Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CALENDAR HOLDINGS LLC 401K & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1997

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)
CALENDAR HOLDINGS LLC

6411 BURLESON ROAD
AUSTIN, TX 78744

2b Employer Identification Number (EIN) 26-4144504

2c Plan Sponsor's telephone number 512-369-6103

2d Business code (see instructions) 453990

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	TERRY RANGEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CALENDAR HOLDINGS LLC

6411 BURLESON ROAD
AUSTIN, TX 78744-1414

3b Administrator's EIN: 26-4144504

3c Administrator's telephone number: 888-422-5637

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**	158
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	139
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	216
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	216
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	216
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	216
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
CALENDAR HOLDINGS LLC 401K & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALENDAR HOLDINGS LLC

D Employer Identification Number (EIN)
26-4144504

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

1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
71-0294708	86509	878064	216	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
17974	3574

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

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

DAVID N GOLDSTEIN
SUITE 211, 4000 MEDICAL PKWY
AUSTIN, TX 78756

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
8987			3

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

WALTER D. SALYER
19115 FM 2252 STE 11
GARDEN RIDGE, TX 78266

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
8987			3

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

THE ALLOCATION COMPANY, INC.
P.O. BOX 940010
HOUSTON, TX 77094

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	3574	TPA ALLIANCE	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	206529
5	Current value of plan's interest under this contract in separate accounts at year end	5	7307962

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	205463
c	Additions: (1) Contributions deposited during the year	7c(1)	22328		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2304		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	4573		
	▶ LOAN PAYMENTS, TRANSFERS				
	(6) Total additions			7c(6)	29205
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	234668
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1892		
	(2) Administration charge made by carrier	7e(2)	219		
	(3) Transferred to separate account	7e(3)	24708		
	(4) Other (specify below)	7e(4)	1320		
	▶ LOAN DISBURSEMENTS, TRANSFERS				
	(5) Total deductions			7e(5)	28139
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	206529

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
CALENDAR HOLDINGS LLC 401K & PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CALENDAR HOLDINGS LLC	26-4144504	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

VOYA FINANCIAL SERVICES

95-4516049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [X] No [ ]	1828	Yes [ ] No [X]

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

VOYA FINANCIAL SERVICES

71-0294708

(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?
26 60 64 65 66	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
CALENDAR HOLDINGS LLC 401K & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CALENDAR HOLDINGS LLC

D Employer Identification Number (EIN)
26-4144504

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

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE INVESTMENT FUNDS

b Name of sponsor of entity listed in (a): VOYA LIFE INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	7307962

a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED ACCOUNT

b Name of sponsor of entity listed in (a): VOYA LIFE INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	206529

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

A Name of plan
CALENDAR HOLDINGS LLC 401K & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALENDAR HOLDINGS LLC

D Employer Identification Number (EIN)
26-4144504

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	84169	30850
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6845271	7307962
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	205463	206529
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7134903	7545341
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7134903	7545341

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)	339096	
	(B) Participants	2a(1)(B)	552659	
	(C) Others (including rollovers)	2a(1)(C)	3400	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		895155
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2524	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2524
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		614510
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1512189
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1043257	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1043257
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		39613
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	18881	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18881
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1101751
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		410438
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HOLTZMAN PARTNERS, LLP **(2)** EIN: 74-3121060

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		556284
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
CALENDAR HOLDINGS LLC 401K & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CALENDAR HOLDINGS LLC

D Employer Identification Number (EIN)
26-4144504

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% 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 _____/_____/_____.

Financial Statements and Supplemental Schedules

Calendar Holdings LLC 401(k) & Profit Sharing Plan

As of December 31, 2016 and 2015
and for the year ended December 31, 2016
with Report of Independent Auditors

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Financial Statements
and Supplemental Schedules

As of December 31, 2016 and 2015
and for the year ended December 31, 2016

Contents

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HOLTZMAN PARTNERS

AUDIT · TAX · ADVISORY

Report of Independent Auditors

Plan Administrator, Participants and Beneficiaries of
Calendar Holdings LLC 401(k) & Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Calendar Holdings LLC 401(k) & Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 have not obtained sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Retirement Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investments and notes receivable from participants and executes the related transactions. The Plan administrator obtained a certification from the custodian as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

HOLTZMAN PARTNERS

AUDIT · TAX · ADVISORY

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of delinquent participant contributions for the year ended December 31, 2016, and of assets (held at end of year) as of December 31, 2016, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Holtzman Partners, LLP

Austin, Texas
September 25, 2017

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31, 2016	2015
Assets		
Investments:		
Investments, at fair value	**$ 7,307,962**	$ 6,845,271
Investments, at contract value	**206,529**	205,463
Total investments	**7,514,491**	7,050,734
Receivables:		
Employer contribution receivable	**–**	10,175
Employee contribution receivable	**–**	17,011
Notes receivable from participants	**30,850**	84,169
Total receivables	**30,850**	111,355
Net assets available for benefits	**$ 7,545,341**	$ 7,162,089

See accompanying notes.

