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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TURNERS OUTDOORSMAN 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/2004

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)

TURNERS OPERATIONS INC.
TURNERS OUTDOORSMAN

11738 SAN MARINO ST SUITE A
RANCHO CUCAMONGA, CA 91730

2b Employer Identification Number (EIN)
20-5179071

2c Plan Sponsor's telephone number
909-923-5563

2d Business code (see instructions)
451110

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.	07/26/2018	KIM SUMMERS
	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	331
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)**	315
a(2) Total number of active participants at the end of the plan year	**6a(2)**	401
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	20
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	421
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	421
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	205
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TURNERS OPERATIONS INC.

D Employer Identification Number (EIN)
20-5179071

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G37200	205	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
12232	0

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

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

INTEGRATED WEALTH MANAGEMENT
742 WASHINGTON BLVD
MARINA DEL REY, CA 90292

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12232	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	165935
5	Current value of plan's interest under this contract in separate accounts at year end	5	3737846

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	171444
c	Additions: (1) Contributions deposited during the year	7c(1)	13179		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1715		
	(4) Transferred from separate account	7c(4)	442		
	(5) Other (specify below)	7c(5)	702		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	16038
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	187482
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15281		
	(2) Administration charge made by carrier	7e(2)	225		
	(3) Transferred to separate account	7e(3)	993		
	(4) Other (specify below)	7e(4)	5048		
	▶ LOANS ISSUED				
	(5) Total deductions			7e(5)	21547
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	165935

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TURNERS OPERATIONS INC.

D Employer Identification Number (EIN)
20-5179071

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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?
15 37 38 50 64 52 59 60 63 66 67	NONE	4825	Yes [X] No [ ]	Yes [ ] No [X]	21380	Yes [X] No [ ]

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

BEACON POINTE WEALTH ADV

27-0636826

(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?
16 70	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	10274	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	21380

(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.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
ALLIANCEBERNSTEIN INVESTMENTS 13-4064930	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
AMERICAN CENTURY INVESTMENTS 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
BLACKROCK INC. 32-0174431	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
CALVERT INVESTMENTS 52-6228948	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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 MGMT INVESTMENT ADVISORS 13-3180631	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
DEUTSCHE 13-3241232	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
FRANKLIN TEMPLETON INVESTMENTS 94-3382187	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
GOLDMAN SACHS ASSET MANAGEMENT 13-4166989	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
JANUS CAPITAL GROUP INC 75-3019319	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
MFS INVESTMENT MANAGEMENT 04-3169826	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
NEUBERGER BERMAN 13-5521910	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
ONEAMERICA FUNDS INC. 35-0145825	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
OPPENHEIMER FUNDS INC. 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
OAK RIDGE 36-4142388	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
PAX WORLD INVESTMENTS 27-1374824	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
PIONEER INVESTMENTS 13-1961193	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
PRUDENTIAL INVESTMENTS 22-3468527	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
RUSSELL INVESTMENT COMPANY 91-1175092	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
THORNBURG INVESTMENT MANAGEMENT 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
VICTORY 13-2700161	REVENUE SHARING FORMULA - SEE ATTACHED

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
BEACON POINTE WEALTH ADV	16 70	10274
(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.	
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	CONSULTING SERVICES	

(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

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

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

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

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

(complete as many entries as needed)

a Name: CLIFTONLARSONALLEN LLP	**b** EIN: 41-0746749	
c Position: AUDITOR		
d Address: 555 WEST 5TH STREET LOS ANGELES, CA 90013-1010	**e** Telephone: 213-550-5422	

Explanation: COST AND INABILITY TO PRIVIDE FULL SERVICE FOR ALL LINES OF BUSINESS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TURNERS OPERATIONS INC.

D Employer Identification Number (EIN)
20-5179071

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

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

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0145825-000	P	3737846

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TURNERS OPERATIONS INC.

D Employer Identification Number (EIN)
20-5179071

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)	1385	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)	0	0
(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)	0	0
(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)	86782	191617
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3269054	3737846
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	171444	165935
(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	3528665	4095398
	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	3528665	4095398

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)	281461	
	(B) Participants	2a(1)(B)	441356	
	(C) Others (including rollovers)	2a(1)(C)	1163	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		723980
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	4843	
	(F) Other	2b(1)(F)	1715	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6558
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		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)		505646
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1236184
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	665976	
(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)		665976
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	3475	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3475
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		669451
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		566733
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: ROORDA PIQUET & BESSEE INC. **(2)** EIN: 35-4439595

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	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
TURNERS OUTDOORSMAN 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TURNERS OPERATIONS INC.

