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
- [X] special extension (enter description) HURRICANE IRMA

Part II Basic Plan Information—enter all requested information

1a Name of plan
HBO LATIN AMERICA 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
HBO LATIN AMERICA PRODUCTION SERVICES, L.C.

396 ALHAMBRA CIRCLE
4TH FLOOR
CORAL GABLES, FL 33134

2b Employer Identification Number (EIN) 65-0897610

2c Plan Sponsor's telephone number 305-648-8118

2d Business code (see instructions) 515210

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.	12/11/2017	GUILLERMO VILLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	432
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)**	379
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	355
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	404
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	404
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	329
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 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)** [ ] 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)** [ ] 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)** [ ] 0 **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 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
HBO LATIN AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HBO LATIN AMERICA PRODUCTION SERVICES, L.C.

D Employer Identification Number (EIN)
65-0897610

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

MCDERMOTT, WILL & EMERY

36-1453176

(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?
29	ATTORNEY/LEGAL	17774	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	10845	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	7091	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ SMCPVL ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - BOSTON FINAN 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BAIRD SH TM BOND INV - US BANCORP 39-0281260	0.27%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL/ACORN INTL Z - COLUMBIA MGT IN	P.O. BOX 8081 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA DIV INC A - COLUMBIA MGT	P.O. BOX 8081 BOSTON, MA 02266	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CS COMMOD RETURN IS - BOSTON FINAN	P.O. BOX 8480 BOSTON, MA 02266	0.45%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GLENMEDE SMCP EQ ADV - STATE STREE 04-0025081	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DEVELOP MKTS A - INVESCO CANA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS CORE PL BD A - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.45%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SM CP GRTH R - BOSTON FINAN	P.O. BOX 8480 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO LOW DUR ADM - BOSTON FINANCI	P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO REAL RTN BD AD - BOSTON FINA	P.O. BOX 8480 BOSTON, MA 02266	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOT RETURN ADM - BOSTON FINA	P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SENTINEL COM STK A - BOSTON FINANC	P.O. BOX 8480 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WF GOVT SECS A - BOSTON FINANCIAL	P.O. BOX 8480 BOSTON, MA 02266	0.45%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WF SM CO VALUE ADM - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.35%

(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
HBO LATIN AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HBO LATIN AMERICA PRODUCTION SERVICES, L.C.

D Employer Identification Number (EIN)
65-0897610

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2697634	2654677
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	42853	93987
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	616683	595375
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13316054	15928449
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	16673224	19272488
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16673224	19272488

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)	664900	
	(B) Participants	2a(1)(B)	1854076	
	(C) Others (including rollovers)	2a(1)(C)	228054	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2747030
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1307	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	19123	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20430
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	607	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	578580	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		579187
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	14193	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15896	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1703
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	3300	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3300

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		398273
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3746517
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1072539	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1072539
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		39692
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	10845	
(4) Other	2i(4)	24177	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		35022
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1147253
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2599264
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [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: PEREZ ABREU AGUERREBER SUEIRO TORRE **(2)** EIN: 65-0942623

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		357480
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		3000000
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
HBO LATIN AMERICA 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HBO LATIN AMERICA PRODUCTION SERVICES, L.C.

D Employer Identification Number (EIN)
65-0897610

Part I Distributions

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

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

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

EIN(s): 04-6568107

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 _____/_____/_____.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
HBO Latin America 401(k) Plan

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are a not required part of the financial statements. Because of the significances of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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.

PAST, P.L.

Coral Gables, Florida
September 26, 2017

HBO LATIN AMERICA 401(K) PLAN
FINANCIAL STATEMENTS
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FINANCIAL STATEMENTS

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HBO LATIN AMERICA 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2016	2015
ASSETS		
Investments, at fair value (Notes 3 and 6):		
Mutual funds	$ 15,928,449	$ 13,316,054
Cash and money market funds	2,582,560	2,593,437
Self-directed brokerage accounts	166,104	147,050
Total Investments	18,677,113	16,056,541
Receivables:		
Notes receivable from participants	595,375	616,683
Employer contributions	6,894	8,655
Participant contributions	44,774	46,923
Total Receivables	647,043	672,261
TOTAL ASSETS	19,324,156	16,728,802
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,324,156	$ 16,728,802

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

HBO LATIN AMERICA 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2016

ADDITIONS:	
Additions to net assets attributed to:	
Investment income, net (Note 6):	
Net appreciation in fair value of investments	$ 399,870
Interest and dividend income	580,494
Total Investment Income	980,364
Interest income on notes receivable from participants	19,123
Contributions:	
Employer	663,139
Participants	1,851,927
Rollover	228,054
Total Contributions	2,743,120
TOTAL ADDITIONS	3,742,607
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,112,231
Administrative expenses	35,022
TOTAL DEDUCTIONS	1,147,253
NET INCREASE	2,595,354
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	16,728,802
End of year	$ 19,324,156

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

NOTE 1 – DESCRIPTION OF PLAN

The following description of the HBO Latin America 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(A) GENERAL

The Plan is a defined contribution 401(k) and Profit Sharing plan covering certain employees of HBO Latin America Production Services, L.C. (the "Company") who have completed at least three months of service and are at least eighteen years old. The Plan was established in 1998 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(B) CONTRIBUTIONS

Participants may contribute up to an annual limit of the lesser of; 50% of eligible compensation or the annual limit as allowed by the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions and corresponding employer matching contributions into various investment options offered by the Plan, which includes a Roth 401(k) option.