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2016

Additions	
Investment income:	
Net appreciation of investments	**$ 612,077**
Dividend and interest income from investments	**2,433**
Total investment income	**614,510**
Interest income on notes receivable from participants	**2,524**
Contributions:	
Employer	**328,921**
Employee	**535,648**
Rollover	**3,400**
Total contributions	**867,969**
Total additions	**1,485,003**
Deductions	
Administrative expenses	**(18,881)**
Benefits paid to participants	**(1,043,257)**
Deemed distributions from notes receivable from participants	**(39,613)**
Total deductions	**(1,101,751)**
Net increase	**383,252**
Net assets available for benefits at beginning of year	**7,162,089**
Net assets available for benefits at end of year	**$ 7,545,341**

See accompanying notes.

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Notes to Financial Statements

As of December 31, 2016 and 2015
and for the year ended December 31, 2016

1. Description of the Plan

Calendar Holdings LLC 401(k) & Profit Sharing Plan (the "Plan") is a defined contribution plan covering substantially all eligible employees of Calendar Holdings LLC (the "Company" or "Plan Sponsor") and certain eligible affiliates. The Plan became effective February 1, 1997, and was most recently amended effective June 10, 2016 to change the named individual trustees of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All Plan assets are held by Voya Retirement Insurance and Annuity Company ("Voya"). Complete information regarding the Plan is included in the Plan agreement. Significant Plan provisions are summarized below.

Eligibility

Employees of the Company are eligible to participate in the Plan upon the attainment of 21 years of age and completion of nine months of service, as defined. Employees are eligible to participate in the Plan on the first day of the Plan quarter coinciding with or following the date eligibility requirements are satisfied. Participants must have completed 1,000 hours of service, as defined, and be employed on the last day of the Plan year in order to be eligible to receive profit sharing contributions. Non-resident aliens and employees covered by a collective bargaining agreement are not eligible to participate in the Plan.

Contributions

Participants are allowed to make elective pre-tax, voluntary after-tax, or Roth contributions to the Plan subject to limitation under the Internal Revenue Code ("IRC"). Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing rollovers from other qualified retirement plans or individual retirement accounts.

The Company makes safe harbor matching contributions to the Plan of amounts determined and authorized by the Plan up to the maximum amounts permitted by the IRC. The Company's safe harbor matching contributions are based on each participant's contribution, up to 5% of the participant's compensation. The Company may also make discretionary profit sharing and qualified non-elective contributions. None were approved or made for 2016.

1. Description of the Plan (continued)

Participant Accounts

Participants direct the investment of their accounts among various investment options offered by the Plan. Participants may change their investment options daily.

Each participant's account is credited with (a) participant's contributions, (b) an allocation of employer contributions and (c) an allocation of investment earnings, and is charged with (a) withdrawals, (b) an allocation of investment losses and (c) certain administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, including rollover contributions, and safe harbor matching contributions made by the Company, plus actual earnings thereon. Vesting in the Company's profit sharing contributions plus actual earnings thereon is based on years of credited service, as defined. A participant is 100% vested upon death, disability, or retirement. Company profit sharing contributions are subject to the following vesting schedule:

Years of Service	Vested Benefits
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

1. Description of the Plan (continued)

Forfeitures

Unvested balances of participants' accounts may be subject to forfeiture upon termination of their employment with the Company. A forfeiture occurs in the Plan year in which the participant either receives a distribution of their vested account or has five consecutive one-year breaks in service, as defined by the Plan. Forfeitures are retained in the Plan and used to reduce future employer contributions and to pay Plan administrative expenses. The forfeited unvested account balance totaled $3,045 and $4,196 at December 31, 2016 and 2015, respectively. For the year ended December 31, 2016, forfeitures totaling $14,699 were utilized to pay Plan administrative expenses.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 and up to a maximum of i) $50,000 reduced by the highest outstanding note receivable balance over the prior twelve months or ii) 50% of their vested account balance, whichever is less. Notes receivable from participants are secured by the vested balance in the participant's account and bear interest at a reasonable rate as determined by the Plan administrator. Participants may only have one note receivable outstanding at a time. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years, unless the funds are used for purchase of a principal residence in which case repayment terms may be extended.

Payment of Benefits

Upon termination of service due to death, disability, early retirement upon reaching age 55 and having at least six years of participation in the Plan, normal retirement, or termination of employment, a participant is entitled to receive an amount equal to the vested interest in his or her account, payable in lump sum form. In general, if a participant's vested account balance, as defined by the Plan, is greater than $5,000 and employment is terminated other than due to retirement or death, the account may not be distributed before normal retirement without the participant's consent. Participants' account balances that are less than $5,000, but in excess of $1,000 (the involuntary cash-out amount) will be paid as a direct rollover to an individual retirement account. However, regardless of participant election as to the payment, the Plan may, upon termination of service of a participant for any reason, pay the benefits owed in a lump sum if the account balance is less than the involuntary cash-out amount. Distributions are subject to the applicable provisions of the Plan agreement.

