

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: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>	

Part II	Basic Plan Information —enter all requested information			
1a Name of plan <u>STARZ 401(K) SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</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>STARZ</u> <u>8900 LIBERTY CIRCLE</u> <u>ENGLEWOOD, CO 80112</u>		1c Effective date of plan <u>02/02/2015</u>		
2b Employer Identification Number (EIN) <u>20-8988475</u>		2c Plan Sponsor's telephone number <u>720-852-7341</u>		
2d Business code (see instructions) <u>515210</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.	10/12/2017	PAMELA WOLFE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

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 <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 1076
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) 806 6a(2) 1 6b 6c 931 6d 932 6e 6f 932 6g 932 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2R 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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 STARZ 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 STARZ	D Employer Identification Number (EIN) 20-8988475	

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 FIDELITY INVESTMENTS INSTITUTIONAL
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04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	103962	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	13787	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERFORMANCE TRUST STRATEGIC BOND FD	500 WEST MADISON SUITE 470 CHICAGO, IL 60661	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCW TOTAL RETURN BOND CLASS N	865 SOUTH FIGUERA STREET 22ND FLOOR LOS ANGELES, CA 90017	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.04%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BOSTON PARTNERS ALL CAP VALUE INVS 5 CHRISTY DR CHADDS FORD, PA 19317		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE HEALTH SCIENCES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.04%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARNASSUS ENDEAVOR FUND ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105		0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO FOREIGN BOND US DOLLAR HEDGED	1633 BROADWAY NEW YORK, NY 10019	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PACIFIC FINANC FLEX GRWTH INCOME CL	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PACIFIC FINANCIAL DYNAMIC ALLOC INV	777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG CORE EQUITY FUND INVESTOR 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG EXPLORER FUND INVESTOR CLASS 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PFG INTERNATIONAL FUND INVESTOR CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PFG STRATEGIC CONSERVATIVE INVST 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CATALYST HEDGED FUTURES STRATEGY A 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS ASIA GROWTH FUND INV 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOCORR LONG/SHORT COMMODITIES STRGY 261 SCHOOL AVENUE 4TH FLOOR EXCELSIOR, MN 55331		0.08%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
361 GLOBAL COUNTER TREND FD INV 2220 E. ROUTE 66 SUITE 226 GLENDORA, CA 91740		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
361 MANAGED FUTURES FUND INVESTOR C 2220 E. ROUTE 66 SUITE 226 GLENDORA, CA 91740		0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COGNIOS MRKT NEUTRALLARGE CAP FD IN 1290 BROADWAY DENVER, CO 80203	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALGER SPECTRA FUND CLASS CL A 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALZGI NFJ SMCPVL IS - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GROWTH INST - DST SYSTEMS IN 43-1581814	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
C&S INST GLB REAL SH - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX STOCK - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.10%	

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) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan STARZ 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 STARZ	D Employer Identification Number (EIN) 20-8988475	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	125654	0
(2) Participant contributions	1b(2)	218041	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	8695184	7324834
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	3971247	4652000
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	1628320	1270797
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	143378118	143254796
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	6334

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	1284719	955461
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	159301283	157464222

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	159301283	157464222
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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)	4093957	
(B) Participants	2a(1)(B)	7260255	
(C) Others (including rollovers)	2a(1)(C)	1042887	
(2) Noncash contributions	2a(2)	0	12397099
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3840	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	61661	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		65501
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	6598539
(B) Common stock	2b(2)(B)	128981	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6469558	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6598539
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7842642	468087
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7374555	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		468087
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	258568
(B) Other	2b(5)(B)	258568	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		258568

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6192249
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		25980043

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27698225	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		27698225
f Corrective distributions (see instructions)	2f		1130
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	103962	
(3) Investment advisory and management fees.....	2i(3)	13787	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		117749
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27817104

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1837061
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: **ANTON COLLINS MITCHELL LLP**

(2) EIN: **01-0724563**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

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

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

A Name of plan <u>STARZ 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STARZ</u>	D Employer Identification Number (EIN) <u>20-8988475</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>04-6568107</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
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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.
----------------	---

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 / / .	

