591
	Goldman Sachs Group, Inc.	1,250 shares	174,482	299,313
	Home Depot Inc.	1,735 shares	48,973	232,629

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2016

EIN: 31-1076158

PLAN NUMBER: 001

(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Honeywell Intl. Inc.	2,045 shares	\$ 63,674	\$ 236,913
Intel Corp.	6,807 shares	133,642	246,890
Intl. Business Machine	1,075 shares	97,229	178,439
Johnson & Johnson Co.	1,875 shares	99,550	216,019
JPMorgan Chase & Co.	3,600 shares	123,533	310,644
Kimberly Clark Corp.	1,800 shares	107,044	205,416
Lincoln National Corp.	4,335 shares	64,182	287,280
Medtronic Plc	2,668 shares	205,303	190,042
Merck & Co., Inc.	3,500 shares	189,584	206,045
Microsoft Corp.	4,091 shares	99,937	254,215
Occidental Petroleum Corp.	1,895 shares	142,197	134,981
Omnicom Group, Inc.	2,805 shares	106,940	238,734
Oracle Corp.	5,885 shares	166,403	226,278
Parker Hannifin Corp.	2,050 shares	86,698	287,000
PepsiCo, Inc.	2,154 shares	137,903	225,373
Pfizer, Inc.	6,570 shares	137,154	213,394
PNC Financial Services Group	2,585 shares	141,865	302,342
PPG Industries, Inc.	2,115 shares	43,555	200,417
Procter & Gamble Co.	2,812 shares	150,613	236,433
Qualcomm Inc.	2,500 shares	199,638	163,000
Schlumberger LTD Netherlands Antilles	2,110 shares	196,680	177,135
State Street Corp.	3,300 shares	143,501	256,476
Symantec Corp.	9,900 shares	185,626	236,511
Target Corp.	2,665 shares	221,279	192,493
TE Connectivity LTD	3,865 shares	41,331	267,767
The Travelers Companies, Inc.	1,970 shares	84,165	241,167
United Parcel Service Inc.	2,175 shares	215,060	249,342
United Health Group Inc.	1,625 shares	89,162	260,065
United Technologies Corp.	2,220 shares	77,571	243,356
US Bancorp	5,300 shares	179,114	272,261
Verizon Communications, Inc.	4,320 shares	129,493	230,602
VF Corp.	3,537 shares	40,009	188,698
Walt Disney Co.	2,120 shares	203,464	220,945
Total common stocks		<u>7,289,919</u>	<u>12,705,306</u>

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2016

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares			(d) Cost	(e) Current value
Corporate bonds						
	Fifth Third Bancorp	150,000	01/15/17	5.44%	\$ 155,937	\$ 150,206
	Goldman Sachs Group Inc. NTS B/E	125,000	01/15/17	5.62%	130,146	125,153
	Bear Stearns Companies Inc. NTS	125,000	01/22/17	5.54%	129,830	125,245
	PNC Funding Corp. B/E	150,000	02/01/17	5.61%	155,769	150,455
	Deutsche Bank AG London	150,000	02/13/17	1.40%	149,610	149,952
	Total Capital International SA	100,000	02/17/17	1.50%	100,363	100,033
	Intuit MW	100,000	03/15/17	5.70%	104,396	100,887
	Bank of America Corp. B/E	200,000	03/22/17	3.85%	204,708	201,132
	Lloyds Bank PLC B/E	75,000	03/28/17	4.17%	77,147	75,514
	Enbridge Inc. NTS B/E	75,000	04/01/17	5.54%	77,228	75,770
	Ventas Realty LP/CAP CRP	50,000	04/17/17	1.25%	50,046	49,977
	Morgan Stanley MTN	150,000	04/27/17	5.48%	155,663	151,986
	State Street Corp. B/E	50,000	04/30/17	5.30%	51,757	50,665
	Phillips 66 NTS	175,000	05/01/17	2.93%	177,678	175,977
	AMGEN Inc. NTS B/E	150,000	05/15/17	2.12%	151,418	150,489
	AMGEN Inc.	50,000	06/01/17	5.74%	51,966	50,917
	Ryder System Inc.	175,000	06/01/17	3.47%	178,200	176,481
	HSBC USA Inc. B/E	100,000	06/23/17	1.30%	100,038	99,971
	Dollar General Corp. NTS B/E	200,000	07/15/17	4.07%	204,356	202,902
	Bank of Nova Scotia NTS B/E	100,000	07/21/17	1.30%	100,247	100,030
	Citigroup Inc. NTS	100,000	08/15/17	5.84%	104,179	102,743
	Celgene Corp. NTS B/E	150,000	08/15/17	1.89%	150,987	150,480
	Merrill Lynch & Co. Inc.	80,000	08/28/17	6.21%	84,142	82,453
	Bank of America Corp. B/E	100,000	09/01/17	5.83%	103,782	102,898
	General Electric Capital Corp.	200,000	09/15/17	5.46%	208,296	206,150
	Bear Stearns Companies Inc. NTS	130,000	10/02/17	6.18%	135,200	134,673
	McDonalds Corp.	200,000	10/15/17	5.61%	209,224	206,830
	Citigroup Inc. NTS	100,000	11/21/17	5.90%	104,161	103,860
	Pac Gas & Electric Co. NTS	95,000	11/30/17	5.42%	99,279	98,525
	Total corporate bonds				3,705,753	3,652,354