1. Description of the Plan (continued)

In-service withdrawals of all or a portion of a participant's vested account balance may be withdrawn by a participant after reaching age 59 ½. In-service withdrawals of all or a portion of a participant's rollover or voluntary contribution account balance may be withdrawn at any time.

Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with the provisions specified in the Plan. Hardship withdrawals are strictly regulated by the Internal Revenue Service ("IRS") and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to IRS penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of the financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for investments in various investment securities, which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements and supplemental schedules.

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

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

Management fees and expenses charged to the Plan for investments in pooled separate accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants

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

2. Significant Accounting Policies (continued)

Payment of Benefits

Benefits to participants are recorded by the Plan when actual payment is made.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payment transactions are charged directly to the participant's account and are included in administrative expenses.

Subsequent Events

The Plan evaluated events occurring between the end of the most recent fiscal year and September 25, 2017, the date the financial statements and supplemental schedules were available to be issued. See subsequent events disclosed in Note 8.

3. Fair Value Measurements

The guidance for fair value measurement establishes the authoritative definition of fair value, sets out a framework for measuring fair value, and outlines the required disclosures regarding fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date.

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

- *Pooled separate accounts*: Pooled separate accounts ("PSA") are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The net asset value ("NAV") of a PSA is based on the market value of its underlying investments less its liabilities. The PSA NAV is not a publicly-quoted price in an active market. The underlying investments of PSAs consist solely of mutual funds, each of which follows a separate investment strategy. Due to the nature of the PSAs, there are no unfunded commitments or redemption restrictions.

3. Fair Value Measurements (continued)

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

4. Guaranteed Investment Contract

The Voya Fixed Account is a benefit-responsive investment contract. As described in Note 2, because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefit attributable to the investment contract. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Contributions to Voya Institutional Trust Company under this contract are maintained in a general account that is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Voya Institutional Trust Company. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all, or a portion, of their investment at contract value. There are no reserves against contract value for credit risk.

There are no unfunded commitments, redemption restrictions or notice period applicable to the guaranteed investment contract. Under the terms of the guaranteed investment contract, the Plan sponsor must provide a minimum of 90 days' notice to Voya Institutional Trust Company prior to redemption of the contract.

5. Information Certified by the Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value and contract value, as shown in the statements of net assets available for benefits as of December 31, 2016 and 2015.
- Total investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2016.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2016, with the exception of notes receivable from participants, which are not certified.

6. Related-Party and Party-in-Interest Transactions

Plan assets include investment in funds managed by Voya and notes receivable from participants. Voya serves as the Plan's custodian and as such, these transactions qualify as party-in-interest transactions under ERISA. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan Sponsor pays directly any other fees related to the Plan's operations.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the termination of the Plan, the individual accounts of all members shall become fully vested. After deducting all charges and expenses, the balances of all individual accounts will be adjusted and the remaining assets distributed.

8. Subsequent Events

Effective January 1, 2017, the Plan was amended to state that participants can change their contribution elections on a monthly basis rather than each pay period.

9. Income Tax Status

The Plan adopted a prototype basic plan document which received an opinion letter from the IRS on March 31, 2014, which stated that the prototype basic plan document is designed in accordance with the applicable sections of the IRC. In accordance with Revenue Procedures 2016-6 and 2011-49, the Company has determined that it is eligible to and has chosen to rely on the current IRS opinion letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is included in the Plan's financial statements.

U.S. GAAP requires 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 or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2016 and 2015, and for the year ended December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress.

10. Reconciliation of Financial Statements to Form 5500

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

	December 31, 2016	December 31, 2015
Net assets available for benefits per the financial statements	**$ 7,545,341**	$ 7,162,089
Less: Employee contributions receivable	**–**	(17,011)
Less: Employer contributions receivable	**–**	(10,175)
Net assets available for benefits per the Form 5500	**$ 7,545,341**	$ 7,134,903

10. Reconciliation of Financial Statements to Form 5500 (continued)

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

Total net increase per the Statement of Changes in Net Assets Available for Benefits	**$**	**383,252**
Plus: 2015 Employee contributions receivable		**17,011**
Plus: 2015 Employer contributions receivable		**10,175**
Net income per the Form 5500	**$**	**410,438**

Employee and employer contributions are recorded when earned on the Statements of Net Assets and when paid on the Form 5500.

11. Delinquent Participant Contributions

As required by ERISA Section 2510.3-102, the Plan Sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages. During 2016, the Company failed to remit to the Plan's custodian certain employee contributions totaling $556,284 within the period prescribed by DOL regulations. Delays in remitting contributions to the custodian were due to administrative errors. The delayed contributions are considered prohibited, or nonexempt, transactions. The Plan administrator has taken corrective action in 2017, including payment of lost interest and related taxes and penalties totaling $767.

