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
CAMPUS HOLLYWOOD, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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)
CAMPUS HOLLYWOOD, INC.

1655 N MCCADDEN PLACE
HOLLYWOOD, CA 90028

2b Employer Identification Number (EIN) 95-4500770

2c Plan Sponsor's telephone number 323-860-1160

2d Business code (see instructions) 551112

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.	10/16/2017	SHARALYN DELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	SHARALYN DELL
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
ESP INVESTMENT HOLDINGS INC

4b EIN
27-3563894

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	702
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)**	679
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	658
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	27
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	685
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	685
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
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 2T 3D 3H

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)	[ ]		**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
CAMPUS HOLLYWOOD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAMPUS HOLLYWOOD, INC.

D Employer Identification Number (EIN)
95-4500770

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
JOHN HANCOCK LIFE INSURANCE 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
01-0233346	65838	45232	0	01/01/2016	07/04/2016

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
1581	545

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
MORGAN STANLEY INSURANCE SERVICES
100 N WESTLAKE BLVD
WESTLAKE VILLAGE, CA 91359

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1581			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE RYDING COMPANY
2659 TOWNSGATE ROAD
WESTLAKE VILLAGE, CA 91361

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	465	TPA FEES	3

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

MORGAN STANLEY SMITH BARNE
2000 WESTCHESTER AVENUE
PURCHASE, NY 10528

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	80	OTHER ALLOWANCES	3

(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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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)**	
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)**	
(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)**	
(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) ▶	
CAMPUS HOLLYWOOD, INC. 401(K) PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
CAMPUS HOLLYWOOD, INC.	95-4500770	

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).. . . . . [X] 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

VANGUARD
455 DEVON PARK DRIVE
WAYNE, PA 19087

(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)

ADP, LLC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 15 64	RECORD KEEPER	1125	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 [ ]

(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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

A Name of plan
CAMPUS HOLLYWOOD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAMPUS HOLLYWOOD, INC.

D Employer Identification Number (EIN)
95-4500770

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 reported 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)	4347	10569
(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)	173783	173647
(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)	2376118	2590150
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	2554248	2774366
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	22866	30001
k	Total liabilities (add all amounts in lines 1g through1j)	1k	22866	30001
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2531382	2744365

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)		
	(B) Participants	2a(1)(B)	277104	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		277104
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)	6977	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6977
	(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)	43254	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		43254
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		125372
c Other income	2c		260
d Total income. Add all **income** amounts in column (b) and enter total	2d		452967
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	203452	
(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)		203452
f Corrective distributions (see instructions)	2f		30001
g Certain deemed distributions of participant loans (see instructions)	2g		4199
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2332	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2332
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		239984
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		212983
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: FARBER HASS HURLEY LLP **(2)** EIN: 20-4207759

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		50104
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		255424
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	X		
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
CAMPUS HOLLYWOOD, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAMPUS HOLLYWOOD, INC.

D Employer Identification Number (EIN)
95-4500770

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): 57-1198022

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

CAMPUS HOLLYWOOD, INC.
401(k) PLAN

DECEMBER 31, 2016 AND 2015

INDEX

INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits - December 31, 2016 and 2015	3
Statement of Changes in Net Assets Available for Benefits - Year Ended December 31, 2016	4
NOTES TO FINANCIAL STATEMENTS	5 – 12
SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT TO DOL REGULATIONS UNDER ERISA - DECEMBER 31, 2016	
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	14 - 15
Schedule H, line 4a - Schedule of Delinquent Participant Contributions	16

Farber Hass Hurley LLP

Certified Public Accountants

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Valencia, CA 91355
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Facsimile: (661) 257-6674

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Campus Hollywood, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Campus Hollywood, Inc. 401(k) Plan (the "Plan"), formerly known as Shibuya Enterprises 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Ascensus as agent for Ascensus Trust Company ("Ascensus") and John Hancock Life Insurance Company (USA) ("John Hancock"), custodians of the Plan, and Reliance Trust Company, trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Reliance Trust Company held the Plan's investments and executed investment transactions from July 1, 2016 to December 31, 2016, and that Ascensus and John Hancock held the Plan's investments and executed investment transactions as of December 31, 2015, and for the period January 1, 2016 to June 30, 2016. The plan administrator has obtained certifications from the custodians and trustee 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 custodians and trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of: (1) Schedule H, line 4i - Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4a - Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 these 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 custodians and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Farber Hass Hurley LLP

Valencia, California
October 13, 2017

CAMPUS HOLLYWOOD, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS:		
Investments - at fair value	$ 2,590,150	$ 2,376,118
Receivables:		
Notes receivable from participants	173,647	173,783
Participant deferrals	10,569	4,347
Total receivables	184,216	178,130
Total assets	2,774,366	2,554,248
LIABILITIES:		
Refundable excess contributions	30,001	22,866
Net assets available for benefits	$ 2,744,365	$ 2,531,382

The accompanying notes are an integral part of these financial statements.