D Employer Identification Number (EIN)
20-5179071

Part I Distributions

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

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

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

EIN(s): 35-0145825

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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): _____

---

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):

TURNER'S OUTDOORSMAN 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2017 AND 2016

TURNER'S OUTDOORSMAN 401(k) PLAN
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DECEMBER 31, 2017 AND 2016

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RP&B CPAs

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Turner's Outdoorsman 401(k) Plan
Rancho Cucamonga, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Turner's Outdoorsman 401(k) Plan, which comprise the statement of net assets available for plan benefits as of December 31, 2017, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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 3, which was certified by American United Life Insurance Company, the insurance company of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that American United Life Insurance Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from American United Life Insurance Company as of and for the year ended December 31, 2017 that the information provided to the plan administrator by the insurance company 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 on the 2017 financial statements. Accordingly, we do not express an opinion on the 2017 financial statements referred to in the first paragraph.

Other Matter - Supplemental Schedule

The supplemental of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter - 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by American United Life Insurance Company, the insurance company of the Plan. Their report, dated August 10, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the insurance company, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2017 financial statements and supplemental schedule, other than that derived from the information certified by the insurance company, 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.

Roorda, Piquet & Bessee, Inc.

Roorda, Piquet & Bessee, Inc.
Riverside, California
July 17, 2018

TURNER'S OUTDOORSMAN 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31, 2017	December 31, 2016
Plan assets		
Investments (Notes 3):		
Pooled separate accounts at fair value (Note 4)	$ 3,737,846	$ 3,269,054
Stable asset fund at contract value (Note 5)	165,935	171,444
Total investments	3,903,781	3,440,498
Receivables:		
Employer contributions	9,500	1,385
Participant contributions	15,327	-
Notes receivable from participants	191,617	86,782
Total receivables	216,444	88,167
Net assets available for plan benefits	$ 4,120,225	$ 3,528,665

TURNER'S OUTDOORSMAN 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	For the year ended December 31, 2017
Additions	
Investment income:	
Net appreciation in fair value of investments (Note 3)	$ 505,646
Interest from insurance contract (Note 3)	1,715
Total investment income	507,361
Interest income on notes receivable from participants	4,843
Contributions:	
Employer	290,961
Participants	456,683
Rollover	1,163
Total contributions	748,807
Total additions	1,261,011
Deductions	
Benefits paid to participants	665,976
Administrative fees	3,475
Total deductions	669,451
Net increase	591,560
Net assets available for plan benefits:	
Beginning of year	3,528,665
End of year	$ 4,120,225

NOTE 1 - DESCRIPTION OF PLAN

Turner's Outdoorsman 401(k) Plan is a defined contribution plan providing retirement income, disability, termination and death benefits to eligible employees. The Plan is administered by Turner's Operations, Inc. dba Turner's Outdoorsman (the Company). The Plan was adopted effective November 1, 2004 with a year end of December 31.

The Plan was amended and restated effective January 1, 2015 to comply with the Pension Protection Act of 2006 (PPA) and other regulatory changes. The Plan was amended effective January 1, 2017 to change the eligibility age requirement from 21 to 18 years of age.

The following description of the Turner's Outdoorsman 401(k) Plan provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

Eligibility and Participation

For years prior to 2017, each employee who is at least 21 years of age shall become eligible to participate after one year of employment; defined as the completion of at least 1,000 hours of service during the twelve month period beginning on the date of hire or any plan year beginning after the date of hire. The entry date will be the first day of the month coinciding with or the next month after satisfying eligibility requirements. For years 2017 and later, the minimum age eligibility requirement was changed from 21 to 18 years of age.

Participants are eligible for the profit sharing contribution if they meet the eligibility requirements and are employed on the last day of the plan year.

Contributions

Participants may elect to defer up to 100% of eligible compensation annually. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Contributions are subject to Internal Revenue Service limitations.

The Company makes a safe harbor matching contribution equal to 100% of salary deferrals that do not exceed 4% of the participant's compensation.

Also each year, at its discretion, the Company may elect to make a profit sharing contribution to the Plan. There were no Company profit sharing contributions for the years ended December 31, 2017 and 2016.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Vesting

Employees are 100% vested in all employee and employer safe harbor contributions. Participants are vested in the employer profit sharing contributions based upon the following schedule:

Years of Vested Service	Percentage Vested
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Participant Accounts

A participant's account is credited with the participant's contributions, allocations of (a) the Company's matching contribution, (b) an allocation of the Company's profit sharing contribution, and (c) an allocation of plan earnings. A participant's account is debited with an allocation of plan losses and charged with administrative expenses; as applicable. Allocation of earnings or losses are based upon participant account balances. Allocation of the Company's contributions are based upon eligible compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balance, whichever is less. The notes are secured by the balance in the participant's account and bear a reasonable fixed rate of interest (as determined by the Company) currently at 4.25%. Principal and interest is paid through payroll deductions.