STARZ 401(k) SAVINGS PLAN

STARZ 401(k) SAVINGS PLAN

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Independent Auditor's Report

To the Plan Administrative Committee
Starz 401(k) Savings Plan
Englewood, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Starz 401(k) Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 (in liquidation), and the related statement of changes in net assets available for benefits for the year ended December 31, 2016 (in liquidation), 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 2016 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 on the 2016 financial statements.

Basis for Disclaimer of Opinion on the 2016 Financial Statements

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 Fidelity Management Trust Company, the trustee of the Plan, except for comparing such 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 a certification from the trustee as of December 31, 2016, and for the year then ended, that the information provided to the plan administrator by the is complete and accurate.



Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2016 Financial Statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As further discussion in Note 1 of the financial statements, the governing body of the Plan approved a Plan liquidation on December 8, 2016 and management determined liquidation is imminent. As a result, the Plan has presented the 2016 financial statements under the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Other Matter - 2015 Financial Statements

We have audited the accompanying financial statements of the Plan, which comprise the statement of the net assets available for benefits as of December 31, 2015 (ongoing) and the related statement of changes in net assets available for benefits for the period from plan inception (February 2, 2015) through December 31, 2015 (ongoing), and in our report dated June 28, 2016, we expressed our opinion that such financial statement presents fairly, in all material respects, net assets available for benefits of the Plan as of December 31, 2015 (ongoing), and the changes in net assets available for benefits for the period from plan inception (February 2, 2015) through ended December 31, 2015 (ongoing), in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Supplementary Information

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 (in liquidation) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2016 Financial Statements* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations for the 2016 Financial Statements

The form and content of the information included in the 2016 financial statements and supplemental schedule, 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, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Anton Collins Mitchell LLP

Denver, Colorado
October 11, 2017

STARZ 401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

(in thousands)

	December 31,	
	2016 (In Liquidation)	2015 (Ongoing)
Assets		
Investments, at fair value:		
Lions Gate Entertainment Corp. Class B common shares	\$ 955	\$ —
Starz Series A common stock	—	1,284
Mutual funds	146,352	148,404
Brokeragelink accounts	8,886	7,641
Total investments, at fair value (Note 3)	156,193	157,329
Receivables:		
Notes receivable from participants	1,271	1,628
Contributions receivable:		
Employer contributions	—	126
Participant contributions	—	218
Total receivables	1,271	1,972
Net assets available for benefits	\$ 157,464	\$ 159,301

See accompanying notes to financial statements and independent auditor's report

STARZ 401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

(in thousands)

	Year Ended December 31, 2016 <i>(In Liquidation)</i>	For the Period from Plan Inception (February 2, 2015) through December 31, 2015 <i>(Ongoing)</i>
Additions:		
Net investment income (loss):		
Net change in fair value of investments	\$ 6,919	\$ (8,124)
Interest and dividend income	6,602	7,972
	<u>13,521</u>	<u>(152)</u>
Interest on notes receivable from participants	62	58
Contributions:		
Employer, net of forfeitures	4,094	4,202
Participants	7,260	7,012
Rollovers	1,043	457
	<u>12,397</u>	<u>11,671</u>
Total additions	<u>25,980</u>	<u>11,577</u>
Deductions:		
Distributions to participants	(27,699)	(16,779)
Administrative expenses	(118)	(71)
Total deductions	<u>(27,817)</u>	<u>(16,850)</u>
Net decrease prior to transfer in	<u>(1,837)</u>	<u>(5,273)</u>
Transfer in (Note 1)	—	164,574
Net assets available for benefits		
Beginning of year/period	159,301	—
End of year/period	<u>\$ 157,464</u>	<u>\$ 159,301</u>

See accompanying notes to financial statements and independent auditor's report

STARZ 401(k) SAVINGS PLAN
Notes to Financial Statements
December 31, 2016 and 2015

Note 1 - Description of the Starz Plan

The following description of the Starz 401(k) Savings Plan (the “Starz Plan”) is provided for general information purposes only. Participants should refer to the plan document (the “Starz Plan Document”) for more complete information. The Starz Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). See below under “General” for a discussion regarding the termination of the Starz Plan on December 7, 2016.