CAMPUS HOLLYWOOD, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2016

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	125,372
Interest and dividend income		43,514
		168,886
Interest income on notes receivable from participants		6,977
Contributions:		
Participant deferrals		277,104
Total additions		452,967
Deductions to net assets attributed to:		
Benefits paid to participants		237,652
Administrative expenses		2,332
Total deductions		239,984
Net increase		212,983
Net assets available for benefits:		
Beginning of year		2,531,382
End of year	$	2,744,365

The accompanying notes are an integral part of this financial statement.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Campus Hollywood, Inc. 401(k) Plan (the "Plan"), formerly known as Shibuya Enterprises 401(k) Plan, provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan established on January 1, 1997 under Sections 401(a) and 401(k) of the Internal Revenue Code (IRC). The Plan, as amended, covers all eligible employees of ESP Investment Holdings, Inc. and its subsidiaries and Campus Hollywood Inc. and its subsidiaries (collectively the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended and restated effective January 1, 2016 for changes in the law.

In May 2016, the Employer terminated its contracts with Ascensus (a "Custodian") and John Hancock Life Insurance Company (USA) ("John Hancock" or a "Custodian") and appointed Reliance Trust Company (or "Trustee") as the new trustee of the Plan and ADP Retirement Services as the Plan's new recordkeeper. In July 2016, Plan assets totaling $2,673,127 were transferred from Ascensus and John Hancock to Reliance Trust Company.

In addition, effective July 1, 2016, the Plan was amended and restated again with the adoption of ADP, LLC's prototype standardized profit sharing plan for changes in plan design. The Plan's name was also changed from Shibuya Enterprises 401(k) Plan to Campus Hollywood, Inc. 401(k) Plan.

2. Eligibility

An employee is eligible for participation in the Plan on the first day of the month following the completion of six months of service with the Employer in which the employee is credited with 83 hours of service in each month and attainment of age 18. Effective July 1, 2016, an employee is credited for each month during which he or she performs one hour of service. Employees who are members of a collective bargaining unit and non-resident aliens are not eligible to participate in the Plan

3. Contributions

Participants may elect to contribute, on a tax-deferred or after-tax basis, up to the maximum deferral limit per Section 402(g) (1) of the IRC of $18,000 for the year ended December 31, 2016. Effective July 1, 2016, pre-tax and after-tax deferrals are limited from 1% to 90% of a participant's compensation. Participants who have attained age 50 before the end of the plan year are eligible to make "catch-up" contributions. The maximum "catch-up" contribution was $6,000 for 2016.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

3. Contributions (Continued)

In addition, the Employer may make discretionary profit sharing contributions. No Employer profit sharing contributions were made to the Plan in 2016.

4. Participant Accounts

Each participant's account is credited with the participant's contributions, Employer contributions, and allocations of administrative expenses and plan earnings. Effective July 1, 2016, allocations of Employer discretionary profit sharing contributions, if any, are based on the same ratio each participant's compensation bears to the compensation for all participants. Allocations of plan earnings and administrative expenses are based on account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Investment Options

Prior to July 1, 2016, participants employed by ESP Shibuya Enterprises, Inc. could direct contributions, as desired, in any of several investments offered by Ascensus. All other participants could direct contributions, as desired, in any of several investments offered John Hancock. Effective July 1, 2016, all participants, regardless of employer (see Note A.1.) may direct contributions as desired, in any of a variety of investment options held by Reliance Trust Company, as chosen by the Employer. Participants may change their investment options daily.

6. Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000 up to a maximum of 50% of their vested account balance (not to exceed $50,000 less the highest outstanding loan balance during the prior twelve-month period). Participants are limited to one outstanding loan at a time. All loans shall bear a rate of interest of prime plus 1%. Effective July 1, 2016, the minimum loan amount was reduced to $500, the number of outstanding loans allowed was increased to two, and the interest rate on such loans was increased to the prime rate plus 2%. Loans must be paid back within five years of the date of issuance in accordance with terms established by the plan administrator. Loans for the purchase of a principal residence may be paid back over a longer period of time up to 30 years.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

7. Vesting

Participant contributions, rollovers, Employer safe harbor contributions (from predecessor plans or from prior years when safe harbor contributions were allowed), and actual earnings thereon are fully vested at all times. However, vesting of the Employer discretionary profit sharing contribution portion of participant accounts plus actual earnings thereon is based upon the participant's continuous service with the Employer as follows:

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

8. Benefit Payments

Prior to July 1, 2016, upon termination of employment, permanent disability or death, a participant was be entitled to an amount equal to the value of his or her vested account balance. Effective July 1, 2016, a participant is entitled to 100% of his or her account balance upon permanent disability or death while working for the Employer. When a participant attains retirement age (59 ½), the participant is entitled to 100% of his or her account balance. Hardship withdrawals are permitted if certain criteria are met.

9. Administrative Expenses

Administrative expenses incurred by the Custodians and Trustee in performance of their duties are paid from the assets of the Plan. The Employer pays substantially all other out-of-pocket administrative expenses of the Plan. Investment related expenses are included in the net appreciation of fair value of investments. Expenses paid by the Employer are excluded from these financial statements.