Supplemental Schedules

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Schedule H, Line 4a – Schedule of
Delinquent Participant Contributions

EIN: 26-4144504 PN: 001

For the Year Ended December 31, 2016

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Dates Withheld	Date Remitted	Includes Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Contributions Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 28,612	12/31/2015	1/12/2016	Yes	$ –	$ 28,612*	$ –	$ –
31,370	1/14/2016	1/26/2016	Yes	–	31,370*	–	–
34,532	1/28/2016	2/10/2016	Yes	–	34,532*	–	–
34,209	2/11/2016	2/23/2016	Yes	–	34,209*	–	–
33,636	2/25/2016	3/9/2016	Yes	–	33,636*	–	–
62	2/25/2016	3/10/2016	No	–	62*	–	–
33,625	3/10/2016	3/22/2016	Yes	–	33,625*	–	–
64	3/10/2016	3/30/2016	No	–	64*	–	–
33,455	3/24/2016	4/5/2016	Yes	–	33,455*	–	–
61	3/24/2016	4/8/2016	No	–	61*	–	–
32,727	4/7/2016	4/19/2016	Yes	–	32,727*	–	–
62	4/7/2016	4/20/2016	No	–	62*	–	–
58,708	4/15/2016	4/28/2016	No	–	58,708*	–	–

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Schedule H, Line 4a – Schedule of
Delinquent Participant Contributions

EIN: 26-4144504 PN: 001

For the Year Ended December 31, 2016

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Dates Withheld	Date Remitted	Includes Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Contributions Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 35,116	4/21/2016	5/2/2016	Yes	$ –	$ 35,116*	$ –	$ –
62	4/21/2016	5/5/2016	No	–	62*	–	–
69,666	5/5/2016	5/26/2016	Yes	–	69,666*	–	–
123	5/5/2016	5/27/2016	No	–	123*	–	–
34,286	6/3/2016	6/14/2016	Yes	–	34,286*	–	–
62	6/3/2016	6/15/2016	No	–	62*	–	–
33,868	6/16/2016	6/28/2016	Yes	–	33,868*	–	–
61	6/16/2016	6/29/2016	No	–	61*	–	–
30,955	6/30/2016	7/12/2016	Yes	–	30,955*	–	–
60	6/30/2016	7/13/2016	No	–	60*	–	–
30,841	7/14/2016	7/25/2016	Yes	–	30,841*	–	–
61	7/14/2016	7/27/2016	No	–	61*	–	–

Certain information on this schedule has been derived from data collected by Voya Retirement Insurance and Annuity Company, the Plan custodian.

*Full correction, including lost earnings, made in September 2017.

Calendar Holdings LLC 401(k) & Profit Sharing Plan

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

EIN: 26-4144504 PN: 001

December 31, 2016

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
*	Voya Fixed Account	Guaranteed investment contract	**$ 206,529**
	American Funds EuroPacific Growth Fund - Class R-6	Pooled separate account	**251,909**
	ClearBridge Aggressive Growth Fund - Class IS	Pooled separate account	**1,105,595**
	ClearBridge Small Cap Growth Fund - Class IS	Pooled separate account	**30,621**
	DFA Emerging Markets Portfolio - Institutional	Pooled separate account	**37,684**
	DFA Real Estate Securities Portfolio - Institutional	Pooled separate account	**80,549**
	DFA U.S. Targeted Value Portfolio - Institutional	Pooled separate account	**58,668**
	Invesco Equity and Income Fund - Class R6	Pooled separate account	**221,673**
	JPMorgan Equity Income Fund - Class R6	Pooled separate account	**41,260**
	Oppenheimer Global Fund - Class I	Pooled separate account	**36,905**
	Pioneer Strategic Income Fund - Class K	Pooled separate account	**893**
	Prudential High Yield Fund - Class Q	Pooled separate account	**76,329**
	Vanguard 500 Index Fund - Admiral	Pooled separate account	**1,316,719**
	Vanguard Mid-Cap Index Fund - Admiral	Pooled separate account	**656,681**
	Vanguard Small-Cap Index Fund - Admiral	Pooled separate account	**593,268**
	Vanguard Target Retirement 2015 Fund - Investor	Pooled separate account	**25,185**
	Vanguard Target Retirement 2020 Fund - Investor	Pooled separate account	**772**
	Vanguard Target Retirement 2025 Fund - Investor	Pooled separate account	**554,360**
	Vanguard Target Retirement 2030 Fund - Investor	Pooled separate account	**9,091**
	Vanguard Target Retirement 2035 Fund - Investor	Pooled separate account	**870,468**
	Vanguard Target Retirement 2040 Fund - Investor	Pooled separate account	**8,955**
	Vanguard Target Retirement 2045 Fund - Investor	Pooled separate account	**722,246**
	Vanguard Target Retirement 2050 Fund - Investor	Pooled separate account	**32,293**
	Vanguard Target Retirement 2055 Fund - Investor	Pooled separate account	**143,441**
	Vanguard Target Retirement 2060 Fund - Investor	Pooled separate account	**14,772**
	Vanguard Target Retirement Income Fund - Investor	Pooled separate account	**2,846**
	Victory Munder Mid-Cap Core Growth Fund - Class R6	Pooled separate account	**99,751**
	PIMCO Commodity RealReturn Strategy Fund - Institutional Class	Pooled separate account	**27,932**
	AmCen Mid Cap Value Iue Fund R6	Pooled separate account	**52,451**
	DFA Infl-Protd Secs Portolio - Institutional	Pooled separate account	**13,122**
	Legg Mason BW Global Opportunities Bond Fund - Class IS	Pooled separate account	**181**
*	Voya Intermediate Bond Fund - R6	Pooled separate account	**218,297**
*	Voya Money Market Fund - Class A	Pooled separate account	**3,045**
*	Notes receivable from participants	With varying maturity dates and interest rates ranging from 4.25% to 4.50%	**30,850**
			$ 7,545,341