General

The Starz Plan is a defined contribution plan sponsored by Starz. Benefits are not guaranteed by the Pension Benefit Guarantee Corporation. The Plan Administrative Committee serves as the plan administrator for the Starz Plan (“Plan Administrator”).

Plan Termination

On December 8, 2016, upon shareholder approval, and pursuant to the Agreement and Plan of Merger dated June 30, 2016, Lions Gate Entertainment Corp. (“Lionsgate”) and Starz consummated the merger, under which Lionsgate acquired Starz (the “Merger”). In connection with the Merger, the Starz Plan was terminated on December 7, 2016. Upon termination, contributions to the Plan ceased, loans from the plan were disallowed, all participants in the Starz Plan became 100% vested in employer (Starz) contributions in the Starz Plan, and participants were provided with the option to have their account balance rolled into a Lionsgate qualified plan, an IRA or receive a lump-sum distribution. The Starz Plan is expected to be fully liquidated during the fourth quarter of 2017. All references to the Starz Plan and its operations in these financial statements relate to the period on or before December 7, 2016.

Plan Inception

In January 2013, Starz (formerly known as Liberty Media Corporation) completed the spin off (the “LMC Spin-off”) of its wholly-owned subsidiary Liberty Media Corporation (formerly known as Liberty Spinco, Inc.). Subsequent to the LMC Spin off, Starz remained a participating employer in the Liberty 401(k) Savings Plan (the “Liberty Plan”) until February 2, 2015. On February 2, 2015 (“Plan Inception”), Starz established the Starz Plan, and transferred fund assets associated with its employees, totaling approximately \$164.6 million, from the Liberty Plan into the Starz Plan.

Eligibility

Certain employees who were at least 18 years old were eligible to participate in the Starz Plan as of date of hire. Eligible employees excluded: (i) any person classified as an independent contractor by Starz; (ii) any employee covered by a collective bargaining agreement, if the agreement did not expressly provide for participation in the Starz Plan and if retirement benefits were the subject of good faith bargaining; (iii) any person who was a resident of Puerto Rico; and (iv) effective November 1, 2016, interns of Starz.

In October 2015, Starz sold 100% of its wholly-owned subsidiary Film Roman, LLC (“Film Roman”). Following the sale, Film Roman ceased being a participating employer of the Starz Plan. Film Roman participants were 100% vested and could remain in the Starz Plan unless they requested distributions.

STARZ 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

Contributions

Subject to the Internal Revenue Service ("IRS") limitations described below and prior to December 8, 2016, participants were allowed to make: (i) pre-tax contributions to the Starz Plan of up to 75% of their compensation, as defined, and/or (ii) after-tax contributions to the Starz Plan of up to 10% of their compensation, as defined. Pursuant to the Starz Plan Document, Starz made non-discretionary matching employer contributions equal to \$1.00 for each \$1.00 a participant contributed up to the first 6% of eligible compensation.

All participant contributions and employer matching contributions were subject to limitations as determined annually by the IRS. Employee pre-tax contributions were limited to \$18,000 in 2016 and 2015. Combined employee pre-tax, employee after-tax and employer matching contributions per participant (excluding catch-up contributions) were limited to the lesser of \$53,000 or 100% of the employee's compensation in 2016 and 2015. Catch-up contributions, as defined in the Economic Growth and Tax Relief Reconciliation Act of 2001, were permitted for those eligible employees who were 50 years or older by the end of the calendar year, were not matched by the employer and were limited to \$6,000 in 2016 and 2015. Starz reserved the right to change the matching contribution amounts at any time.

The Starz Plan provided for an automatic enrollment, under which Starz withheld 6% (3% from Plan Inception to September 2015) of a participant's eligible compensation, unless the participant elected a different percentage.

Participant and employer contributions, including both vested and unvested employer contributions, could be invested in any open investment option offered in the Starz Plan as directed by the participant.