10. Plan Termination

Although it has not expressed such intent, the Employer reserves the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination, all interests of participants become fully vested, and the assets are distributed among the participants of the Plan in accordance with the provisions of the Plan.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

11. Forfeitures

Forfeitures of terminated participants' non-vested accounts may be used to pay reasonable Plan expenses or applied against future Employer contributions. As of December 31, 2016 and 2015, there were no outstanding forfeitures.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

2. Use of Estimates

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

3. Investment Valuation and Income Recognition

The Plan's 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment adviser and the Custodians and Trustee. See Note D for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4. Refundable Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability in the Statements of Net Assets Available for Benefits with a corresponding increase in benefits paid to participants in the Statement of Changes in Net Assets Available for Benefits. The Plan distributed the 2016 and 2015 excess contributions to the applicable participants in 2017 and 2016, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

5. 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 and 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.

6. Benefit Payments

Benefits are recorded when paid.

7. Plan Administration

The Employer is the plan sponsor and the plan administrator. The plan administrator is responsible for carrying out the duties imposed under ERISA.

NOTE C - INVESTMENTS AND CERTIFICATIONS BY CUSTODIANS AND TRUSTEE

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by Ascensus and John Hancock, the Custodians, and Reliance Trust Company, the Trustee, as complete and accurate, except for comparing such information certified by the Custodians and Trustee to information included in the Plan's financial statements and supplemental schedules.

Total investments and notes receivable from participants held and certified by Ascensus, John Hancock, and Reliance Trust Company in the accompanying Statements of Net Assets Available for Benefits were $2,763,797 and $2,549,901 as of December 31, 2016 and 2015, respectively. These Custodians and Trustee certified net investment income of $168,886 and interest income on notes receivable from participants of $6,977 in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016.

NOTE D - FAIR VALUE MEASUREMENTS

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

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Pooled separate accounts (except for the John Hancock Stable Value Fund): Valued on a net asset value ("NAV") as determined by the custodian. The NAV of these accounts is based on the quoted market price of the underlying investment held in the account, adjusted for any dividends or distributions received by the custodian and any fees charged pursuant to the contract. The NAV is not a publically quoted price in an active market.

John Hancock Stable Value Fund pooled separate account: Included in pooled separate accounts is the John Hancock Stable Value Fund which invests in the John Hancock Stable Value Fund Collective Investment Trust (the "Trust"). The Trust invests primarily in fully benefit-responsive investment contracts and is valued at the net asset value of participation units in the Trust. The net asset value is based on the market value of the underlying investments. The John Hancock Stable Value Fund seeks to preserve capital and provide stability of principal while earning current income that exceeds money market rates over the long term.

Mutual Funds: Valued at the quoted net asset value of shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Level 1	*Level 2*	*Level 3*	*Total*
Assets in the fair value hierarchy:				
Mutual funds	$ 2,590,150	$ -	$ -	$ 2,590,150

	Assets at Fair Value as of December 31, 2015			
	Level 1	*Level 2*	*Level 3*	*Total*
Assets in the fair value hierarchy:				
Mutual funds	$ 1,192,567	$ -	$ -	$ 1,192,567
Investments measured at net asset value [(a)]				1,183,551
Investments at fair value				$ 2,376,118

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2015. Participant-directed transfers to other investment options are generally limited to two per calendar month.

December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	$ 1,183,551	None	Daily	None[(b)]

(b) Although participant transactions may generally occur daily, participant withdrawals from the John Hancock Stable Value Fund pooled separate account may be subject to a delay of up to 7 or 30 additional calendar days if it is determined, respectively, that such delay is necessary to maintain adequate liquidity for, or to avoid an adverse impact on, the underlying trust or investment vehicle. In addition, the fund's declaration of trust provides that withdrawals for purposes other than normal benefit payments or plan permitted investment option transfers are subject to either a market value adjustment, or without a market value adjustment effected no later than 12 months. These events may include, but are not limited to, the following: mergers, layoffs, plan termination, implementation of early retirement incentive programs, additional investment options are established that constitute a competing fund, or other events within the control of the plan sponsor resulting in a material and adverse financial impact on the issuer's obligations under the contract.

NOTE E - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Custodians and Trustee are parties-in-interest with respect to the Plan. All investments are held with the Custodians and Trustee. Notes receivable from participants and the related interest income are also considered party-in-interest transactions.

NOTE F - TAX STATUS

Effective July 1, 2016, the Employer adopted a prototype standardized profit sharing plan with a cash or deferred arrangement (CODA), which received a favorable opinion letter from the IRS dated July 8, 2014. Prior to July 1, 2016, the Employer adopted a volume submitter profit sharing plan with CODA, which received a favorable opinion letter from the IRS dated March 31, 2014. Both opinions stated that the Plan and related trust, as then designed, were in compliance with applicable sections of the IRC. The plan administrator and the Plan's advisors believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. Administration errors, if any, that are insignificant or operational in nature, are handled by the plan administrator in accordance with applicable IRS correction policies.