The Company contributes a non-discretionary matching contribution in an amount equal to 80% of participant contributions, with a maximum matching contribution of $3,500 per participant. The Company may also make annual discretionary profit sharing contributions in amounts determined by the Company. The Company made employer-matching contributions of approximately $663,000 for the year ended December 31, 2016.

(C) VESTING

Participants are immediately fully vested in their elective deferral contributions and rollover contributions plus actual earnings thereon. Vesting on the employer's contributions is as follows:

0% less than two years of service,
25% after two years of service,
50% after three years of service,
75% after four years of service,
100% after five years of service.

Participants are 100% vested, regardless of years of service, when they reach normal retirement age, are totally and permanently disabled, or death occurs.

(D) PAYMENT OF BENEFITS

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

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

(E) PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of terminated participants' non-vested accounts may be applied to reduce the employer's contribution obligation, if any.

(F) INVESTMENT OPTIONS

Upon enrollment in the Plan, a participant may direct employee and employer matching contributions to various investment options offered by the Plan. Participants may change their allocations on a daily basis. Fidelity Management Trust Company is the appointed trustee of the Plan's assets at December 31, 2016 and 2015.

(G) NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts a minimum of $1,000 and a maximum amount of the lesser of; 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in your account during the prior twelve-month period. The loans are secured by the balance in the participant's account and bear interest at a fixed rate range of 3.25% - 3.50%. Principal and interest is paid ratably through periodic payroll deductions. For the year ended December 31, 2016 the Plan had approximately $40,000 in deemed distributions as a result of terminated employees' repayment default for participant loans.

(H) FORFEITED ACCOUNTS

At December 31, 2016 and 2015, forfeited non-vested accounts totaled approximately $42,000 and $58,000, respectively. Forfeited non-vested accounts are used to pay Plan expenses, and the balance, if any, is then used to reduce the Company's discretionary contributions. During the year ended December 31, 2016 approximately $53,000 in forfeitures were used to pay for matching contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

(A) BASIS OF ACCOUNTING

The Plan's financial statements are prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America for employee benefit plans.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(B) INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investments are valued at market value based on published quotations. Quotations for marketable securities that are not published are obtained from brokerage firms by the Plan trustee. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded in the period earned. Gains and losses on securities sold or redeemed are determined on the specific cost basis.

(C) 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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

(D) USE OF ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

(E) PAYMENT OF BENEFITS

Benefits are recorded when paid.

(F) PLAN ADMINISTRATION AND FEES

The Plan agreement allows for the Company to absorb a significant amount of the Plan's administrative expenses. During the year ended December 31, 2016 approximately $35,000 in administrative expenses were incurred by the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(G) RECENT ACCOUNTING PRONOUNCEMENTS

Effective January 1, 2016, the Plan adopted two recent accounting pronouncements issued by the Financial Accounting Standards Board ("FASB") detailed below. The change was applied retrospectively and had no effect on beginning net assets available for benefits.

Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) in ASU No. 2015-07

In May 2015, the FASB issued an accounting standard update which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The update also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The update is effective for fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. A reporting entity should apply the update retrospectively to all periods presented. Early adoption is permitted.

Fully Benefit-Responsive Investment Contracts and Plan Investment Disclosure in ASU No. 2015-12

In July 2015, the FASB issued an accounting standard update which amends requirements for defined contribution, defined benefit, and health and welfare benefit plans. Generally, Part I of the update requires fully benefit responsive investment contracts to be reported at contract value. Generally, Part II eliminates the requirements for plans to disclose (a) individual investments that represent 5 percent or more of net assets available for benefits, and (b) the net appreciation or depreciation for investments by general type. Generally, Part II also requires that investments be grouped only by type of investment. Part III provides an alternative date for measuring investments for plans with fiscal year-ends not falling on a month-end date. Parts I and II of the update are effective retrospectively for fiscal years beginning after December 15, 2015 with early application permitted. Part III of the update is effective prospectively for fiscal years beginning after December 15, 2015 with early application permitted.

(H) MANAGEMENT REVIEW OF SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 26, 2017, the date when the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. During 2016 and 2015, Level 1 inputs were available and therefore used. No Level 2 and Level 3 inputs were used by the Plan.

Mutual Funds – The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Self-Directed Accounts – The fair value of self-directed accounts is based on the underlying net asset values of the investments.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value:

December 31, 2016	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 15,928,449	$ 15,928,449	$ -	$ -
Cash and Money Market	2,582,560	2,582,560	-	-
Self-Directed Accounts	166,104	166,104	-	-
Total	$ 18,677,113	$ 18,677,113	$ -	$ -

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2015	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 13,316,054	$ 13,316,054	$ -	$ -
Cash and Money Market	2,593,437	2,593,437	-	-
Self-Directed Accounts	147,050	147,050	-	-
Total	$ 16,056,541	$ 16,056,541	$ -	$ -

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2016 are reported in net appreciation in fair value of investments.

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their account balance, including employer contributions.