Rollovers

Participants could elect to roll over amounts from other qualified plans or individual retirement accounts ("IRA") into the Starz Plan provided that certain conditions were met.

Participant Accounts

Each participant's account was credited with (a) the participant's contributions, (b) employer matching contributions, and (c) allocations of plan earnings and losses; and was charged with (a) distributions of the participant's benefits, and (b) administrative expenses. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Notes Receivable from Participants

Participants could borrow from their Starz Plan accounts a minimum of \$1,000 up to the lesser of 50% of their vested account balance, or \$50,000 (minus the participant's highest outstanding loan balance during the previous 12 months). Loans, other than those transferred from other plans, had to be repaid within five years and bore interest at a rate equal to the prime rate of interest in effect on the last day of the month immediately preceding the month in which the loan was made plus 1%. The interest rate for new loans was updated monthly on the first day of the following month for any changes to the prime rate that occurred during any given month. Loans transferred from other plans retained the repayment terms and interest rates in effect at the time of transfer. Loans were secured by the vested balance in the participant's account, not to exceed 50% of such vested balance. At December 31, 2016, outstanding loans had interest rates ranging from 4.25% to 4.50% and maturity dates through December 2020. At December 31, 2015, all outstanding loans had interest rates at 4.25% and maturity dates through December 2020. Principal and interest were paid ratably, at least quarterly, through monthly payroll deductions or (after termination of employment) through automatic bank draft.

Forfeitures

Forfeitures of employer contributions (due to participants' termination prior to full vesting) could be used to pay the Starz Plan expenses or to reduce employer future matching contributions. Forfeitures totaled \$264,000 and \$424,000 as of December 31, 2016 and 2015, respectively, and approximately \$248,000 were used to reduce employer's matching contributions and pay certain Starz Plan expenses during the year ended December 31, 2016. In connection with the termination, after all expenses of the Starz Plan have been paid, the remaining forfeitures, if any, will be allocated

STARZ 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

proportionately to the non-highly compensated participants in proportion to such participant's account balance in the Starz Plan as of the date of termination, relative to the total account balances of all non-highly compensated participants.

Investment Options

As of December 31, 2016 and 2015, the Starz Plan had various investment options including mutual funds and after December 8, 2016, Lions Gate Entertainment Corp. Class B common stock and before December 8, 2016, Starz Series A common stock. The mutual funds included money market, bond, real estate, domestic and global stock funds, small to large cap funds, growth, value and blend funds, and asset allocation funds based on target retirement dates. In addition, the Starz Plan offered a brokerage option, Brokeragelink, whereby participants could elect to invest in publicly traded investments and mutual funds not offered directly by the Starz Plan. A complete list of investment options can be found on the supplemental schedule to these financial statements (the "Schedule of Assets (Held at End of Year)"). Starz Plan participants could change investment options and contribution percentages on a daily basis.

Benefit Payments

Distributions from the Starz Plan could be made to a participant upon attaining the age of 59-1/2, financial hardship, death, total disability or termination of employment. Distributions and other withdrawals were processed on a daily basis.

Upon separation from employment (due to death, total disability, or termination of employment), if the balance of the participant's vested account was below \$5,000, distributions were made to the participant or his/her beneficiaries as follows:

- (1) If vested balance was \$1,000 or less: Lump-sum cash distribution of participant's vested account, less required tax withholding, unless participant elected a distribution or rollover; or
- (2) If vested balance was more than \$1,000 but not more than \$5,000: Automatically rolled over in cash to an IRA selected by the Plan Administrator, unless participant elected a distribution or rollover;

Prior to the Merger, instead of any cash distribution or rollover described above, a participant could have elected to receive whole shares of Starz Series A common stock for the portion invested in such stock immediately prior to the distribution, with fractional shares being distributed in cash.

After the Merger, if the participant rolled the funds over to an IRA, they could have elected to receive whole shares of Lions Gate Entertainment Corp. Class B common stock for the portion invested in such stock immediately prior to the distribution, with fractional shares being distributed in cash. If the participant rolled the funds into a Lionsgate qualified plan, the Lions Gate Entertainment Corp. Class B common stock was liquidated.