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

NOTE G - RISKS AND UNCERTAINTIES

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

NOTE H - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 13, 2017, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT
TO DOL REGULATIONS UNDER ERISA
DECEMBER 31, 2016

CAMPUS HOLLYWOOD, INC. 401(k) PLAN

PLAN NUMBER: 001 EIN: 95-4500770

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments -				
*	Reliance Trust Company	Vanguard 500 Index Fund	**	$ 54,362
*	Reliance Trust Company	Vanguard REIT Index Fund	**	33,133
*	Reliance Trust Company	Vanguard Value Index Fund	**	59,685
*	Reliance Trust Company	Vanguard Energy Fund Admiral	**	1,307
*	Reliance Trust Company	Vanguard Emerging Markets Stock Index	**	24,188
*	Reliance Trust Company	Vanguard Growth Index Fund	**	87,485
*	Reliance Trust Company	Vanguard Mid-Cap Index	**	14,502
*	Reliance Trust Company	Vanguard Balanced Index	**	20,324
*	Reliance Trust Company	Vanguard Small-Cap Index	**	13,590
*	Reliance Trust Company	Vanguard Mid-Cap Value Index	**	46,911
*	Reliance Trust Company	Vanguard Mid-Cap Growth Index	**	47,460
*	Reliance Trust Company	Vanguard Small-Cap Value Index	**	35,250
*	Reliance Trust Company	Vanguard Total Intl Bond Index	**	40,840
*	Reliance Trust Company	Vanguard Small-Cap Growth Index	**	37,984
*	Reliance Trust Company	Vanguard Target Retirement 2015	**	35,607
*	Reliance Trust Company	Vanguard Target Retirement 2020	**	2,318
*	Reliance Trust Company	Vanguard Target Retirement 2025	**	156,056
*	Reliance Trust Company	Vanguard Target Retirement 2030	**	36,335
*	Reliance Trust Company	Vanguard Target Retirement 2035	**	23,109
*	Reliance Trust Company	Vanguard Target Retirement 2040	**	92,961
*	Reliance Trust Company	Vanguard Target Retirement 2045	**	58,068
*	Reliance Trust Company	Vanguard Target Retirement 2050	**	33,191
*	Reliance Trust Company	Vanguard Target Retirement 2055	**	12,760
*	Reliance Trust Company	Vanguard Target Retirement 2060	**	2,003
*	Reliance Trust Company	Vanguard High Yield Corporate	**	12,564
*	Reliance Trust Company	Vanguard Life Strategy Income Fund	**	1,361
*	Reliance Trust Company	Vanguard Life Strategy Growth Fund	**	435,867
*	Reliance Trust Company	Vanguard Total Intl Stock Index	**	103,190
*	Reliance Trust Company	Vanguard Total Bond Market Index	**	311,780
*	Reliance Trust Company	Vanguard Target Retirement Income	**	4,160
*	Reliance Trust Company	Vanguard Federal Money Market	**	3,962
*	Reliance Trust Company	Vanugard Life Stategy Moderate Growth	**	618,711
*	Reliance Trust Company	Vanguard Total Stock Market Index	**	108,550

CAMPUS HOLLYWOOD, INC. 401(k) PLAN

PLAN NUMBER: 001 EIN: 95-4500770

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Reliance Trust Company	Vanguard Global Minimum Volatility	**	4,422
*	Reliance Trust Company	Vanguard Life Strategy Conservative Growth	**	16,154
		Total investments		2,590,150
*	Participant Loans	4.25% - 5.50%	-0-	173,647
		Total		$ 2,763,797

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

CAMPUS HOLLYWOOD, INC. 401(k) PLAN

PLAN NUMBER: 001 EIN: 95-4500770

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2016

	Participant Contributions & Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions***			
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Fully Corrected Under VFCP* and PTE** 2002-51
(1)	$ 27,199	$ 27	$	$ -	$ -
(2)	22,905	12			
	$ 50,104	$ 39	$ -	$ -	$ -

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

*** Nonexempt Prohibited Transactions represent lost earnings relating to delinquent contributions

(1) Contributions and loan repayments transferred late during the 2016 Plan year; lost earnings will be remitted in 2017.

(2) Contributions and loan repayments transferred late during the 2015 Plan year; lost earnings will be remitted in 2017.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

FINANCIAL STATEMENTS

CAMPUS HOLLYWOOD, INC.
401(k) PLAN

DECEMBER 31, 2016 AND 2015

INDEX

INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits - December 31, 2016 and 2015	3
Statement of Changes in Net Assets Available for Benefits - Year Ended December 31, 2016	4
NOTES TO FINANCIAL STATEMENTS	5 – 12
SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT TO DOL REGULATIONS UNDER ERISA - DECEMBER 31, 2016	
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	14 - 15
Schedule H, line 4a - Schedule of Delinquent Participant Contributions	16

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Campus Hollywood, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Campus Hollywood, Inc. 401(k) Plan (the "Plan"), formerly known as Shibuya Enterprises 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Ascensus as agent for Ascensus Trust Company ("Ascensus") and John Hancock Life Insurance Company (USA) ("John Hancock"), custodians of the Plan, and Reliance Trust Company, trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Reliance Trust Company held the Plan's investments and executed investment transactions from July 1, 2016 to December 31, 2016, and that Ascensus and John Hancock held the Plan's investments and executed investment transactions as of December 31, 2015, and for the period January 1, 2016 to June 30, 2016. The plan administrator has obtained certifications from the custodians and trustee 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 custodians and trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of: (1) Schedule H, line 4i - Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4a - Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 these 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 custodians and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Farber Hass Hurley LLP