NOTE 5 – TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2014 that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

NOTE 6 – INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The Plan trustee, Fidelity Management Trust Company, has certified that the following information is complete and accurate as of December 31, 2016 and 2015 and for the years then ended:

	2016	2015
Investments in mutual funds (Note 3)	$ 15,928,449	$ 13,316,054
Investment in cash and money market funds (Note 3)	2,582,560	2,593,437
Self-directed brokerage accounts (Note 3)	166,104	147,050
	$ 18,677,113	$ 16,056,541
Notes receivable from participants	$ 595,375	$ 616,683
Investment income, net	$ 980,364	
Interest income on notes receivable from participants	$ 19,123	

NOTE 7 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and money market funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 – 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 9 – FIDELITY BONDING

The Company maintains a fidelity bond of $3,000,000 for Plan fiduciaries and individuals who handle the funds of the Plan, pursuant to the requirements of ERISA.

NOTE 10 – RELATED PARTY TRANSACTIONS – PROHIBITED TRANSACTION

During 2015, the Plan sponsor did not timely remit the employee contributions and loan payments for 4 payroll periods (aggregate amount of $189,920) in accordance with guidelines set forth by the United States Department of Labor ("DOL") and Employee Benefits Security Administration ("EBSA"). The DOL considers the untimely remittance a prohibited transaction and may impose penalties on the Plan sponsor as a result. These financial statements do not include any adjustments that may be necessary as a result of these transactions. The Plan did file the required documents and payments under EBSA's "Voluntary Fiduciary Correction Program ("VFCP")" during 2016.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	2016	2015
Net assets available for benefits per the financial statements	$ 19,324,156	$ 16,728,802
Less: Participant contributions receivable	(44,774)	(46,923)
Employer contributions receivable	(6,894)	(8,655)
Net assets available for benefits per Schedule H of Form 5500	$ 19,272,488	$ 16,673,224

The following is a reconciliation of contributions received from participants per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2016:

Contributions received from participants per the financial statements	$ 1,851,927
Add: 2015 Participant contributions receivable	46,923
Less: Participant contributions receivable	(44,774)
Contributions received from participants per Schedule H of Form 5500	$ 1,854,076

The following is a reconciliation of contributions received from the employer per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2016:

Contributions received from the employer per the financial statements	$ 663,139
Add: 2015 Employer contributions receivable	8,655
Less: Employer contributions receivable	(6,894)
Contributions received from the employer per Schedule H of Form 5500	$ 664,900

SUPPLEMENTAL SCHEDULES

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ✔	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2014 Plan Year	$ -	$ -	$ -	$ 167,560
2015 Plan Year	$ -	$ -	$ -	$ 189,920
Total	$ -	$ -	$ -	$ 357,480

See Independent Auditor's Report.

HBO LATIN AMERICA 401(K) PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN SPONSOR EIN – 65-0897610
PLAN NUMBER - 001
DECEMBER 31, 2016

(a) Denotes Party In Interest	(b) Identity of Issuer, 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
	Allianz NFJ Small Cap Value	Value in Registered Investment Company		$ 32,150
	Artisan Mid-Cap Value	Value in Registered Investment Company		331,757
*	Brokerage Link Cash	Brokerage Account		72,117
*	Brokerage Link Common Stock	Brokerage Account		93,987
	Baird Short-Term Bond	Value in Registered Investment Company		16,758
	Columbia Acorn International	Value in Registered Investment Company		96,731
	Columbia Dividend Income	Value in Registered Investment Company		778,870
	Credit Suisse Commodity Return	Value in Registered Investment Company		53,200
*	Fidelity 500 Index	Value in Registered Investment Company		893,653
*	Fidelity Blue Chip Growth	Value in Registered Investment Company		1,089,502
*	Fidelity Capital Appreciation	Value in Registered Investment Company		707,420
*	Fidelity Contrafund	Value in Registered Investment Company		1,298,629
*	Fidelity Diversified International	Value in Registered Investment Company		615,623
*	Fidelity Extended Market Index	Value in Registered Investment Company		405,380
*	Fidelity Freedom Income	Value in Registered Investment Company		362,256
*	Fidelity Freedom 2005	Value in Registered Investment Company		21,017
*	Fidelity Freedom 2010	Value in Registered Investment Company		117,257
*	Fidelity Freedom 2015	Value in Registered Investment Company		110,731
*	Fidelity Freedom 2020	Value in Registered Investment Company		773,995
*	Fidelity Freedom 2025	Value in Registered Investment Company		545,625
*	Fidelity Freedom 2030	Value in Registered Investment Company		1,203,342
*	Fidelity Freedom 2035	Value in Registered Investment Company		268,427
*	Fidelity Freedom 2040	Value in Registered Investment Company		650,833
*	Fidelity Freedom 2045	Value in Registered Investment Company		423,179
*	Fidelity Freedom 2050	Value in Registered Investment Company		396,932
*	Fidelity Freedom 2055	Value in Registered Investment Company		93,357
*	Fidelity Freedom 2060	Value in Registered Investment Company		1,261
*	Fidelity Inflation Prot Bond	Value in Registered Investment Company		151
*	Fidelity International Index	Value in Registered Investment Company		418,311
*	Fidelity Low-Priced Stock	Value in Registered Investment Company		509,792
*	Fidelity Mid-Cap Stock	Value in Registered Investment Company		721,984
*	Fidelity Real Estate Investment	Value in Registered Investment Company		526,631
*	Fidelity Retirement Money Market	Value in Registered Investment Company		2,582,560
*	Fidelity U.S. Bond Index	Value in Registered Investment Company		857,978
	Glenmede Small Cap Equity	Value in Registered Investment Company		91,430
	Invesco Developing Markets	Value in Registered Investment Company		187,753
	Loomis Core Plus Bond	Value in Registered Investment Company		11,050
	Loomis Sayles Small Cap Growth	Value in Registered Investment Company		36,010
	PIMCO Low Duration	Value in Registered Investment Company		166,021
	PIMCO Real Return	Value in Registered Investment Company		127,767
	PIMCO Total Return	Value in Registered Investment Company		234,551
	Sentinel Common Stock A	Value in Registered Investment Company		174,066