* Indicates a party-in-interest to the Plan.

Note: Cost information (column d) is not provided as all investments are participant-directed

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CALENDAR HOLDINGS LLC 401K & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1997

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)
Calendar Holdings LLC

6411 Burleson Road

Austin TX 78744

2b Employer Identification Number (EIN) 26-4144504

2c Plan Sponsor's telephone number 512-369-6103

2d Business code (see instructions) 453990

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	Terry Rangel	10-13-17	Terry Rangel
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CALENDAR HOLDINGS LLC

6411 BURLESON ROAD

AUSTIN TX 78744-1414

3b Administrator's EIN: 26-4144504

3c Administrator's telephone number: 888-422-5637

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**	158
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	139
a(2) Total number of active participants at the end of the plan year	**6a(2)**	216
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	216
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	216
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	216
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) — 1
- (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_____

Financial Statements and Supplemental Schedules

Calendar Holdings LLC 401(k) & Profit Sharing Plan

As of December 31, 2016 and 2015
and for the year ended December 31, 2016
with Report of Independent Auditors

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Financial Statements
and Supplemental Schedules

As of December 31, 2016 and 2015
and for the year ended December 31, 2016

Contents

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HOLTZMAN PARTNERS

AUDIT · TAX · ADVISORY

Report of Independent Auditors

Plan Administrator, Participants and Beneficiaries of
Calendar Holdings LLC 401(k) & Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Calendar Holdings LLC 401(k) & Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 have not obtained sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Retirement Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investments and notes receivable from participants and executes the related transactions. The Plan administrator obtained a certification from the custodian as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

HOLTZMAN PARTNERS

AUDIT · TAX · ADVISORY

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of delinquent participant contributions for the year ended December 31, 2016, and of assets (held at end of year) as of December 31, 2016, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Holtzman Partners, LLP

Austin, Texas
September 25, 2017

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31, 2016	2015
Assets		
Investments:		
Investments, at fair value	**$ 7,307,962**	$ 6,845,271
Investments, at contract value	**206,529**	205,463
Total investments	**7,514,491**	7,050,734
Receivables:		
Employer contribution receivable	**–**	10,175
Employee contribution receivable	**–**	17,011
Notes receivable from participants	**30,850**	84,169
Total receivables	**30,850**	111,355
Net assets available for benefits	**$ 7,545,341**	$ 7,162,089

See accompanying notes.

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2016

Additions	
Investment income:	
Net appreciation of investments	**$ 612,077**
Dividend and interest income from investments	**2,433**
Total investment income	**614,510**
Interest income on notes receivable from participants	**2,524**
Contributions:	
Employer	**328,921**
Employee	**535,648**
Rollover	**3,400**
Total contributions	**867,969**
Total additions	**1,485,003**
Deductions	
Administrative expenses	**(18,881)**
Benefits paid to participants	**(1,043,257)**
Deemed distributions from notes receivable from participants	**(39,613)**
Total deductions	**(1,101,751)**
Net increase	**383,252**
Net assets available for benefits at beginning of year	**7,162,089**
Net assets available for benefits at end of year	**$ 7,545,341**

See accompanying notes.

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Notes to Financial Statements

As of December 31, 2016 and 2015
and for the year ended December 31, 2016

1. Description of the Plan

Calendar Holdings LLC 401(k) & Profit Sharing Plan (the "Plan") is a defined contribution plan covering substantially all eligible employees of Calendar Holdings LLC (the "Company" or "Plan Sponsor") and certain eligible affiliates. The Plan became effective February 1, 1997, and was most recently amended effective June 10, 2016 to change the named individual trustees of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All Plan assets are held by Voya Retirement Insurance and Annuity Company ("Voya"). Complete information regarding the Plan is included in the Plan agreement. Significant Plan provisions are summarized below.