Valencia, California
October 13, 2017

CAMPUS HOLLYWOOD, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS:		
Investments - at fair value	$ 2,590,150	$ 2,376,118
Receivables:		
Notes receivable from participants	173,647	173,783
Participant deferrals	10,569	4,347
Total receivables	184,216	178,130
Total assets	2,774,366	2,554,248
LIABILITIES:		
Refundable excess contributions	30,001	22,866
Net assets available for benefits	$ 2,744,365	$ 2,531,382

The accompanying notes are an integral part of these financial statements.

CAMPUS HOLLYWOOD, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2016

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	125,372
Interest and dividend income		43,514
		168,886
Interest income on notes receivable from participants		6,977
Contributions:		
Participant deferrals		277,104
Total additions		452,967
Deductions to net assets attributed to:		
Benefits paid to participants		237,652
Administrative expenses		2,332
Total deductions		239,984
Net increase		212,983
Net assets available for benefits:		
Beginning of year		2,531,382
End of year	$	2,744,365

The accompanying notes are an integral part of this financial statement.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Campus Hollywood, Inc. 401(k) Plan (the "Plan"), formerly known as Shibuya Enterprises 401(k) Plan, provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan established on January 1, 1997 under Sections 401(a) and 401(k) of the Internal Revenue Code (IRC). The Plan, as amended, covers all eligible employees of ESP Investment Holdings, Inc. and its subsidiaries and Campus Hollywood Inc. and its subsidiaries (collectively the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended and restated effective January 1, 2016 for changes in the law.

In May 2016, the Employer terminated its contracts with Ascensus (a "Custodian") and John Hancock Life Insurance Company (USA) ("John Hancock" or a "Custodian") and appointed Reliance Trust Company (or "Trustee") as the new trustee of the Plan and ADP Retirement Services as the Plan's new recordkeeper. In July 2016, Plan assets totaling $2,673,127 were transferred from Ascensus and John Hancock to Reliance Trust Company.

In addition, effective July 1, 2016, the Plan was amended and restated again with the adoption of ADP, LLC's prototype standardized profit sharing plan for changes in plan design. The Plan's name was also changed from Shibuya Enterprises 401(k) Plan to Campus Hollywood, Inc. 401(k) Plan.

2. Eligibility

An employee is eligible for participation in the Plan on the first day of the month following the completion of six months of service with the Employer in which the employee is credited with 83 hours of service in each month and attainment of age 18. Effective July 1, 2016, an employee is credited for each month during which he or she performs one hour of service. Employees who are members of a collective bargaining unit and non-resident aliens are not eligible to participate in the Plan

3. Contributions

Participants may elect to contribute, on a tax-deferred or after-tax basis, up to the maximum deferral limit per Section 402(g) (1) of the IRC of $18,000 for the year ended December 31, 2016. Effective July 1, 2016, pre-tax and after-tax deferrals are limited from 1% to 90% of a participant's compensation. Participants who have attained age 50 before the end of the plan year are eligible to make "catch-up" contributions. The maximum "catch-up" contribution was $6,000 for 2016.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

3. Contributions (Continued)

In addition, the Employer may make discretionary profit sharing contributions. No Employer profit sharing contributions were made to the Plan in 2016.

4. Participant Accounts

Each participant's account is credited with the participant's contributions, Employer contributions, and allocations of administrative expenses and plan earnings. Effective July 1, 2016, allocations of Employer discretionary profit sharing contributions, if any, are based on the same ratio each participant's compensation bears to the compensation for all participants. Allocations of plan earnings and administrative expenses are based on account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Investment Options

Prior to July 1, 2016, participants employed by ESP Shibuya Enterprises, Inc. could direct contributions, as desired, in any of several investments offered by Ascensus. All other participants could direct contributions, as desired, in any of several investments offered John Hancock. Effective July 1, 2016, all participants, regardless of employer (see Note A.1.) may direct contributions as desired, in any of a variety of investment options held by Reliance Trust Company, as chosen by the Employer. Participants may change their investment options daily.

6. Notes Receivable from Participants

Participants may borrow from their account a minimum of $1,000 up to a maximum of 50% of their vested account balance (not to exceed $50,000 less the highest outstanding loan balance during the prior twelve-month period). Participants are limited to one outstanding loan at a time. All loans shall bear a rate of interest of prime plus 1%. Effective July 1, 2016, the minimum loan amount was reduced to $500, the number of outstanding loans allowed was increased to two, and the interest rate on such loans was increased to the prime rate plus 2%. Loans must be paid back within five years of the date of issuance in accordance with terms established by the plan administrator. Loans for the purchase of a principal residence may be paid back over a longer period of time up to 30 years.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

7. Vesting

Participant contributions, rollovers, Employer safe harbor contributions (from predecessor plans or from prior years when safe harbor contributions were allowed), and actual earnings thereon are fully vested at all times. However, vesting of the Employer discretionary profit sharing contribution portion of participant accounts plus actual earnings thereon is based upon the participant's continuous service with the Employer as follows:

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

8. Benefit Payments

Prior to July 1, 2016, upon termination of employment, permanent disability or death, a participant was be entitled to an amount equal to the value of his or her vested account balance. Effective July 1, 2016, a participant is entitled to 100% of his or her account balance upon permanent disability or death while working for the Employer. When a participant attains retirement age (59 ½), the participant is entitled to 100% of his or her account balance. Hardship withdrawals are permitted if certain criteria are met.