Vesting

Participant contributions and rollover contributions were always fully vested. Participants vested in employer matching contributions, other than employer contributions transferred from other plans, as follows:

Years of service	Vesting percentage
Less than 1	-
1 year	33
2 years	66
3 years	100

STARZ 401(k) SAVINGS PLAN
Notes to Financial Statements
December 31, 2016 and 2015

Risks and Uncertainties

The Starz Plan invested in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

As of December 31, 2016 and 2015, less than 4% of the Starz Plan assets were invested in individual stocks (Lions Gate Entertainment Corp. Class B common stock as of December 31, 2016, Starz Series A common stock as of December 31, 2015 and other stocks in Brokeragelink accounts). The Plan Administrator believed that the Starz Plan did not have a concentration of risk as of December 31, 2016 and 2015.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

In April 2013, the Financial Accounting Standards Board ("FASB") issued ASU No. 2013-07, *Presentation of Financial Statements (Topic 201): Liquidation Basis of Accounting*. The pronouncement requires an entity to prepare its financial statements using the liquidation basis of accounting when liquidation is imminent. The Plan implemented ASU No. 2013-07 as of December 7, 2016, as this is when liquidation was determined to be imminent. Therefore, the accompanying financial statements have been prepared on the liquidation basis of accounting as of and for the year ended December 31, 2016 and on the ongoing (accrual) basis of accounting as of and for the period ended December 31, 2015. The change to the basis of accounting was not material to the Plan's financial statements. The Plan was fully funded and the liquidation and payment of plan benefits is expected to be completed during the fourth quarter 2017. Any accrued interest expected to be earned in liquidation and accrued expenses expected to be incurred in liquidation were immaterial to the Plan's financial statements and were recorded in 2017 when earned or incurred.

Trust Fund Managed by Fidelity Management Trust Company ("Fidelity")

Fidelity provided trustee and recordkeeping services to the Starz Plan. Under the terms of the service agreement between Starz and Fidelity, Fidelity managed a trust fund on behalf of the Starz Plan and was granted authority concerning purchases and sales of investments for the trust fund. Fidelity could, at the direction of Starz Plan participants, invest up to 100% of the assets of the Starz Plan in employer securities without regard to any fiduciary requirement to diversify Starz Plan assets. Additionally, participants of the Starz Plan were allowed to invest in non-employer securities.

Investments

Investments were reflected in the accompanying financial statements at fair value. Fair value represented the closing prices at December 31, 2016 and 2015 for those securities having readily available market quotations. Mutual funds were stated at fair value based on the net asset value of shares held at year-end as provided by the fund managers and as traded in active markets.

The closing market price of \$24.54 was used to value the Lions Gate Entertainment Corp. Class B common stock as of December 31, 2016. The closing market price of \$33.50 was used to value the Starz Series A common stock as of December 31, 2015.

Securities and investment transactions were accounted for on the trade date. The cost basis of such shares distributed was determined using the average cost method. Dividend income was recorded on the ex-dividend date. Income from other investments was recorded as earned on an accrual basis. The net appreciation or depreciation in fair value of investments (net realized and unrealized gains or losses) was reflected in the accompanying Statements of Changes in Net Assets Available for Benefits and was determined as the difference between the market value at Plan Inception, the beginning of the plan year or purchase price, and market value at year end or selling price.

STARZ 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance plus accrued but unpaid interest. Defaulted participant loans were reclassified as distributions based upon the terms of the Starz Plan Document.

Distributions to Participants

Distributions requested by participants were recorded when paid.

Income Taxes

The Starz Plan adopted Fidelity basic plan document No.17 (the "Volume Submitter"). The IRS has determined and informed Fidelity by a letter dated March 31, 2014 that the Volume Submitter was acceptable under Section 401 of the Internal Revenue Code ("IRC") and therefore qualifies for special tax treatment. Once qualified, the Starz Plan was required to operate in conformity with the IRC to maintain its qualification. Although subsequently amended, the Plan Administrator believes that the Starz Plan was designed and being operated in compliance with the applicable requirements of the IRC as of December 31, 2016 and 2015.