HBO LATIN AMERICA 401(K) PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN SPONSOR EIN – 65-0897610
PLAN NUMBER - 001
DECEMBER 31, 2016

(a) Denotes Party In Interest	(b) Identity of Issuer, 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
	WF Government Securities	Value in Registered Investment Company		501,560
	WF Small Cap Admin Value	Value in Registered Investment Company		75,509
				18,677,113
*	Participant loans	Interest 3.25% - 3.50%		595,375
				$ 19,272,488

* Denotes a party-in-interest

** Funds are participant-directed and, therefore, cost information is omitted

See Independent Auditor's Report.

HBO Latin America 401(k) Plan

Financial Statements

December 31, 2016 and 2015

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
HBO Latin America 401(k) Plan

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are a not required part of the financial statements. Because of the significances of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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.

PAST, P.L.

Coral Gables, Florida
September 26, 2017

HBO LATIN AMERICA 401(K) PLAN
FINANCIAL STATEMENTS
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HBO LATIN AMERICA 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2016	2015
ASSETS		
Investments, at fair value (Notes 3 and 6):		
Mutual funds	$ 15,928,449	$ 13,316,054
Cash and money market funds	2,582,560	2,593,437
Self-directed brokerage accounts	166,104	147,050
Total Investments	18,677,113	16,056,541
Receivables:		
Notes receivable from participants	595,375	616,683
Employer contributions	6,894	8,655
Participant contributions	44,774	46,923
Total Receivables	647,043	672,261
TOTAL ASSETS	19,324,156	16,728,802
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,324,156	$ 16,728,802

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

HBO LATIN AMERICA 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2016

ADDITIONS:	
Additions to net assets attributed to:	
Investment income, net (Note 6):	
Net appreciation in fair value of investments	$ 399,870
Interest and dividend income	580,494
Total Investment Income	980,364
Interest income on notes receivable from participants	19,123
Contributions:	
Employer	663,139
Participants	1,851,927
Rollover	228,054
Total Contributions	2,743,120
TOTAL ADDITIONS	3,742,607
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,112,231
Administrative expenses	35,022
TOTAL DEDUCTIONS	1,147,253
NET INCREASE	2,595,354
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	16,728,802
End of year	$ 19,324,156

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

NOTE 1 – DESCRIPTION OF PLAN

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NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

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The following are the significant accounting policies followed by the Plan:

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Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investments are valued at market value based on published quotations. Quotations for marketable securities that are not published are obtained from brokerage firms by the Plan trustee. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded in the period earned. Gains and losses on securities sold or redeemed are determined on the specific cost basis.

(C) 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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

(D) USE OF ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

(E) PAYMENT OF BENEFITS

Benefits are recorded when paid.

(F) PLAN ADMINISTRATION AND FEES

The Plan agreement allows for the Company to absorb a significant amount of the Plan's administrative expenses. During the year ended December 31, 2016 approximately $35,000 in administrative expenses were incurred by the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(G) RECENT ACCOUNTING PRONOUNCEMENTS

Effective January 1, 2016, the Plan adopted two recent accounting pronouncements issued by the Financial Accounting Standards Board ("FASB") detailed below. The change was applied retrospectively and had no effect on beginning net assets available for benefits.

Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) in ASU No. 2015-07

In May 2015, the FASB issued an accounting standard update which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The update also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The update is effective for fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. A reporting entity should apply the update retrospectively to all periods presented. Early adoption is permitted.

Fully Benefit-Responsive Investment Contracts and Plan Investment Disclosure in ASU No. 2015-12

In July 2015, the FASB issued an accounting standard update which amends requirements for defined contribution, defined benefit, and health and welfare benefit plans. Generally, Part I of the update requires fully benefit responsive investment contracts to be reported at contract value. Generally, Part II eliminates the requirements for plans to disclose (a) individual investments that represent 5 percent or more of net assets available for benefits, and (b) the net appreciation or depreciation for investments by general type. Generally, Part II also requires that investments be grouped only by type of investment. Part III provides an alternative date for measuring investments for plans with fiscal year-ends not falling on a month-end date. Parts I and II of the update are effective retrospectively for fiscal years beginning after December 15, 2015 with early application permitted. Part III of the update is effective prospectively for fiscal years beginning after December 15, 2015 with early application permitted.

(H) MANAGEMENT REVIEW OF SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 26, 2017, the date when the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. During 2016 and 2015, Level 1 inputs were available and therefore used. No Level 2 and Level 3 inputs were used by the Plan.