9. Administrative Expenses

Administrative expenses incurred by the Custodians and Trustee in performance of their duties are paid from the assets of the Plan. The Employer pays substantially all other out-of-pocket administrative expenses of the Plan. Investment related expenses are included in the net appreciation of fair value of investments. Expenses paid by the Employer are excluded from these financial statements.

10. Plan Termination

Although it has not expressed such intent, the Employer reserves the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination, all interests of participants become fully vested, and the assets are distributed among the participants of the Plan in accordance with the provisions of the Plan.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

11. Forfeitures

Forfeitures of terminated participants' non-vested accounts may be used to pay reasonable Plan expenses or applied against future Employer contributions. As of December 31, 2016 and 2015, there were no outstanding forfeitures.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

2. Use of Estimates

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

3. Investment Valuation and Income Recognition

The Plan's 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment adviser and the Custodians and Trustee. See Note D for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4. Refundable Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability in the Statements of Net Assets Available for Benefits with a corresponding increase in benefits paid to participants in the Statement of Changes in Net Assets Available for Benefits. The Plan distributed the 2016 and 2015 excess contributions to the applicable participants in 2017 and 2016, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

5. 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 and 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.

6. Benefit Payments

Benefits are recorded when paid.

7. Plan Administration

The Employer is the plan sponsor and the plan administrator. The plan administrator is responsible for carrying out the duties imposed under ERISA.

NOTE C - INVESTMENTS AND CERTIFICATIONS BY CUSTODIANS AND TRUSTEE

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by Ascensus and John Hancock, the Custodians, and Reliance Trust Company, the Trustee, as complete and accurate, except for comparing such information certified by the Custodians and Trustee to information included in the Plan's financial statements and supplemental schedules.

Total investments and notes receivable from participants held and certified by Ascensus, John Hancock, and Reliance Trust Company in the accompanying Statements of Net Assets Available for Benefits were $2,763,797 and $2,549,901 as of December 31, 2016 and 2015, respectively. These Custodians and Trustee certified net investment income of $168,886 and interest income on notes receivable from participants of $6,977 in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016.

NOTE D - FAIR VALUE MEASUREMENTS

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

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Pooled separate accounts (except for the John Hancock Stable Value Fund): Valued on a net asset value ("NAV") as determined by the custodian. The NAV of these accounts is based on the quoted market price of the underlying investment held in the account, adjusted for any dividends or distributions received by the custodian and any fees charged pursuant to the contract. The NAV is not a publically quoted price in an active market.

John Hancock Stable Value Fund pooled separate account: Included in pooled separate accounts is the John Hancock Stable Value Fund which invests in the John Hancock Stable Value Fund Collective Investment Trust (the "Trust"). The Trust invests primarily in fully benefit-responsive investment contracts and is valued at the net asset value of participation units in the Trust. The net asset value is based on the market value of the underlying investments. The John Hancock Stable Value Fund seeks to preserve capital and provide stability of principal while earning current income that exceeds money market rates over the long term.

Mutual Funds: Valued at the quoted net asset value of shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Level 1	*Level 2*	*Level 3*	*Total*
Assets in the fair value hierarchy:				
Mutual funds	$ 2,590,150	$ -	$ -	$ 2,590,150

	Assets at Fair Value as of December 31, 2015			
	Level 1	*Level 2*	*Level 3*	*Total*
Assets in the fair value hierarchy:				
Mutual funds	$ 1,192,567	$ -	$ -	$ 1,192,567
Investments measured at net asset value [(a)]				1,183,551
Investments at fair value				$ 2,376,118

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2015. Participant-directed transfers to other investment options are generally limited to two per calendar month.

December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	$ 1,183,551	None	Daily	None[(b)]

(b) Although participant transactions may generally occur daily, participant withdrawals from the John Hancock Stable Value Fund pooled separate account may be subject to a delay of up to 7 or 30 additional calendar days if it is determined, respectively, that such delay is necessary to maintain adequate liquidity for, or to avoid an adverse impact on, the underlying trust or investment vehicle. In addition, the fund's declaration of trust provides that withdrawals for purposes other than normal benefit payments or plan permitted investment option transfers are subject to either a market value adjustment, or without a market value adjustment effected no later than 12 months. These events may include, but are not limited to, the following: mergers, layoffs, plan termination, implementation of early retirement incentive programs, additional investment options are established that constitute a competing fund, or other events within the control of the plan sponsor resulting in a material and adverse financial impact on the issuer's obligations under the contract.