Eligibility

Employees of the Company are eligible to participate in the Plan upon the attainment of 21 years of age and completion of nine months of service, as defined. Employees are eligible to participate in the Plan on the first day of the Plan quarter coinciding with or following the date eligibility requirements are satisfied. Participants must have completed 1,000 hours of service, as defined, and be employed on the last day of the Plan year in order to be eligible to receive profit sharing contributions. Non-resident aliens and employees covered by a collective bargaining agreement are not eligible to participate in the Plan.

Contributions

Participants are allowed to make elective pre-tax, voluntary after-tax, or Roth contributions to the Plan subject to limitation under the Internal Revenue Code ("IRC"). Participants who have attained age 50 are eligible to make catch-up contributions. Participants may also contribute amounts representing rollovers from other qualified retirement plans or individual retirement accounts.

The Company makes safe harbor matching contributions to the Plan of amounts determined and authorized by the Plan up to the maximum amounts permitted by the IRC. The Company's safe harbor matching contributions are based on each participant's contribution, up to 5% of the participant's compensation. The Company may also make discretionary profit sharing and qualified non-elective contributions. None were approved or made for 2016.

1. Description of the Plan (continued)

Participant Accounts

Participants direct the investment of their accounts among various investment options offered by the Plan. Participants may change their investment options daily.

Each participant's account is credited with (a) participant's contributions, (b) an allocation of employer contributions and (c) an allocation of investment earnings, and is charged with (a) withdrawals, (b) an allocation of investment losses and (c) certain administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, including rollover contributions, and safe harbor matching contributions made by the Company, plus actual earnings thereon. Vesting in the Company's profit sharing contributions plus actual earnings thereon is based on years of credited service, as defined. A participant is 100% vested upon death, disability, or retirement. Company profit sharing contributions are subject to the following vesting schedule:

Years of Service	Vested Benefits
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

1. Description of the Plan (continued)

Forfeitures

Unvested balances of participants' accounts may be subject to forfeiture upon termination of their employment with the Company. A forfeiture occurs in the Plan year in which the participant either receives a distribution of their vested account or has five consecutive one-year breaks in service, as defined by the Plan. Forfeitures are retained in the Plan and used to reduce future employer contributions and to pay Plan administrative expenses. The forfeited unvested account balance totaled $3,045 and $4,196 at December 31, 2016 and 2015, respectively. For the year ended December 31, 2016, forfeitures totaling $14,699 were utilized to pay Plan administrative expenses.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 and up to a maximum of i) $50,000 reduced by the highest outstanding note receivable balance over the prior twelve months or ii) 50% of their vested account balance, whichever is less. Notes receivable from participants are secured by the vested balance in the participant's account and bear interest at a reasonable rate as determined by the Plan administrator. Participants may only have one note receivable outstanding at a time. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years, unless the funds are used for purchase of a principal residence in which case repayment terms may be extended.

Payment of Benefits

Upon termination of service due to death, disability, early retirement upon reaching age 55 and having at least six years of participation in the Plan, normal retirement, or termination of employment, a participant is entitled to receive an amount equal to the vested interest in his or her account, payable in lump sum form. In general, if a participant's vested account balance, as defined by the Plan, is greater than $5,000 and employment is terminated other than due to retirement or death, the account may not be distributed before normal retirement without the participant's consent. Participants' account balances that are less than $5,000, but in excess of $1,000 (the involuntary cash-out amount) will be paid as a direct rollover to an individual retirement account. However, regardless of participant election as to the payment, the Plan may, upon termination of service of a participant for any reason, pay the benefits owed in a lump sum if the account balance is less than the involuntary cash-out amount. Distributions are subject to the applicable provisions of the Plan agreement.

1. Description of the Plan (continued)

In-service withdrawals of all or a portion of a participant's vested account balance may be withdrawn by a participant after reaching age 59 ½. In-service withdrawals of all or a portion of a participant's rollover or voluntary contribution account balance may be withdrawn at any time.

Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with the provisions specified in the Plan. Hardship withdrawals are strictly regulated by the Internal Revenue Service ("IRS") and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to IRS penalties, unless the distribution is transferred to another qualified plan or individual retirement account.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of the financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for investments in various investment securities, which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements and supplemental schedules.

2. Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 3 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

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

Management fees and expenses charged to the Plan for investments in pooled separate accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants

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

2. Significant Accounting Policies (continued)

Payment of Benefits

Benefits to participants are recorded by the Plan when actual payment is made.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payment transactions are charged directly to the participant's account and are included in administrative expenses.

Subsequent Events

The Plan evaluated events occurring between the end of the most recent fiscal year and September 25, 2017, the date the financial statements and supplemental schedules were available to be issued. See subsequent events disclosed in Note 8.

3. Fair Value Measurements

The guidance for fair value measurement establishes the authoritative definition of fair value, sets out a framework for measuring fair value, and outlines the required disclosures regarding fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date.