Accounting principles generally accepted in the United States of America ("U.S.") ("GAAP") require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Starz Plan, and has concluded that as of December 31, 2016 and 2015, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Starz Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

Therefore, the Plan Administrator believes that the Starz Plan was qualified and the related trust was tax-exempt as of December 31, 2016 and 2015.

Plan Expenses

Recordkeeping and administrative fees were charged to participants each quarter and were 5.5 basis points of individual participants' average quarterly account balances. In addition, if a participant initiated certain administrative transactions (e.g., loans and domestic relations orders), the participant was charged applicable transaction fees.

Equitable Allocation of Revenue Sharing to Participants

Certain mutual funds paid fees to Fidelity for its recordkeeping services associated with these funds for the Starz Plan. Such fees were referred to as revenue sharing between these mutual funds and Fidelity, and were credited back to the accounts of participants who invested in these funds on a proportional basis each quarter. Revenue sharing was calculated by multiplying the average fund balance each quarter by a certain agreed upon rate. These fees aggregated approximately \$194,000 and \$141,000, respectively, for the year ended December 31, 2016 and for the period from Plan Inception to December 31, 2015 and were included in the "Net change in fair value of investments" in the accompanying Statements of Changes in Net Assets Available for Benefits.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ significantly from those estimates.

STARZ 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

Note 3 - Investments

Fair Value Measurements

GAAP established 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Starz 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 assets 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.

Investments were reported at fair value on a recurring basis in the Statements of Net Assets Available for Participant Benefits. The following methods and assumptions were used to estimate the fair values:

Mutual funds. The fair value of these investments was based on the quoted prices for identical investments in active markets and represents the net asset value of shares held by the Starz Plan.

Common stock and other exchange traded equity securities. The fair value of these investments was based on the closing price per the principal stock exchange on which they are traded.

Brokeragelink accounts. This asset category represented a separate brokerage account that offered a wide range of investment opportunities including mutual funds and common stocks listed on major U.S. exchanges. The fair value of common stocks and other exchange traded investments that are publicly traded was based on the closing price per the principal stock exchange on which they were traded. The fair value of mutual funds was based on the net asset values of shares held at year-end.

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 Starz Plan's valuation methods were 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.

STARZ 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

The tables below present the fair value of assets by class measured at fair value on a recurring basis as of December 31, 2016 and 2015 (in thousands):

Investments	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total fair value
Lions Gate Entertainment Corp. Class B common stock	\$ 955	\$ -	\$ -	\$ 955
Mutual funds	146,352	-	-	146,352
Brokeragelink accounts	8,886	-	-	8,886
Total assets at fair value	<u>\$ 156,193</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 156,193</u>

Investments	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total fair value
Starz Series A common stock	\$ 1,284	\$ -	\$ -	\$ 1,284
Mutual funds	148,404	-	-	148,404
Brokeragelink accounts	7,641	-	-	7,641
Total assets at fair value	<u>\$ 157,329</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 157,329</u>

Changes in Fair Value Levels

The availability of observable market data was monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques could require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the year ended December 31, 2016 and for the period from Plan Inception through December 31, 2015, there were no transfers in or out of levels 1, 2 or 3.

Note 4 - Party-in-interest Transactions

As of December 31, 2016, less than 1% of the Starz Plan assets were invested in the Lions Gate Entertainment Corp. Class B common stock, which was readily tradeable on the New York Stock Exchange. As of December 31, 2015, less than 1% of the Starz Plan assets were invested in Starz Series A common stock, which was listed and readily tradeable on the Nasdaq Global Stock Market prior to the Merger. Certain of the Starz Plan investments were shares of mutual funds managed by Fidelity, the plan trustee and recordkeeper. Through the Brokeragelink option, participants could have had holdings of certain party-in-interest securities. In addition, Fidelity received revenue sharing from certain mutual funds and distributed it to applicable participants (See Note 2 for more detail about "Equitable Allocation of Revenue Sharing to Participants"). The Starz Plan also issued loans to participants, which were secured by the vested balances of the participant's accounts. These transactions qualified as party-in-interest transactions exempt from ERISA prohibited transaction rules. All other transactions that may be considered party-in-interest transactions related to normal plan management and administrative services, and the related payment of fees. See the accompanying Schedule of Assets (Held at End of Year) for information regarding parties-in-interest.