NOTE E - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Custodians and Trustee are parties-in-interest with respect to the Plan. All investments are held with the Custodians and Trustee. Notes receivable from participants and the related interest income are also considered party-in-interest transactions.

NOTE F - TAX STATUS

Effective July 1, 2016, the Employer adopted a prototype standardized profit sharing plan with a cash or deferred arrangement (CODA), which received a favorable opinion letter from the IRS dated July 8, 2014. Prior to July 1, 2016, the Employer adopted a volume submitter profit sharing plan with CODA, which received a favorable opinion letter from the IRS dated March 31, 2014. Both opinions stated that the Plan and related trust, as then designed, were in compliance with applicable sections of the IRC. The plan administrator and the Plan's advisors believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. Administration errors, if any, that are insignificant or operational in nature, are handled by the plan administrator in accordance with applicable IRS correction policies.

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

NOTE G - RISKS AND UNCERTAINTIES

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

NOTE H - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 13, 2017, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT
TO DOL REGULATIONS UNDER ERISA
DECEMBER 31, 2016

CAMPUS HOLLYWOOD, INC. 401(k) PLAN

PLAN NUMBER: 001 EIN: 95-4500770

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments -				
*	Reliance Trust Company	Vanguard 500 Index Fund	**	$ 54,362
*	Reliance Trust Company	Vanguard REIT Index Fund	**	33,133
*	Reliance Trust Company	Vanguard Value Index Fund	**	59,685
*	Reliance Trust Company	Vanguard Energy Fund Admiral	**	1,307
*	Reliance Trust Company	Vanguard Emerging Markets Stock Index	**	24,188
*	Reliance Trust Company	Vanguard Growth Index Fund	**	87,485
*	Reliance Trust Company	Vanguard Mid-Cap Index	**	14,502
*	Reliance Trust Company	Vanguard Balanced Index	**	20,324
*	Reliance Trust Company	Vanguard Small-Cap Index	**	13,590
*	Reliance Trust Company	Vanguard Mid-Cap Value Index	**	46,911
*	Reliance Trust Company	Vanguard Mid-Cap Growth Index	**	47,460
*	Reliance Trust Company	Vanguard Small-Cap Value Index	**	35,250
*	Reliance Trust Company	Vanguard Total Intl Bond Index	**	40,840
*	Reliance Trust Company	Vanguard Small-Cap Growth Index	**	37,984
*	Reliance Trust Company	Vanguard Target Retirement 2015	**	35,607
*	Reliance Trust Company	Vanguard Target Retirement 2020	**	2,318
*	Reliance Trust Company	Vanguard Target Retirement 2025	**	156,056
*	Reliance Trust Company	Vanguard Target Retirement 2030	**	36,335
*	Reliance Trust Company	Vanguard Target Retirement 2035	**	23,109
*	Reliance Trust Company	Vanguard Target Retirement 2040	**	92,961
*	Reliance Trust Company	Vanguard Target Retirement 2045	**	58,068
*	Reliance Trust Company	Vanguard Target Retirement 2050	**	33,191
*	Reliance Trust Company	Vanguard Target Retirement 2055	**	12,760
*	Reliance Trust Company	Vanguard Target Retirement 2060	**	2,003
*	Reliance Trust Company	Vanguard High Yield Corporate	**	12,564
*	Reliance Trust Company	Vanguard Life Strategy Income Fund	**	1,361
*	Reliance Trust Company	Vanguard Life Strategy Growth Fund	**	435,867
*	Reliance Trust Company	Vanguard Total Intl Stock Index	**	103,190
*	Reliance Trust Company	Vanguard Total Bond Market Index	**	311,780
*	Reliance Trust Company	Vanguard Target Retirement Income	**	4,160
*	Reliance Trust Company	Vanguard Federal Money Market	**	3,962
*	Reliance Trust Company	Vanugard Life Stategy Moderate Growth	**	618,711
*	Reliance Trust Company	Vanguard Total Stock Market Index	**	108,550

CAMPUS HOLLYWOOD, INC. 401(k) PLAN

PLAN NUMBER: 001 EIN: 95-4500770

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Reliance Trust Company	Vanguard Global Minimum Volatility	**	4,422
*	Reliance Trust Company	Vanguard Life Strategy Conservative Growth	**	16,154
		Total investments		2,590,150
*	Participant Loans	4.25% - 5.50%	-0-	173,647
		Total		$ 2,763,797

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

CAMPUS HOLLYWOOD, INC. 401(k) PLAN

PLAN NUMBER: 001 EIN: 95-4500770

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2016

	Participant Contributions & Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions***			
		Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Fully Corrected Under VFCP* and PTE** 2002-51
(1)	$ 27,199	$ 27	$	$ -	$ -
(2)	22,905	12			
	$ 50,104	$ 39	$ -	$ -	$ -

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

*** Nonexempt Prohibited Transactions represent lost earnings relating to delinquent contributions

(1) Contributions and loan repayments transferred late during the 2016 Plan year; lost earnings will be remitted in 2017.