Payment of Benefits

The Plan provides for the payment of benefits to the participant or beneficiary at retirement, death, disability or termination of employment. Participants terminating their employment with the Company or attaining age 59 1/2 are entitled to withdraw all or a portion of their vested account balance. "Hardship" distributions, as outlined in the Plan, are permitted subject to the approval of the Company. Participants who qualify for retirement benefits and withdrawals will receive their benefits in the form of a lump sum cash distribution or in periodic installments. Benefits under the Plan shall be distributed solely from the assets of the Plan.

If a participant terminates employment and the participant's account balance does not exceed $1,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between $1,000 and $5,000, the Plan administrator may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents
The Plan considers highly liquid investments with an original maturity of three months or less to be cash and cash equivalents.

Investment Valuation and Income Recognition
The Plan's investments in pooled separate accounts are stated 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. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants
Notes receivable from participants are measured at the unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 or December 31, 2016. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses

Fees of the administrative agent are paid by the participants. All other expenses related to the administration of the Plan, including fees of the independent public accountants, are paid by the Company. The investment options have certain management fees which reduce the overall return on assets. The net appreciation (depreciation) of assets is reflected net of these fees.

Forfeitures

As of December 31, 2017 and 2016, the balance in the forfeitures account was zero. Forfeitures of non-vested plan sponsor contributions are retained in the Plan and may be used to pay plan expenses or reduce employer matching contribution.

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its equivalent), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. ASU 2015-07 also limits certain disclosures to investments for which the entity has elected to measure the fair value using the practical expedient. ASU 2015-07 is to be applied retrospectively, and for nonpublic filers is effective for years beginning after December 15, 2016, with early adoption permitted.

In July 2015, FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit Responsive Investment Contracts, (Part II) Plan Investment Disclosures and (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of fully benefit responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristic and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III allows a plan to measure its investments and investment-related accounts using the month end closest to its fiscal year-end. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015.

NOTE 3 - INFORMATION CERTIFIED BY THE INSURANCE COMPANY OF THE PLAN

The following is a summary of the Plan's financial information and data certified by American United Life Insurance Company, the insurance company of the Plan, in accordance with Section 29 CFR 2520.103-5(c) of the Department of Labor Rules and Regulations for Reporting and Disclosure.

	December 31, 2017	December 31, 2016
Investments, at fair value	$ 3,737,846	$ 3,269,054
Investment, at contract value	165,935	171,444
Notes receivable from participants	191,617	86,782
	$ 4,095,398	$ 3,527,280

Net appreciation in fair value of investments	$ 505,646
Interest from insurance contract	1,715
Interest income on notes receivable from participants	4,843
	$ 512,204

NOTE 4 - FAIR VALUE MEASUREMENT

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

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the applicable methodologies used at December 31, 2017 and 2016. During the year ended December 31, 2017, there were no transfers of financial instruments into or out of Level 3. Following is a description of the valuation methodologies used for assets measured at fair value:

Pooled Separate Accounts
A daily unit of value is calculated after the close of the New York Stock Exchange by using the net investment factor (NIF) method. Under this method, the previous day's unit value is multiplied by the current day's investment factor to arrive at the new unit value. The NIF for each day is calculated by dividing the current day's mutual fund share price (NAV), plus any dividend or capital gains per share, by the previous day's mutual fund NAV, minus a daily expense factor, if any.

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

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

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	$ -	$ 3,737,846	$ -	$ 3,737,846
Total assets at fair value	$ -	$ 3,737,846	$ -	$ 3,737,846

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	$ -	$ 3,269,054	$ -	$ 3,269,054
Total assets at fair value	$ -	$ 3,269,054	$ -	$ 3,269,054

NOTE 5 - INSURANCE CONTRACTS

The Plan entered into a fully benefit-responsive guaranteed investment contract with American United Life Insurance Company (Insurance Company) through the investment in the Fixed Option, a stable value fund. The contract offers a fixed interest investment option through the insurance company's general account and a number of variable investment options through an insurance company's seperate account. The guaranteed investment contract issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formala established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported to the Plan by Amercian United Life Insurance Company, represents contributions made under the contract, less withdrawals and administrative expenses, plus interest credited. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the insurance contract at December 31, 2017 and 2016 was $165,935 and $171,444, respectively.

Certain events limit the Plan's ability to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including partial or total plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestures or spin offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to quality for exemption from federal income taxes or any required prohibited transation exemption under ERISA, and (5) premature termination of the contract. No events are probable of occuring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6 - PLAN TERMINATION

Although the Company 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, the participants would become 100% vested in their Company contributions.

NOTE 7 - TAX STATUS

The Company adopted a Volume Submitter Profit Sharing Plan (the VSPS Plan) sponsored by One America Financial Partners, Inc. The Internal Revenue Service has determined and informed the Trustee by a favorable opinion letter dated March 31, 2014, that the VSPS Plan is designed in accordance with the applicable sections of the Internal Revenue Code. The VSPS Plan's opinion letter is being relied on by the Plan. The Plan has been amended since receiving the opinion letter. However, Plan management believes the Plan as designed, and is currently being operated, in compliance with the applicable requirements of the Code, and therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE 8 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by American United Life Insurance Company. American United Life Insurance Company is the insurance company as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transaction. Fees incurred by the Plan for the investment management services are included in net appreciation of fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan issues notes to participants which are secured by the balances in the participants' accounts. These transactions qualify as a party-in-interest transaction for which a statutory exception exemption exists.