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

- *Pooled separate accounts*: Pooled separate accounts ("PSA") are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The net asset value ("NAV") of a PSA is based on the market value of its underlying investments less its liabilities. The PSA NAV is not a publicly-quoted price in an active market. The underlying investments of PSAs consist solely of mutual funds, each of which follows a separate investment strategy. Due to the nature of the PSAs, there are no unfunded commitments or redemption restrictions.

3. Fair Value Measurements (continued)

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

4. Guaranteed Investment Contract

The Voya Fixed Account is a benefit-responsive investment contract. As described in Note 2, because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefit attributable to the investment contract. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Contributions to Voya Institutional Trust Company under this contract are maintained in a general account that is credited with earnings on the underlying investment and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Voya Institutional Trust Company. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all, or a portion, of their investment at contract value. There are no reserves against contract value for credit risk.

There are no unfunded commitments, redemption restrictions or notice period applicable to the guaranteed investment contract. Under the terms of the guaranteed investment contract, the Plan sponsor must provide a minimum of 90 days' notice to Voya Institutional Trust Company prior to redemption of the contract.

5. Information Certified by the Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value and contract value, as shown in the statements of net assets available for benefits as of December 31, 2016 and 2015.
- Total investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2016.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2016, with the exception of notes receivable from participants, which are not certified.

6. Related-Party and Party-in-Interest Transactions

Plan assets include investment in funds managed by Voya and notes receivable from participants. Voya serves as the Plan's custodian and as such, these transactions qualify as party-in-interest transactions under ERISA. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan Sponsor pays directly any other fees related to the Plan's operations.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the termination of the Plan, the individual accounts of all members shall become fully vested. After deducting all charges and expenses, the balances of all individual accounts will be adjusted and the remaining assets distributed.

8. Subsequent Events

Effective January 1, 2017, the Plan was amended to state that participants can change their contribution elections on a monthly basis rather than each pay period.

9. Income Tax Status

The Plan adopted a prototype basic plan document which received an opinion letter from the IRS on March 31, 2014, which stated that the prototype basic plan document is designed in accordance with the applicable sections of the IRC. In accordance with Revenue Procedures 2016-6 and 2011-49, the Company has determined that it is eligible to and has chosen to rely on the current IRS opinion letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is included in the Plan's financial statements.

U.S. GAAP requires 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 or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2016 and 2015, and for the year ended December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress.

10. Reconciliation of Financial Statements to Form 5500

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

	December 31, 2016	December 31, 2015
Net assets available for benefits per the financial statements	**$ 7,545,341**	$ 7,162,089
Less: Employee contributions receivable	**–**	(17,011)
Less: Employer contributions receivable	**–**	(10,175)
Net assets available for benefits per the Form 5500	**$ 7,545,341**	$ 7,134,903

10. Reconciliation of Financial Statements to Form 5500 (continued)

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

Total net increase per the Statement of Changes in Net Assets Available for Benefits	**$**	**383,252**
Plus: 2015 Employee contributions receivable		**17,011**
Plus: 2015 Employer contributions receivable		**10,175**
Net income per the Form 5500	**$**	**410,438**

Employee and employer contributions are recorded when earned on the Statements of Net Assets and when paid on the Form 5500.

11. Delinquent Participant Contributions

As required by ERISA Section 2510.3-102, the Plan Sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages. During 2016, the Company failed to remit to the Plan's custodian certain employee contributions totaling $556,284 within the period prescribed by DOL regulations. Delays in remitting contributions to the custodian were due to administrative errors. The delayed contributions are considered prohibited, or nonexempt, transactions. The Plan administrator has taken corrective action in 2017, including payment of lost interest and related taxes and penalties totaling $767.

Supplemental Schedules

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Schedule H, Line 4a – Schedule of
Delinquent Participant Contributions

EIN: 26-4144504 PN: 001

For the Year Ended December 31, 2016

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Dates Withheld	Date Remitted	Includes Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Contributions Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 28,612	12/31/2015	1/12/2016	Yes	$ –	$ 28,612*	$ –	$ –
31,370	1/14/2016	1/26/2016	Yes	–	31,370*	–	–
34,532	1/28/2016	2/10/2016	Yes	–	34,532*	–	–
34,209	2/11/2016	2/23/2016	Yes	–	34,209*	–	–
33,636	2/25/2016	3/9/2016	Yes	–	33,636*	–	–
62	2/25/2016	3/10/2016	No	–	62*	–	–
33,625	3/10/2016	3/22/2016	Yes	–	33,625*	–	–
64	3/10/2016	3/30/2016	No	–	64*	–	–
33,455	3/24/2016	4/5/2016	Yes	–	33,455*	–	–
61	3/24/2016	4/8/2016	No	–	61*	–	–
32,727	4/7/2016	4/19/2016	Yes	–	32,727*	–	–
62	4/7/2016	4/20/2016	No	–	62*	–	–
58,708	4/15/2016	4/28/2016	No	–	58,708*	–	–