Mutual Funds – The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Self-Directed Accounts – The fair value of self-directed accounts is based on the underlying net asset values of the investments.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value:

December 31, 2016	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 15,928,449	$ 15,928,449	$ -	$ -
Cash and Money Market	2,582,560	2,582,560	-	-
Self-Directed Accounts	166,104	166,104	-	-
Total	$ 18,677,113	$ 18,677,113	$ -	$ -

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2015	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 13,316,054	$ 13,316,054	$ -	$ -
Cash and Money Market	2,593,437	2,593,437	-	-
Self-Directed Accounts	147,050	147,050	-	-
Total	$ 16,056,541	$ 16,056,541	$ -	$ -

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2016 are reported in net appreciation in fair value of investments.

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their account balance, including employer contributions.

NOTE 5 – TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2014 that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

NOTE 6 – INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The Plan trustee, Fidelity Management Trust Company, has certified that the following information is complete and accurate as of December 31, 2016 and 2015 and for the years then ended:

	2016	2015
Investments in mutual funds (Note 3)	$ 15,928,449	$ 13,316,054
Investment in cash and money market funds (Note 3)	2,582,560	2,593,437
Self-directed brokerage accounts (Note 3)	166,104	147,050
	$ 18,677,113	$ 16,056,541
Notes receivable from participants	$ 595,375	$ 616,683
Investment income, net	$ 980,364	
Interest income on notes receivable from participants	$ 19,123	

NOTE 7 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and money market funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 – 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 9 – FIDELITY BONDING

The Company maintains a fidelity bond of $3,000,000 for Plan fiduciaries and individuals who handle the funds of the Plan, pursuant to the requirements of ERISA.

NOTE 10 – RELATED PARTY TRANSACTIONS – PROHIBITED TRANSACTION

During 2015, the Plan sponsor did not timely remit the employee contributions and loan payments for 4 payroll periods (aggregate amount of $189,920) in accordance with guidelines set forth by the United States Department of Labor ("DOL") and Employee Benefits Security Administration ("EBSA"). The DOL considers the untimely remittance a prohibited transaction and may impose penalties on the Plan sponsor as a result. These financial statements do not include any adjustments that may be necessary as a result of these transactions. The Plan did file the required documents and payments under EBSA's "Voluntary Fiduciary Correction Program ("VFCP")" during 2016.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	2016	2015
Net assets available for benefits per the financial statements	$ 19,324,156	$ 16,728,802
Less: Participant contributions receivable	(44,774)	(46,923)
Employer contributions receivable	(6,894)	(8,655)
Net assets available for benefits per Schedule H of Form 5500	$ 19,272,488	$ 16,673,224

The following is a reconciliation of contributions received from participants per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2016:

Contributions received from participants per the financial statements	$ 1,851,927
Add: 2015 Participant contributions receivable	46,923
Less: Participant contributions receivable	(44,774)
Contributions received from participants per Schedule H of Form 5500	$ 1,854,076

The following is a reconciliation of contributions received from the employer per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2016:

Contributions received from the employer per the financial statements	$ 663,139
Add: 2015 Employer contributions receivable	8,655
Less: Employer contributions receivable	(6,894)
Contributions received from the employer per Schedule H of Form 5500	$ 664,900

SUPPLEMENTAL SCHEDULES

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ✔	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2014 Plan Year	$ -	$ -	$ -	$ 167,560
2015 Plan Year	$ -	$ -	$ -	$ 189,920
Total	$ -	$ -	$ -	$ 357,480

See Independent Auditor's Report.

HBO LATIN AMERICA 401(K) PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN SPONSOR EIN – 65-0897610
PLAN NUMBER - 001
DECEMBER 31, 2016

(a) Denotes Party In Interest	(b) Identity of Issuer, 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
	Allianz NFJ Small Cap Value	Value in Registered Investment Company		$ 32,150
	Artisan Mid-Cap Value	Value in Registered Investment Company		331,757
*	Brokerage Link Cash	Brokerage Account		72,117
*	Brokerage Link Common Stock	Brokerage Account		93,987
	Baird Short-Term Bond	Value in Registered Investment Company		16,758
	Columbia Acorn International	Value in Registered Investment Company		96,731
	Columbia Dividend Income	Value in Registered Investment Company		778,870
	Credit Suisse Commodity Return	Value in Registered Investment Company		53,200
*	Fidelity 500 Index	Value in Registered Investment Company		893,653
*	Fidelity Blue Chip Growth	Value in Registered Investment Company		1,089,502
*	Fidelity Capital Appreciation	Value in Registered Investment Company		707,420
*	Fidelity Contrafund	Value in Registered Investment Company		1,298,629
*	Fidelity Diversified International	Value in Registered Investment Company		615,623
*	Fidelity Extended Market Index	Value in Registered Investment Company		405,380
*	Fidelity Freedom Income	Value in Registered Investment Company		362,256
*	Fidelity Freedom 2005	Value in Registered Investment Company		21,017
*	Fidelity Freedom 2010	Value in Registered Investment Company		117,257
*	Fidelity Freedom 2015	Value in Registered Investment Company		110,731
*	Fidelity Freedom 2020	Value in Registered Investment Company		773,995
*	Fidelity Freedom 2025	Value in Registered Investment Company		545,625
*	Fidelity Freedom 2030	Value in Registered Investment Company		1,203,342
*	Fidelity Freedom 2035	Value in Registered Investment Company		268,427
*	Fidelity Freedom 2040	Value in Registered Investment Company		650,833
*	Fidelity Freedom 2045	Value in Registered Investment Company		423,179
*	Fidelity Freedom 2050	Value in Registered Investment Company		396,932
*	Fidelity Freedom 2055	Value in Registered Investment Company		93,357
*	Fidelity Freedom 2060	Value in Registered Investment Company		1,261
*	Fidelity Inflation Prot Bond	Value in Registered Investment Company		151
*	Fidelity International Index	Value in Registered Investment Company		418,311
*	Fidelity Low-Priced Stock	Value in Registered Investment Company		509,792
*	Fidelity Mid-Cap Stock	Value in Registered Investment Company		721,984
*	Fidelity Real Estate Investment	Value in Registered Investment Company		526,631
*	Fidelity Retirement Money Market	Value in Registered Investment Company		2,582,560
*	Fidelity U.S. Bond Index	Value in Registered Investment Company		857,978
	Glenmede Small Cap Equity	Value in Registered Investment Company		91,430
	Invesco Developing Markets	Value in Registered Investment Company		187,753
	Loomis Core Plus Bond	Value in Registered Investment Company		11,050
	Loomis Sayles Small Cap Growth	Value in Registered Investment Company		36,010
	PIMCO Low Duration	Value in Registered Investment Company		166,021
	PIMCO Real Return	Value in Registered Investment Company		127,767
	PIMCO Total Return	Value in Registered Investment Company		234,551
	Sentinel Common Stock A	Value in Registered Investment Company		174,066