NOTE 9 - 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 statements of net assets available for plan benefits.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2017	2016
Net assets per financial statements	$ 4,120,225	$ 3,528,665
Receivables from employer	(9,500)	-
Receivables from participants	(15,327)	-
Net assets per Form 5500	$ 4,095,398	$ 3,528,665

The following is a reconciliation of contributions received or receivable in cash per the financial statements to the Form 5500 for the year ended December 31, 2017:

	Employer	Participants
Contributions per the financial statements	$ 290,961	$ 456,683
Receivables from employer	(9,500)	-
Receivables from participants	-	(15,327)
Contributions received per the Form 5500	$ 281,461	$ 441,356

NOTE 11 - SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through July 17, 2018, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

TURNER'S OUTDOORSMAN 401(k) PLAN

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at Year End)

Plan #001
EIN 20-5179071

12/31/2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	American United Life Insurance Co.	Stable Asset Fund	**	$ 165,935
*	American United Life Insurance Co.	State St S&P 500 Indx Cl I	**	336,567
*	American United Life Insurance Co.	Prudential Total Return Bond A	**	310,704
*	American United Life Insurance Co.	Amerfds New World R3	**	309,189
*	American United Life Insurance Co.	Amerfds Europac Grth R3	**	261,324
*	American United Life Insurance Co.	Blackrock Global Allc R	**	257,044
*	American United Life Insurance Co.	Templeton Global Bond R	**	248,209
*	American United Life Insurance Co.	Pioneer Strat Inc A	**	211,833
*	American United Life Insurance Co.	Oppenheimer Intl Grth A	**	200,771
*	American United Life Insurance Co.	Invesco Diversified Div A	**	185,546
*	American United Life Insurance Co.	Blackrck Russell 2000Idx C166	**	139,272
*	American United Life Insurance Co.	Blackrck Eafe Eqty Idx C166	**	127,558
*	American United Life Insurance Co.	Mfs Mass Invs Grth Stk R2	**	112,613
*	American United Life Insurance Co.	Amerfds Grth Fd Of America R3	**	105,735
*	American United Life Insurance Co.	Amercent One Choice 2040 A	**	92,837
*	American United Life Insurance Co.	Amercent Eqty Grth A	**	91,641
*	American United Life Insurance Co.	Pimco Real Return R	**	49,835
*	American United Life Insurance Co.	Russell Lp Consv R5	**	48,478
*	American United Life Insurance Co.	Amercent One Choice 2035 A	**	47,243
*	American United Life Insurance Co.	Thornburg Ltd-Term Inc R3	**	44,588
*	American United Life Insurance Co.	Russell Lp Grth Strat R5	**	43,368
*	American United Life Insurance Co.	Pimco Total Return R	**	36,346
*	American United Life Insurance Co.	Amercent One Choice 2050 A	**	32,942
*	American United Life Insurance Co.	State St S&P 400 Idx Cl A	**	31,844
*	American United Life Insurance Co.	Victory Sycam Small Co Op R	**	27,744
*	American United Life Insurance Co.	Amerfds Fdamental Invs R3	**	26,464
*	American United Life Insurance Co.	Amerfds American Balanced R3	**	19,723
*	American United Life Insurance Co.	Goldmansachs Midcap Val S	**	18,429
*	American United Life Insurance Co.	Amerfds New Perspective R3	**	18,219
*	American United Life Insurance Co.	Oppenheimer Gold & Spcl Min A	**	16,483
*	American United Life Insurance Co.	Blackrck Eqty Idx C166	**	15,083
*	American United Life Insurance Co.	Fidelity Adv Lev Comp Stock M	**	14,496
*	American United Life Insurance Co.	Goldmansachs Smcapval Svc	**	14,404

TURNER'S OUTDOORSMAN 401(k) PLAN

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at Year End)