(2) Contributions and loan repayments transferred late during the 2015 Plan year; lost earnings will be remitted in 2017.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **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 and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

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

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(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)		
	(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)		
	(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)		

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

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			
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			

			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**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CAMPUS HOLLYWOOD, INC. 401(K) PLAN **EIN:** 95-4500770
Plan Sponsor's Name CAMPUS HOLLYWOOD, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES (04.25TO5.50%)		173,647
	VANGUARD REIT INDEX FUND ADMRL	REGISTERED INVESTMENT COMPANY		33,133
	VANGUARD VALUE INDEX FUND ADMR	REGISTERED INVESTMENT COMPANY		59,685
	VANGUARD ENERGY FUND ADMIRAL	REGISTERED INVESTMENT COMPANY		1,307
	VANGUARD EMG MKTS STK IDX ADM	REGISTERED INVESTMENT COMPANY		24,188
	VANGUARD MID CAP INDEX - ADM	REGISTERED INVESTMENT COMPANY		14,502
	VANGUARD GROWTH INDEX FUND ADM	REGISTERED INVESTMENT COMPANY		87,485

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

Plan Name CAMPUS HOLLYWOOD, INC. 401(K) PLAN **EIN:** 95-4500770
Plan Sponsor's Name CAMPUS HOLLYWOOD, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VAN TARGET RETIRE 2030 - INV	REGISTERED INVESTMENT COMPANY		36,335
	VANGUARD BAL IDX - ADM	REGISTERED INVESTMENT COMPANY		20,324
	VAN TARGET RETIRE INC - INV	REGISTERED INVESTMENT COMPANY		4,160
	VAN TARGET RETIRE 2015 - INV	REGISTERED INVESTMENT COMPANY		35,607
	VANGUARD SMALL CAP INDEX ADMRL	REGISTERED INVESTMENT COMPANY		13,590
	VAN TARGET RETIRE 2045 - INV	REGISTERED INVESTMENT COMPANY		58,068
	VANG HI YLD CORP ADM	REGISTERED INVESTMENT COMPANY		12,564

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

Plan Name CAMPUS HOLLYWOOD, INC. 401(K) PLAN **EIN:** 95-4500770
Plan Sponsor's Name CAMPUS HOLLYWOOD, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VAN TARG RETIRE 2060 - INV	REGISTERED INVESTMENT COMPANY		2,003
	VAN LS INCOME - INV	REGISTERED INVESTMENT COMPANY		1,361
	VAN TARGET RETIRE 2055	REGISTERED INVESTMENT COMPANY		12,760
	VANGUARD MIDCAP GROWTH IDX ADM	REGISTERED INVESTMENT COMPANY		47,460
	VANGUARD 500 INDEX FUND - ADM	REGISTERED INVESTMENT COMPANY		54,362
	VAN TARGET RETIRE 2040 - INV	REGISTERED INVESTMENT COMPANY		92,961
	VANGUARD LIFESTRATEGY GROWTH	REGISTERED INVESTMENT COMPANY		435,867

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CAMPUS HOLLYWOOD, INC. 401(K) PLAN **EIN:** 95-4500770
Plan Sponsor's Name CAMPUS HOLLYWOOD, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD MID CAP VALUE IND ADM	REGISTERED INVESTMENT COMPANY		46,911
	VANGUARD TOT BND MKT IND- ADM	REGISTERED INVESTMENT COMPANY		311,780
	VAN TARGET RETIRE 2020 - INV	REGISTERED INVESTMENT COMPANY		2,318
	VAN TARGET RETIRE 2035 - INV	REGISTERED INVESTMENT COMPANY		23,108
	VANGUARD TOTAL INTL BD IDX ADM	REGISTERED INVESTMENT COMPANY		40,840
	VANGUARD SM CAP VAL INDEX ADM	REGISTERED INVESTMENT COMPANY		35,249
	VANGUARD FEDERAL MM INV	REGISTERED INVESTMENT COMPANY		3,962

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

Plan Name CAMPUS HOLLYWOOD, INC. 401(K) PLAN **EIN:** 95-4500770
Plan Sponsor's Name CAMPUS HOLLYWOOD, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD LIFESTRATEGY MOD GROW	REGISTERED INVESTMENT COMPANY		618,711
	VANG TOT STK MKT IDX - ADMIRAL	REGISTERED INVESTMENT COMPANY		108,550
	VANGUARD GLBL MIN VOL ADM	REGISTERED INVESTMENT COMPANY		4,422
	VAN LIFESTRAT CONSERV GR - INV	REGISTERED INVESTMENT COMPANY		16,154
	VAN TARGET RETIRE 2025 - INV	REGISTERED INVESTMENT COMPANY		156,056
	VAN TARGET RETIRE 2050 - INV	REGISTERED INVESTMENT COMPANY		33,191
	VANGUARD SM CP GR IDX -ADMIRAL	REGISTERED INVESTMENT COMPANY		37,984

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

Plan Name CAMPUS HOLLYWOOD, INC. 401(K) PLAN **EIN:** 95-4500770
Plan Sponsor's Name CAMPUS HOLLYWOOD, INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD TOT INTL STK IND ADM	REGISTERED INVESTMENT COMPANY		103,190