HBO LATIN AMERICA 401(K) PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN SPONSOR EIN – 65-0897610
PLAN NUMBER - 001
DECEMBER 31, 2016

(a) Denotes Party In Interest	(b) Identity of Issuer, 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
	WF Government Securities	Value in Registered Investment Company		501,560
	WF Small Cap Admin Value	Value in Registered Investment Company		75,509
				18,677,113
*	Participant loans	Interest 3.25% - 3.50%		595,375
				$ 19,272,488

* Denotes a party-in-interest

** Funds are participant-directed and, therefore, cost information is omitted

See Independent Auditor's Report.

HBO Latin America 401(k) Plan

Financial Statements

December 31, 2016 and 2015

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
HBO Latin America 401(k) Plan

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are a not required part of the financial statements. Because of the significances of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, 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.

PAST, P.L.

Coral Gables, Florida
September 26, 2017

HBO LATIN AMERICA 401(K) PLAN
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FINANCIAL STATEMENTS

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HBO LATIN AMERICA 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2016	2015
ASSETS		
Investments, at fair value (Notes 3 and 6):		
Mutual funds	$ 15,928,449	$ 13,316,054
Cash and money market funds	2,582,560	2,593,437
Self-directed brokerage accounts	166,104	147,050
Total Investments	18,677,113	16,056,541
Receivables:		
Notes receivable from participants	595,375	616,683
Employer contributions	6,894	8,655
Participant contributions	44,774	46,923
Total Receivables	647,043	672,261
TOTAL ASSETS	19,324,156	16,728,802
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,324,156	$ 16,728,802

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

HBO LATIN AMERICA 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2016

ADDITIONS:	
Additions to net assets attributed to:	
Investment income, net (Note 6):	
Net appreciation in fair value of investments	$ 399,870
Interest and dividend income	580,494
Total Investment Income	980,364
Interest income on notes receivable from participants	19,123
Contributions:	
Employer	663,139
Participants	1,851,927
Rollover	228,054
Total Contributions	2,743,120
TOTAL ADDITIONS	3,742,607
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	1,112,231
Administrative expenses	35,022
TOTAL DEDUCTIONS	1,147,253
NET INCREASE	2,595,354
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	16,728,802
End of year	$ 19,324,156

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

NOTE 1 – DESCRIPTION OF PLAN

The following description of the HBO Latin America 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(A) GENERAL

The Plan is a defined contribution 401(k) and Profit Sharing plan covering certain employees of HBO Latin America Production Services, L.C. (the "Company") who have completed at least three months of service and are at least eighteen years old. The Plan was established in 1998 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(B) CONTRIBUTIONS

Participants may contribute up to an annual limit of the lesser of; 50% of eligible compensation or the annual limit as allowed by the Internal Revenue Code ("IRC"). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions and corresponding employer matching contributions into various investment options offered by the Plan, which includes a Roth 401(k) option.

The Company contributes a non-discretionary matching contribution in an amount equal to 80% of participant contributions, with a maximum matching contribution of $3,500 per participant. The Company may also make annual discretionary profit sharing contributions in amounts determined by the Company. The Company made employer-matching contributions of approximately $663,000 for the year ended December 31, 2016.

(C) VESTING

Participants are immediately fully vested in their elective deferral contributions and rollover contributions plus actual earnings thereon. Vesting on the employer's contributions is as follows:

0% less than two years of service,
25% after two years of service,
50% after three years of service,
75% after four years of service,
100% after five years of service.

Participants are 100% vested, regardless of years of service, when they reach normal retirement age, are totally and permanently disabled, or death occurs.

(D) PAYMENT OF BENEFITS

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

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

(E) PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of terminated participants' non-vested accounts may be applied to reduce the employer's contribution obligation, if any.

(F) INVESTMENT OPTIONS

Upon enrollment in the Plan, a participant may direct employee and employer matching contributions to various investment options offered by the Plan. Participants may change their allocations on a daily basis. Fidelity Management Trust Company is the appointed trustee of the Plan's assets at December 31, 2016 and 2015.