Plan #001
EIN 20-5179071

12/31/2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	American United Life Insurance Co.	Fidelity Adv Eqty Grth M	**	14,306
*	American United Life Insurance Co.	Blackrck Lifepth Idx 2040 C195	**	13,634
*	American United Life Insurance Co.	Oppenheimer Global Ops A	**	12,317
*	American United Life Insurance Co.	Columbia Emerging Mkts Bond A	**	12,017
*	American United Life Insurance Co.	Amercent One Choice 2055 A	**	11,369
*	American United Life Insurance Co.	Jan Hen Balanced R	**	11,046
*	American United Life Insurance Co.	Fidelity Adv Smcap M	**	10,268
*	American United Life Insurance Co.	Prudential Global Realestate A	**	9,589
*	American United Life Insurance Co.	Russell Lp Eqty Strat R5	**	9,189
*	American United Life Insurance Co.	Prudential Jenn Natural Recs A	**	9,085
*	American United Life Insurance Co.	Troweprice Eqty Inc R	**	9,007
*	American United Life Insurance Co.	Thornburg Intl Val R3	**	8,626
*	American United Life Insurance Co.	Russell Lp Mod R5	**	6,812
*	American United Life Insurance Co.	Blackrck Midcap Eqty Idx C166	**	6,773
*	American United Life Insurance Co.	Ab Core Ops R	**	6,230
*	American United Life Insurance Co.	Amercent Midcap Val A	**	6,121
*	American United Life Insurance Co.	Oak Ridge Smcap Grth A	**	6,078
*	American United Life Insurance Co.	Amercent Heritage A	**	5,932
*	American United Life Insurance Co.	Amercent One Choice 2045 A	**	5,544
*	American United Life Insurance Co.	State St Russell Smcap Idx Cl I	**	5,525
*	American United Life Insurance Co.	Mfs Utilities R2	**	5,507
*	American United Life Insurance Co.	Invesco Intl Grth R	**	5,247
*	American United Life Insurance Co.	Pioneer High Yield A	**	5,204
*	American United Life Insurance Co.	Amerfds Washington Mutual R3	**	4,468
*	American United Life Insurance Co.	Russell Lp Balanced R5	**	4,183
*	American United Life Insurance Co.	Templeton Grth R	**	3,876
*	American United Life Insurance Co.	Blackrck Lifepth Idx 2055 C195	**	3,869
*	American United Life Insurance Co.	Blackrck Em Mkts Eqty Idx C166	**	3,745
*	American United Life Insurance Co.	Columbia Seligman Com & Info A	**	3,620
*	American United Life Insurance Co.	Mfs Intl New Discovery R2	**	2,676
*	American United Life Insurance Co.	Amercent One Choice 2020 A	**	2,629
*	American United Life Insurance Co.	Invesco Global Health Care A	**	1,979
*	American United Life Insurance Co.	Calvert Vp Sri Midcap Grth Prt	**	1,661
*	American United Life Insurance Co.	Fidelity Adv Eqty Inc M	**	1,589

TURNER'S OUTDOORSMAN 401(k) PLAN

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at Year End)

Plan #001
EIN 20-5179071

12/31/2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	American United Life Insurance Co.	Invesco Smcap Grth R	**	1,549
*	American United Life Insurance Co.	Blackrck 1-3 Gvt Bnd Idx C166	**	1,514
*	American United Life Insurance Co.	Invesco Energy A	**	1,318
*	American United Life Insurance Co.	Blackrck Lifepth Idx 2020 C195	**	1,269
*	American United Life Insurance Co.	Blackrck Lifepth Idx 2030 C195	**	1,162
*	American United Life Insurance Co.	Blackrck Lifepth Idx 2025 C195	**	1,079
*	American United Life Insurance Co.	Calvert Equity A	**	1,074
*	American United Life Insurance Co.	Pimco High Yield R	**	623
*	American United Life Insurance Co.	Amercent One Choice 2030 A	**	607
*	American United Life Insurance Co.	Goldmansachs Tech Opps Svc	**	560
*	American United Life Insurance Co.	Blackrck Russell 1000Idx C166	**	396
*	American United Life Insurance Co.	Deutsche Gnma A	**	204
*	American United Life Insurance Co.	Blackrck Lifepth Idx Ret C195	**	143
*	American United Life Insurance Co.	Blackrck Lifepth Idx 2050 C195	**	95
				3,903,781
*	Notes Receivable	Interest rates at 4.25%	-	191,617
				$ 4,095,398

* Denotes Party-in-Interest
** Cost information is not required to be reported for participant directed investments

Schedule C Attachment for Line Item 3(e)