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2016

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
	Exchange traded funds			
	Guggenheim Enhanced Short Duration	5,000 shares	\$ 250,888	\$ 250,600
	iShares 1-3 year TREAS Bond ETF	3,000 shares	253,116	253,350
	iShares TIPS Bond ETF	2,100 shares	231,879	237,657
	iShares 1-3 year Credit Bond EFT	2,400 shares	251,417	251,856
	Vanguard Short-Term Corporate	3,100 shares	245,812	246,047
	Vanguard Bond Index Fund Inc. Short Term Bond ETF	3,100 shares	252,966	246,295
	Total exchange traded funds		<u>1,486,078</u>	<u>1,485,805</u>
	Mutual funds			
	American Funds New World	2,916.536 shares	151,554	149,647
	American Funds SmallCap World	7,281.053 shares	300,963	337,986
	American Funds Developing World Growth and Income	16,778.017 shares	170,520	151,338
	Dodge & Cox International Stock	9,699.936 shares	357,008	369,568
	Harbor International Fund	5,716.664 shares	326,518	333,910
	Thornburg International Value	14,549.614 shares	383,244	344,244
	Fidelity Advisor Floating Rate High Inc.	29,034.400 shares	283,229	279,601
	Lord Abbett Short Duration Income	62,454.864 shares	285,992	268,557
	JP Morgan Core Bond Fund	22,522.309 shares	264,046	258,556
	Loomis Sayles Investment Grade Bond	23,450.064 shares	278,011	253,026
	Metropolitan West Total Return Bond	24,463.556 shares	265,772	257,602
	Sentinel Govt Securities Fund	26,013.039 shares	278,088	252,847
	Neuberger Berman ABS Re Multi-MGR	18,678.489 shares	207,817	193,322
	Total mutual funds		<u>3,552,762</u>	<u>3,450,204</u>
	Total investments, at fair value		<u>\$ 17,500,281</u>	<u>\$ 22,759,438</u>