Note 5 - Information Certified by the Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified the following data included in the accompanying financial statements and supplemental schedule as complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Benefits as of December 31, 2016;
- Interest and dividend income and net appreciation in the fair value of investments, as shown in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2016;
- Investment information included in the notes to the financial statements; and

STARZ 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2016 and 2015

- All investment information included in the Supplemental Schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - December 31, 2016.

The Starz Plan's independent auditors did not perform any auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 6 - Subsequent Events

Management has evaluated subsequent events through October 11, 2017, the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that required additional recognition or disclosure in the financial statements.

STARZ 401 (k) SAVINGS PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016

Identity of issue	Description of investments, including par value (1)	December 31, 2016 (in thousands)
Common Stock:		
* Lions Gate Entertainment Corp. Common Stock	Lions Gate Entertainment Corp. Class B common stock, no par value	\$ 955
Mutual Funds:		
* Fidelity Management & Research Company	Fidelity Freedom K 2030	28,179
* Fidelity Management & Research Company	Fidelity Freedom K 2040	21,702
* Fidelity Management & Research Company	Fidelity 500 Index Fund Institutional	17,202
* Fidelity Management & Research Company	Fidelity Freedom K 2020	13,107
Dodge & Cox	Dodge & COX Stock	9,310
BAMCO, Inc.	Baron Growth Institutional	6,904
Capital Research and Management Company LLC	American Funds Growth Fund of America R6	6,889
* Fidelity Management & Research Company	Fidelity Treasury Only Money Market Fund	5,925
Pacific Investment Management Company LLC	AllianzGI NFJ Small-Cap Value Fund	5,569
* Fidelity Management & Research Company	Fidelity Freedom K 2050	5,197
Metropolitan West Asset Management Company LLC	MetWest Total Return Bond Fund	5,175
* Fidelity Management & Research Company	Fidelity Low-Priced Stock Fund/K	4,915
* Fidelity Management & Research Company	Fidelity International Index Fund	4,542
Artisan Funds Distributor, LLC	Artisan International Fund Institutional	3,746
Pacific Investment Management Company LLC	Pimco High Yield Fund Institutional	3,568
The Vanguard Group Inc.	Vanguard Inflation - Protected Securities Fund Admiral Shares	904
* Fidelity Management & Research Company	Fidelity Freedom K 2010	847
Cohen & Steers Capital Management, Inc.	Cohen & Steers Institutional Global Realty Shares	592
* Fidelity Management & Research Company	Fidelity Freedom K 2035	577
* Fidelity Management & Research Company	Fidelity Freedom K Income Fund	545
* Fidelity Management & Research Company	Fidelity Freedom K 2045	392
* Fidelity Management & Research Company	Fidelity Freedom K 2025	273
The Vanguard Group Inc.	Vanguard Short-Term Bond Index Fund Admiral Shares	104
* Fidelity Management & Research Company	Fidelity Freedom K 2055	73
* Fidelity Management & Research Company	Fidelity Freedom K 2060	73
* Fidelity Management & Research Company	Fidelity Freedom K 2015	42
Brokeragelink:		
* Fidelity Management & Research Company	Brokeragelink Accounts	8,886
Total investments, at fair value		156,193
* Notes receivable from participants	Interest rates ranged from 4.25% to 4.50% with maturity dates through December 2020	1,271
		\$ 157,464

(1) The cost of participant-directed investments is not required to be disclosed.

* Indicates a party-in-interest.

Starz is the plan sponsor. Fidelity is the plan trustee and recordkeeper. Starz, all of its employees and Fidelity are parties-in-interest to the Starz Plan.

See accompanying independent auditor's report.