TURNERS OUTDOORSMAN 401K PLAN
001
20-5179071
December 31, 2017

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AB	AB CORE OPS R	0.60
AMERICAN CENTURY	AMERCENT EQTY GRTH A	0.60
AMERICAN CENTURY	AMERCENT HERITAGE A	0.60
AMERICAN CENTURY	AMERCENT MIDCAP VAL A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2015 A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2020 A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2025 A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2030 A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2035 A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2040 A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2045 A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2050 A	0.60
AMERICAN CENTURY	AMERCENT ONE CHOICE 2055 A	0.60
AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R3	0.65
AMERICAN FUNDS	AMERFDS EUROPAC GRTH R3	0.65
AMERICAN FUNDS	AMERFDS FDAMENTAL INVS R3	0.65
AMERICAN FUNDS	AMERFDS GRTH FD OF AMERICA R3	0.65
AMERICAN FUNDS	AMERFDS INTER BOND FD AMER R3	0.65
AMERICAN FUNDS	AMERFDS NEW PERSPECTIVE R3	0.65
AMERICAN FUNDS	AMERFDS NEW WORLD R3	0.65
AMERICAN FUNDS	AMERFDS WASHINGTON MUTUAL R3	0.65
BLACKROCK	BLACKRCK 1-3 GVT BND IDX CL66	0.60
BLACKROCK	BLACKRCK EAFE EQTY IDX CL66	0.60
BLACKROCK	BLACKRCK EM MKTS EQTY IDX CL66	0.60
BLACKROCK	BLACKRCK EQTY IDX CL66	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX 2020 CL95	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX 2025 CL95	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX 2030 CL95	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX 2035 CL95	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX 2040 CL95	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX 2045 CL95	0.60

BLACKROCK	BLACKRCK LIFEPTH IDX 2050 CL95	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX 2055 CL95	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX 2060 CL95	0.60
BLACKROCK	BLACKRCK LIFEPTH IDX RET CL95	0.60
BLACKROCK	BLACKRCK MIDCAP EQTY IDX CL66	0.60
BLACKROCK	BLACKRCK RUSSELL 1000IDX CL66	0.60
BLACKROCK	BLACKRCK RUSSELL 2000IDX CL66	0.60
BLACKROCK	BLACKROCK GLOBAL ALLOC R	0.75
CALVERT	CALVERT EQUITY A	0.50
CALVERT	CALVERT VP SRI MIDCAP GRTH PRT	0.10
COLUMBIA	COLUMBIA EMERGING MKTS BOND A	0.50
COLUMBIA	COLUMBIA SELIGMAN COM & INFO A	0.50
DEUTSCHE	DEUTSCHE GNMA A	0.55
DEUTSCHE	DEUTSCHE STRAT GOVT SECS A	0.55
FIDELITY	FIDELITY ADV EQTY GRTH M	0.75
FIDELITY	FIDELITY ADV EQTY INC M	0.75
FIDELITY	FIDELITY ADV GRTH OPS M	0.75
FIDELITY	FIDELITY ADV LEV COMP STOCK M	0.75
FIDELITY	FIDELITY ADV NEW INSIGHTS M	0.75
FIDELITY	FIDELITY ADV SMCAP M	0.75
FIDELITY	FIDELITY ADV STOCKSEL ALLCAP M	0.75
FRANKLIN/TEMPLETON	TEMPLETON FOREIGN R	0.65
FRANKLIN/TEMPLETON	TEMPLETON GLOBAL BOND R	0.65
FRANKLIN/TEMPLETON	TEMPLETON GRTH R	0.65
GOLDMAN SACHS	GOLDMANSACHS MIDCAP VAL S	0.60
GOLDMAN SACHS	GOLDMANSACHS SMCAPVAL SVC	0.60
GOLDMAN SACHS	GOLDMANSACHS TECH OPPS SVC	0.60
INVESCO	INVESCO COMSTOCK R	0.75
INVESCO	INVESCO DIVERSIFIED DIV A	0.50
INVESCO	INVESCO ENERGY FD A	0.50
INVESCO	INVESCO GLOBAL HEALTH CARE A	0.50
INVESCO	INVESCO INTL GRTH R	0.75
INVESCO	INVESCO SMCAP GRTH R	0.75
JANUS	JANUS BALANCED R	0.75
MFS	MFS INTL NEW DISCOVERY R2	0.65
MFS	MFS MASS INVS GRTH STK R2	0.65
MFS	MFS UTILITIES R2	0.65
NEUBERGER BERMAN	NEUBERGERBER SOCIALLY RSPNS R3	0.65
OAK RIDGE	OAK RIDGE SMCAP GRTH A	0.60
ONEAMERICA FUNDS	ONEAMERICA SOCIALLY RESP ADV	0.30
OPPENHEIMER	OPPENHEIMER GLOBAL A	0.50
OPPENHEIMER	OPPENHEIMER GLOBAL OPS A	0.50
OPPENHEIMER	OPPENHEIMER GOLD & SPCL MIN A	0.50
OPPENHEIMER	OPPENHEIMER INTL GRTH A	0.50
PAX WORLD	PAX BALANCED R	0.60
PAX WORLD	PAX GLOBAL ENV MKTS R	0.60
PIMCO	PIMCO HIGH YIELD R	0.60
PIMCO	PIMCO REAL RETURN R	0.60
PIMCO	PIMCO TOTAL RETURN R	0.60
PIONEER	PIONEER A	0.60
PIONEER	PIONEER HIGH YIELD A	0.60
PIONEER	PIONEER STRAT INC A	0.60
PRUDENTIAL	PRUDENTIAL FINANCIAL SVCS A	0.55