* Party-in-interest

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

EIN: 31-1076158

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(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, number of shares	(d) Cost	(e) Current value
	Cash and cash equivalents		\$ 27,330	\$ 27,330
	Investments, at fair value			
	Money market investments			
	* UBS Liquid Asset Fund	1,215,769 units	\$ 1,215,769	\$ 1,215,769
	* UBS Bank USA Dep Acct	250,000 units	250,000	250,000
	Total money market investments		1,465,769	1,465,769
	Common stocks			
	Abbvie Inc.	3,490 shares	197,700	218,544
	Allstate Corp.	3,385 shares	70,466	250,896
	Alphabet Inc.	262 shares	205,487	202,217
	Ameriprise Financial, Inc.	1,980 shares	36,899	219,661
	Amgen, Inc.	1,340 shares	65,228	195,921
	Anthem, Inc.	1,625 shares	77,992	233,626
	Apple, Inc.	2,075 shares	99,353	240,327
	AT&T, Inc.	5,390 shares	131,343	229,237
	Automatic Data Processing, Inc.	2,635 shares	126,647	270,825
	Boeing Company	1,535 shares	210,461	238,969
	Cardinal Health, Inc.	2,770 shares	107,107	199,357
	Chevron Corp.	1,760 shares	145,187	207,152
	Cisco Systems, Inc.	7,630 shares	120,509	230,579
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	Comcast Corp.	3,505 shares	101,057	242,020
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	CVS Health Corp.	2,175 shares	203,704	171,629
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	Exxon Mobil Corp.	2,170 shares	113,304	195,864
	General Dynamics Corp.	1,575 shares	90,626	271,940
	Gilead Sciences Inc.	2,075 shares	227,417	148,591
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	Home Depot Inc.	1,735 shares	48,973	232,629

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2016

EIN: 31-1076158

PLAN NUMBER: 001

(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
Honeywell Intl. Inc.	2,045 shares	\$ 63,674	\$ 236,913
Intel Corp.	6,807 shares	133,642	246,890
Intl. Business Machine	1,075 shares	97,229	178,439
Johnson & Johnson Co.	1,875 shares	99,550	216,019
JPMorgan Chase & Co.	3,600 shares	123,533	310,644
Kimberly Clark Corp.	1,800 shares	107,044	205,416
Lincoln National Corp.	4,335 shares	64,182	287,280
Medtronic Plc	2,668 shares	205,303	190,042
Merck & Co., Inc.	3,500 shares	189,584	206,045
Microsoft Corp.	4,091 shares	99,937	254,215
Occidental Petroleum Corp.	1,895 shares	142,197	134,981
Omnicom Group, Inc.	2,805 shares	106,940	238,734
Oracle Corp.	5,885 shares	166,403	226,278
Parker Hannifin Corp.	2,050 shares	86,698	287,000
PepsiCo, Inc.	2,154 shares	137,903	225,373
Pfizer, Inc.	6,570 shares	137,154	213,394
PNC Financial Services Group	2,585 shares	141,865	302,342
PPG Industries, Inc.	2,115 shares	43,555	200,417
Procter & Gamble Co.	2,812 shares	150,613	236,433
Qualcomm Inc.	2,500 shares	199,638	163,000
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State Street Corp.	3,300 shares	143,501	256,476
Symantec Corp.	9,900 shares	185,626	236,511
Target Corp.	2,665 shares	221,279	192,493
TE Connectivity LTD	3,865 shares	41,331	267,767
The Travelers Companies, Inc.	1,970 shares	84,165	241,167
United Parcel Service Inc.	2,175 shares	215,060	249,342
United Health Group Inc.	1,625 shares	89,162	260,065
United Technologies Corp.	2,220 shares	77,571	243,356
US Bancorp	5,300 shares	179,114	272,261
Verizon Communications, Inc.	4,320 shares	129,493	230,602
VF Corp.	3,537 shares	40,009	188,698
Walt Disney Co.	2,120 shares	203,464	220,945
Total common stocks		<u>7,289,919</u>	<u>12,705,306</u>