Calendar Holdings LLC 401(k) & Profit Sharing Plan

Schedule H, Line 4a – Schedule of
Delinquent Participant Contributions

EIN: 26-4144504 PN: 001

For the Year Ended December 31, 2016

Participant Contributions Transferred Late to Plan				Total that Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Dates Withheld	Date Remitted	Includes Late Participant Loan Repayments	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Contributions Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 35,116	4/21/2016	5/2/2016	Yes	$ –	$ 35,116*	$ –	$ –
62	4/21/2016	5/5/2016	No	–	62*	–	–
69,666	5/5/2016	5/26/2016	Yes	–	69,666*	–	–
123	5/5/2016	5/27/2016	No	–	123*	–	–
34,286	6/3/2016	6/14/2016	Yes	–	34,286*	–	–
62	6/3/2016	6/15/2016	No	–	62*	–	–
33,868	6/16/2016	6/28/2016	Yes	–	33,868*	–	–
61	6/16/2016	6/29/2016	No	–	61*	–	–
30,955	6/30/2016	7/12/2016	Yes	–	30,955*	–	–
60	6/30/2016	7/13/2016	No	–	60*	–	–
30,841	7/14/2016	7/25/2016	Yes	–	30,841*	–	–
61	7/14/2016	7/27/2016	No	–	61*	–	–

Certain information on this schedule has been derived from data collected by Voya Retirement Insurance and Annuity Company, the Plan custodian.

*Full correction, including lost earnings, made in September 2017.

Calendar Holdings LLC 401(k) & Profit Sharing Plan

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

EIN: 26-4144504 PN: 001

December 31, 2016

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
*	Voya Fixed Account	Guaranteed investment contract	**$ 206,529**
	American Funds EuroPacific Growth Fund - Class R-6	Pooled separate account	**251,909**
	ClearBridge Aggressive Growth Fund - Class IS	Pooled separate account	**1,105,595**
	ClearBridge Small Cap Growth Fund - Class IS	Pooled separate account	**30,621**
	DFA Emerging Markets Portfolio - Institutional	Pooled separate account	**37,684**
	DFA Real Estate Securities Portfolio - Institutional	Pooled separate account	**80,549**
	DFA U.S. Targeted Value Portfolio - Institutional	Pooled separate account	**58,668**
	Invesco Equity and Income Fund - Class R6	Pooled separate account	**221,673**
	JPMorgan Equity Income Fund - Class R6	Pooled separate account	**41,260**
	Oppenheimer Global Fund - Class I	Pooled separate account	**36,905**
	Pioneer Strategic Income Fund - Class K	Pooled separate account	**893**
	Prudential High Yield Fund - Class Q	Pooled separate account	**76,329**
	Vanguard 500 Index Fund - Admiral	Pooled separate account	**1,316,719**
	Vanguard Mid-Cap Index Fund - Admiral	Pooled separate account	**656,681**
	Vanguard Small-Cap Index Fund - Admiral	Pooled separate account	**593,268**
	Vanguard Target Retirement 2015 Fund - Investor	Pooled separate account	**25,185**
	Vanguard Target Retirement 2020 Fund - Investor	Pooled separate account	**772**
	Vanguard Target Retirement 2025 Fund - Investor	Pooled separate account	**554,360**
	Vanguard Target Retirement 2030 Fund - Investor	Pooled separate account	**9,091**
	Vanguard Target Retirement 2035 Fund - Investor	Pooled separate account	**870,468**
	Vanguard Target Retirement 2040 Fund - Investor	Pooled separate account	**8,955**
	Vanguard Target Retirement 2045 Fund - Investor	Pooled separate account	**722,246**
	Vanguard Target Retirement 2050 Fund - Investor	Pooled separate account	**32,293**
	Vanguard Target Retirement 2055 Fund - Investor	Pooled separate account	**143,441**
	Vanguard Target Retirement 2060 Fund - Investor	Pooled separate account	**14,772**
	Vanguard Target Retirement Income Fund - Investor	Pooled separate account	**2,846**
	Victory Munder Mid-Cap Core Growth Fund - Class R6	Pooled separate account	**99,751**
	PIMCO Commodity RealReturn Strategy Fund - Institutional Class	Pooled separate account	**27,932**
	AmCen Mid Cap Value Iue Fund R6	Pooled separate account	**52,451**
	DFA Infl-Protd Secs Portolio - Institutional	Pooled separate account	**13,122**
	Legg Mason BW Global Opportunities Bond Fund - Class IS	Pooled separate account	**181**
*	Voya Intermediate Bond Fund - R6	Pooled separate account	**218,297**
*	Voya Money Market Fund - Class A	Pooled separate account	**3,045**
*	Notes receivable from participants	With varying maturity dates and interest rates ranging from 4.25% to 4.50%	**30,850**
			$ 7,545,341

* Indicates a party-in-interest to the Plan.

Note: Cost information (column d) is not provided as all investments are participant-directed