PRUDENTIAL	PRUDENTIAL GLOBAL REALESTATE A	0.55
PRUDENTIAL	PRUDENTIAL JENN NATURAL RECS A	0.55
PRUDENTIAL	PRUDENTIAL TOTAL RETURN BOND A	0.55
RUSSELL	RUSSELL LP BALANCED R5	0.70
RUSSELL	RUSSELL LP CONSV R5	0.70
RUSSELL	RUSSELL LP EQTY GRTH STRAT R5	0.70
RUSSELL	RUSSELL LP GRTH STRAT R5	0.70
RUSSELL	RUSSELL LP MOD R5	0.70
STATE STREET	STATE ST RUSSLL SMCAP IDX CL I	0.62
STATE STREET	STATE ST S&P 500 INDX CL I	0.60
STATE STREET	STATE ST S&P MID 400 IDX CL A	0.62
T. ROWE PRICE	TROWEPRICE EQTY INC R	0.65
THORNBURG	THORNBURG INTL VAL R3	0.70
THORNBURG	THORNBURG LTD-TERM INC R3	0.55
VICTORY	VICTORY SYCAM SMALL CO OP R	0.75

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

Name of Plan: TURNERS OUTDOORSMAN 401K PLAN
Employer Identification Number: 20-5179071
For plan year (beginning/ending): 01-01-2017 TO 12-31-2017 Plan number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ALLIANCEBERNSTEIN INVESTMENTS	AB CORE OPS R MUTUAL FUND SHARES	0	6,230
	AMERICAN CENTURY INVESTMENTS	AMERCENT EQTY GRTH A MUTUAL FUND SHARES	0	91,641
	AMERICAN CENTURY INVESTMENTS	AMERCENT HERITAGE A MUTUAL FUND SHARES	0	5,932
	AMERICAN CENTURY INVESTMENTS	AMERCENT MIDCAP VAL A MUTUAL FUND SHARES	0	6,121
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2020 A MUTUAL FUND SHARES	0	2,629
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2045 A MUTUAL FUND SHARES	0	5,544
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2030 A MUTUAL FUND SHARES	0	607
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2035 A MUTUAL FUND SHARES	0	47,243
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2040 A MUTUAL FUND SHARES	0	92,837
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2055 A MUTUAL FUND SHARES	0	11,369
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2050 A MUTUAL FUND SHARES	0	32,942
	AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R3 MUTUAL FUND SHARES	0	19,723
	AMERICAN FUNDS	AMERFDS EUROPAC GRTH R3 MUTUAL FUND SHARES	0	261,324
	AMERICAN FUNDS	AMERFDS FDAMENTAL INVS R3 MUTUAL FUND SHARES	0	26,464
	AMERICAN FUNDS	AMERFDS GRTH FD OF AMERICA R3 MUTUAL FUND SHARES	0	105,735
	AMERICAN FUNDS	AMERFDS NEW PERSPECTIVE R3 MUTUAL FUND SHARES	0	18,219
	AMERICAN FUNDS	AMERFDS NEW WORLD R3 MUTUAL FUND SHARES	0	309,189
	AMERICAN FUNDS	AMERFDS WASHINGTON MUTUAL R3 MUTUAL FUND SHARES	0	4,468
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	165,935
	BLACKROCK INC.	BLACKRCK 1-3 GVT BND IDX CL66 MUTUAL FUND SHARES	0	1,514
	BLACKROCK INC.	BLACKRCK EAFE EQTY IDX CL66 MUTUAL FUND SHARES	0	127,558
	BLACKROCK INC.	BLACKRCK EM MKTS EQTY IDX CL66 MUTUAL FUND SHARES	0	3,745
	BLACKROCK INC.	BLACKRCK EQTY IDX CL66 MUTUAL FUND SHARES	0	15,083
	BLACKROCK INC.	BLACKRCK LIFEPTH IDX RET CL95 MUTUAL FUND SHARES	0	143
	BLACKROCK INC.	BLACKRCK LIFEPTH IDX 2020 CL95 MUTUAL FUND SHARES	0	1,269
	BLACKROCK INC.	BLACKRCK LIFEPTH IDX 2025 CL95 MUTUAL FUND SHARES	0	1,079
	BLACKROCK INC.	BLACKRCK LIFEPTH IDX 2030 CL95 MUTUAL FUND SHARES	0	1,162
	BLACKROCK INC.	BLACKRCK LIFEPTH IDX 2040 CL95 MUTUAL FUND SHARES	0	13,634
	BLACKROCK INC.	BLACKRCK LIFEPTH IDX 2050 CL95 MUTUAL FUND SHARES	0	95
	BLACKROCK INC.	BLACKRCK LIFEPTH IDX 2055 CL95 MUTUAL FUND SHARES	0	3,869
	BLACKROCK INC.	BLACKRCK MIDCAP EQTY IDX CL66 MUTUAL FUND SHARES	0	6,773
	BLACKROCK INC.	BLACKRCK RUSSELL 2000IDX CL66 MUTUAL FUND SHARES	0	139,272
	BLACKROCK INC.	BLACKRCK RUSSELL 1000IDX CL66 MUTUAL FUND SHARES	0	396
	BLACKROCK INC.	BLACKROCK GLOBAL ALLOC R MUTUAL FUND SHARES	0	257,044
	CALVERT INVESTMENTS	CALVERT EQUITY A MUTUAL FUND SHARES	0	1,074
	CALVERT INVESTMENTS	CALVERT VP SRI MIDCAP GRTH PRT MUTUAL FUND SHARES	0	1,661
	COLUMBIA MGMT INVESTMENT ADVISORS	COLUMBIA EMERGING MKTS BOND A MUTUAL FUND SHARES	0	12,017
	COLUMBIA MGMT INVESTMENT ADVISORS	COLUMBIA SELIGMAN COM & INFO A MUTUAL FUND SHARES	0	3,620
	DEUTSCHE	DEUTSCHE GNMA A MUTUAL FUND SHARES	0	204