(G) NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts a minimum of $1,000 and a maximum amount of the lesser of; 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in your account during the prior twelve-month period. The loans are secured by the balance in the participant's account and bear interest at a fixed rate range of 3.25% - 3.50%. Principal and interest is paid ratably through periodic payroll deductions. For the year ended December 31, 2016 the Plan had approximately $40,000 in deemed distributions as a result of terminated employees' repayment default for participant loans.

(H) FORFEITED ACCOUNTS

At December 31, 2016 and 2015, forfeited non-vested accounts totaled approximately $42,000 and $58,000, respectively. Forfeited non-vested accounts are used to pay Plan expenses, and the balance, if any, is then used to reduce the Company's discretionary contributions. During the year ended December 31, 2016 approximately $53,000 in forfeitures were used to pay for matching contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

(A) BASIS OF ACCOUNTING

The Plan's financial statements are prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America for employee benefit plans.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(B) INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investments are valued at market value based on published quotations. Quotations for marketable securities that are not published are obtained from brokerage firms by the Plan trustee. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded in the period earned. Gains and losses on securities sold or redeemed are determined on the specific cost basis.

(C) 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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

(D) USE OF ESTIMATES

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

(E) PAYMENT OF BENEFITS

Benefits are recorded when paid.

(F) PLAN ADMINISTRATION AND FEES

The Plan agreement allows for the Company to absorb a significant amount of the Plan's administrative expenses. During the year ended December 31, 2016 approximately $35,000 in administrative expenses were incurred by the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(G) RECENT ACCOUNTING PRONOUNCEMENTS

Effective January 1, 2016, the Plan adopted two recent accounting pronouncements issued by the Financial Accounting Standards Board ("FASB") detailed below. The change was applied retrospectively and had no effect on beginning net assets available for benefits.

Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) in ASU No. 2015-07

In May 2015, the FASB issued an accounting standard update which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The update also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The update is effective for fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. A reporting entity should apply the update retrospectively to all periods presented. Early adoption is permitted.

Fully Benefit-Responsive Investment Contracts and Plan Investment Disclosure in ASU No. 2015-12

In July 2015, the FASB issued an accounting standard update which amends requirements for defined contribution, defined benefit, and health and welfare benefit plans. Generally, Part I of the update requires fully benefit responsive investment contracts to be reported at contract value. Generally, Part II eliminates the requirements for plans to disclose (a) individual investments that represent 5 percent or more of net assets available for benefits, and (b) the net appreciation or depreciation for investments by general type. Generally, Part II also requires that investments be grouped only by type of investment. Part III provides an alternative date for measuring investments for plans with fiscal year-ends not falling on a month-end date. Parts I and II of the update are effective retrospectively for fiscal years beginning after December 15, 2015 with early application permitted. Part III of the update is effective prospectively for fiscal years beginning after December 15, 2015 with early application permitted.

(H) MANAGEMENT REVIEW OF SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 26, 2017, the date when the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. During 2016 and 2015, Level 1 inputs were available and therefore used. No Level 2 and Level 3 inputs were used by the Plan.

Mutual Funds – The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Self-Directed Accounts – The fair value of self-directed accounts is based on the underlying net asset values of the investments.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value:

December 31, 2016	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 15,928,449	$ 15,928,449	$ -	$ -
Cash and Money Market	2,582,560	2,582,560	-	-
Self-Directed Accounts	166,104	166,104	-	-
Total	$ 18,677,113	$ 18,677,113	$ -	$ -

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2015	Total	Level 1	Level 2	Level 3
Mutual Funds	$ 13,316,054	$ 13,316,054	$ -	$ -
Cash and Money Market	2,593,437	2,593,437	-	-
Self-Directed Accounts	147,050	147,050	-	-
Total	$ 16,056,541	$ 16,056,541	$ -	$ -

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2016 are reported in net appreciation in fair value of investments.

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their account balance, including employer contributions.

NOTE 5 – TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2014 that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

NOTE 6 – INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The Plan trustee, Fidelity Management Trust Company, has certified that the following information is complete and accurate as of December 31, 2016 and 2015 and for the years then ended:

	2016	2015
Investments in mutual funds (Note 3)	$ 15,928,449	$ 13,316,054
Investment in cash and money market funds (Note 3)	2,582,560	2,593,437
Self-directed brokerage accounts (Note 3)	166,104	147,050
	$ 18,677,113	$ 16,056,541
Notes receivable from participants	$ 595,375	$ 616,683
Investment income, net	$ 980,364	
Interest income on notes receivable from participants	$ 19,123	

NOTE 7 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and money market funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 – 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 9 – FIDELITY BONDING

The Company maintains a fidelity bond of $3,000,000 for Plan fiduciaries and individuals who handle the funds of the Plan, pursuant to the requirements of ERISA.