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2016

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares			(d) Cost	(e) Current value
Corporate bonds						
	Fifth Third Bancorp	150,000	01/15/17	5.44%	\$ 155,937	\$ 150,206
	Goldman Sachs Group Inc. NTS B/E	125,000	01/15/17	5.62%	130,146	125,153
	Bear Stearns Companies Inc. NTS	125,000	01/22/17	5.54%	129,830	125,245
	PNC Funding Corp. B/E	150,000	02/01/17	5.61%	155,769	150,455
	Deutsche Bank AG London	150,000	02/13/17	1.40%	149,610	149,952
	Total Capital International SA	100,000	02/17/17	1.50%	100,363	100,033
	Intuit MW	100,000	03/15/17	5.70%	104,396	100,887
	Bank of America Corp. B/E	200,000	03/22/17	3.85%	204,708	201,132
	Lloyds Bank PLC B/E	75,000	03/28/17	4.17%	77,147	75,514
	Enbridge Inc. NTS B/E	75,000	04/01/17	5.54%	77,228	75,770
	Ventas Realty LP/CAP CRP	50,000	04/17/17	1.25%	50,046	49,977
	Morgan Stanley MTN	150,000	04/27/17	5.48%	155,663	151,986
	State Street Corp. B/E	50,000	04/30/17	5.30%	51,757	50,665
	Phillips 66 NTS	175,000	05/01/17	2.93%	177,678	175,977
	AMGEN Inc. NTS B/E	150,000	05/15/17	2.12%	151,418	150,489
	AMGEN Inc.	50,000	06/01/17	5.74%	51,966	50,917
	Ryder System Inc.	175,000	06/01/17	3.47%	178,200	176,481
	HSBC USA Inc. B/E	100,000	06/23/17	1.30%	100,038	99,971
	Dollar General Corp. NTS B/E	200,000	07/15/17	4.07%	204,356	202,902
	Bank of Nova Scotia NTS B/E	100,000	07/21/17	1.30%	100,247	100,030
	Citigroup Inc. NTS	100,000	08/15/17	5.84%	104,179	102,743
	Celgene Corp. NTS B/E	150,000	08/15/17	1.89%	150,987	150,480
	Merrill Lynch & Co. Inc.	80,000	08/28/17	6.21%	84,142	82,453
	Bank of America Corp. B/E	100,000	09/01/17	5.83%	103,782	102,898
	General Electric Capital Corp.	200,000	09/15/17	5.46%	208,296	206,150
	Bear Stearns Companies Inc. NTS	130,000	10/02/17	6.18%	135,200	134,673
	McDonalds Corp.	200,000	10/15/17	5.61%	209,224	206,830
	Citigroup Inc. NTS	100,000	11/21/17	5.90%	104,161	103,860
	Pac Gas & Electric Co. NTS	95,000	11/30/17	5.42%	99,279	98,525
Total corporate bonds					3,705,753	3,652,354

LIBBY PERSZYK KATHMAN HOLDINGS, INC. PROFIT SHARING 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2016

EIN: 31-1076158

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value, number of shares	(d) Cost	(e) Current value
	Exchange traded funds			
	Guggenheim Enhanced Short Duration	5,000 shares	\$ 250,888	\$ 250,600
	iShares 1-3 year TREAS Bond ETF	3,000 shares	253,116	253,350
	iShares TIPS Bond ETF	2,100 shares	231,879	237,657
	iShares 1-3 year Credit Bond EFT	2,400 shares	251,417	251,856
	Vanguard Short-Term Corporate	3,100 shares	245,812	246,047
	Vanguard Bond Index Fund Inc. Short Term Bond ETF	3,100 shares	252,966	246,295
	Total exchange traded funds		<u>1,486,078</u>	<u>1,485,805</u>
	Mutual funds			
	American Funds New World	2,916.536 shares	151,554	149,647
	American Funds SmallCap World	7,281.053 shares	300,963	337,986
	American Funds Developing World Growth and Income	16,778.017 shares	170,520	151,338
	Dodge & Cox International Stock	9,699.936 shares	357,008	369,568
	Harbor International Fund	5,716.664 shares	326,518	333,910
	Thornburg International Value	14,549.614 shares	383,244	344,244
	Fidelity Advisor Floating Rate High Inc.	29,034.400 shares	283,229	279,601
	Lord Abbett Short Duration Income	62,454.864 shares	285,992	268,557
	JP Morgan Core Bond Fund	22,522.309 shares	264,046	258,556
	Loomis Sayles Investment Grade Bond	23,450.064 shares	278,011	253,026
	Metropolitan West Total Return Bond	24,463.556 shares	265,772	257,602
	Sentinel Govt Securities Fund	26,013.039 shares	278,088	252,847
	Neuberger Berman ABS Re Multi-MGR	18,678.489 shares	207,817	193,322
	Total mutual funds		<u>3,552,762</u>	<u>3,450,204</u>
	Total investments, at fair value		<u>\$ 17,500,281</u>	<u>\$ 22,759,438</u>

* Party-in-interest