NOTE 10 – RELATED PARTY TRANSACTIONS – PROHIBITED TRANSACTION

During 2015, the Plan sponsor did not timely remit the employee contributions and loan payments for 4 payroll periods (aggregate amount of $189,920) in accordance with guidelines set forth by the United States Department of Labor ("DOL") and Employee Benefits Security Administration ("EBSA"). The DOL considers the untimely remittance a prohibited transaction and may impose penalties on the Plan sponsor as a result. These financial statements do not include any adjustments that may be necessary as a result of these transactions. The Plan did file the required documents and payments under EBSA's "Voluntary Fiduciary Correction Program ("VFCP")" during 2016.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	2016	2015
Net assets available for benefits per the financial statements	$ 19,324,156	$ 16,728,802
Less: Participant contributions receivable	(44,774)	(46,923)
Employer contributions receivable	(6,894)	(8,655)
Net assets available for benefits per Schedule H of Form 5500	$ 19,272,488	$ 16,673,224

The following is a reconciliation of contributions received from participants per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2016:

Contributions received from participants per the financial statements	$ 1,851,927
Add: 2015 Participant contributions receivable	46,923
Less: Participant contributions receivable	(44,774)
Contributions received from participants per Schedule H of Form 5500	$ 1,854,076

The following is a reconciliation of contributions received from the employer per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2016:

Contributions received from the employer per the financial statements	$ 663,139
Add: 2015 Employer contributions receivable	8,655
Less: Employer contributions receivable	(6,894)
Contributions received from the employer per Schedule H of Form 5500	$ 664,900

SUPPLEMENTAL SCHEDULES

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ✔	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2014 Plan Year	$ -	$ -	$ -	$ 167,560
2015 Plan Year	$ -	$ -	$ -	$ 189,920
Total	$ -	$ -	$ -	$ 357,480

See Independent Auditor's Report.

HBO LATIN AMERICA 401(K) PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN SPONSOR EIN – 65-0897610
PLAN NUMBER - 001
DECEMBER 31, 2016

(a) Denotes Party In Interest	(b) Identity of Issuer, 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
	Allianz NFJ Small Cap Value	Value in Registered Investment Company		$ 32,150
	Artisan Mid-Cap Value	Value in Registered Investment Company		331,757
*	Brokerage Link Cash	Brokerage Account		72,117
*	Brokerage Link Common Stock	Brokerage Account		93,987
	Baird Short-Term Bond	Value in Registered Investment Company		16,758
	Columbia Acorn International	Value in Registered Investment Company		96,731
	Columbia Dividend Income	Value in Registered Investment Company		778,870
	Credit Suisse Commodity Return	Value in Registered Investment Company		53,200
*	Fidelity 500 Index	Value in Registered Investment Company		893,653
*	Fidelity Blue Chip Growth	Value in Registered Investment Company		1,089,502
*	Fidelity Capital Appreciation	Value in Registered Investment Company		707,420
*	Fidelity Contrafund	Value in Registered Investment Company		1,298,629
*	Fidelity Diversified International	Value in Registered Investment Company		615,623
*	Fidelity Extended Market Index	Value in Registered Investment Company		405,380
*	Fidelity Freedom Income	Value in Registered Investment Company		362,256
*	Fidelity Freedom 2005	Value in Registered Investment Company		21,017
*	Fidelity Freedom 2010	Value in Registered Investment Company		117,257
*	Fidelity Freedom 2015	Value in Registered Investment Company		110,731
*	Fidelity Freedom 2020	Value in Registered Investment Company		773,995
*	Fidelity Freedom 2025	Value in Registered Investment Company		545,625
*	Fidelity Freedom 2030	Value in Registered Investment Company		1,203,342
*	Fidelity Freedom 2035	Value in Registered Investment Company		268,427
*	Fidelity Freedom 2040	Value in Registered Investment Company		650,833
*	Fidelity Freedom 2045	Value in Registered Investment Company		423,179
*	Fidelity Freedom 2050	Value in Registered Investment Company		396,932
*	Fidelity Freedom 2055	Value in Registered Investment Company		93,357
*	Fidelity Freedom 2060	Value in Registered Investment Company		1,261
*	Fidelity Inflation Prot Bond	Value in Registered Investment Company		151
*	Fidelity International Index	Value in Registered Investment Company		418,311
*	Fidelity Low-Priced Stock	Value in Registered Investment Company		509,792
*	Fidelity Mid-Cap Stock	Value in Registered Investment Company		721,984
*	Fidelity Real Estate Investment	Value in Registered Investment Company		526,631
*	Fidelity Retirement Money Market	Value in Registered Investment Company		2,582,560
*	Fidelity U.S. Bond Index	Value in Registered Investment Company		857,978
	Glenmede Small Cap Equity	Value in Registered Investment Company		91,430
	Invesco Developing Markets	Value in Registered Investment Company		187,753
	Loomis Core Plus Bond	Value in Registered Investment Company		11,050
	Loomis Sayles Small Cap Growth	Value in Registered Investment Company		36,010
	PIMCO Low Duration	Value in Registered Investment Company		166,021
	PIMCO Real Return	Value in Registered Investment Company		127,767
	PIMCO Total Return	Value in Registered Investment Company		234,551
	Sentinel Common Stock A	Value in Registered Investment Company		174,066

HBO LATIN AMERICA 401(K) PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN SPONSOR EIN – 65-0897610
PLAN NUMBER - 001
DECEMBER 31, 2016

(a) Denotes Party In Interest	(b) Identity of Issuer, 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
	WF Government Securities	Value in Registered Investment Company		501,560
	WF Small Cap Admin Value	Value in Registered Investment Company		75,509
				18,677,113
*	Participant loans	Interest 3.25% - 3.50%		595,375
				$ 19,272,488

* Denotes a party-in-interest

** Funds are participant-directed and, therefore, cost information is omitted

See Independent Auditor's Report.

HBO Latin America 401(k) Plan

Financial Statements

December 31, 2016 and 2015