	FIDELITY INVESTMENTS	FIDELITY ADV EQTY GRTH M MUTUAL FUND SHARES	0	14,306
	FIDELITY INVESTMENTS	FIDELITY ADV EQTY INC M MUTUAL FUND SHARES	0	1,589
	FIDELITY INVESTMENTS	FIDELITY ADV LEV COMP STOCK M MUTUAL FUND SHARES	0	14,496
	FIDELITY INVESTMENTS	FIDELITY ADV SMCAP M MUTUAL FUND SHARES	0	10,267
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS MIDCAP VAL S MUTUAL FUND SHARES	0	18,429
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS SMCAPVAL SVC MUTUAL FUND SHARES	0	14,404
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS TECH OPPS SVC MUTUAL FUND SHARES	0	560
	INVESCO	INVESCO DIVERSIFIED DIV A MUTUAL FUND SHARES	0	185,547
	INVESCO	INVESCO ENERGY A MUTUAL FUND SHARES	0	1,318
	INVESCO	INVESCO GLOBAL HEALTH CARE A MUTUAL FUND SHARES	0	1,979
	INVESCO	INVESCO SMCAP GRTH R MUTUAL FUND SHARES	0	5,247
	INVESCO	INVESCO SMCAP GRTH R MUTUAL FUND SHARES	0	1,549
	JANUS CAPITAL GROUP INC	JAN HEN BALANCED R MUTUAL FUND SHARES	0	11,046
	PARTICIPANTS	LOANS 4.25% TO 4.25%	0	191,617
	MFS INVESTMENT MANAGEMENT	MFS INTL NEW DISCOVERY R2 MUTUAL FUND SHARES	0	2,676
	MFS INVESTMENT MANAGEMENT	MFS MASS INVS GRTH STK R2 MUTUAL FUND SHARES	0	112,613
	MFS INVESTMENT MANAGEMENT	MFS UTILITIES R2 MUTUAL FUND SHARES	0	5,507
	OAK RIDGE	OAK RIDGE SMCAP GRTH A MUTUAL FUND SHARES	0	6,078
	OPPENHEIMER FUNDS INC.	OPPENHEIMER GLOBAL OPS A MUTUAL FUND SHARES	0	12,317
	OPPENHEIMER FUNDS INC.	OPPENHEIMER GOLD & SPCL MIN A MUTUAL FUND SHARES	0	16,483
	OPPENHEIMER FUNDS INC.	OPPENHEIMER INTL GRTH A MUTUAL FUND SHARES	0	200,771
	PIMCO	PIMCO HIGH YIELD R MUTUAL FUND SHARES	0	623
	PIMCO	PIMCO REAL RETURN R MUTUAL FUND SHARES	0	49,835
	PIMCO	PIMCO TOTAL RETURN R MUTUAL FUND SHARES	0	36,346
	PIONEER INVESTMENTS	PIONEER HIGH YIELD A MUTUAL FUND SHARES	0	5,204
	PIONEER INVESTMENTS	PIONEER STRAT INC A MUTUAL FUND SHARES	0	211,833
	PRUDENTIAL INVESTMENTS	PRUDENTIAL GLOBAL REALESTATE A MUTUAL FUND SHARES	0	9,589
	PRUDENTIAL INVESTMENTS	PRUDENTIAL JENN NATURAL RECS A MUTUAL FUND SHARES	0	9,085
	PRUDENTIAL INVESTMENTS	PRUDENTIAL TOTAL RETURN BOND A MUTUAL FUND SHARES	0	310,704
	RUSSELL INVESTMENT COMPANY	RUSSELL LP BALANCED R5 MUTUAL FUND SHARES	0	4,183
	RUSSELL INVESTMENT COMPANY	RUSSELL LP CONSV R5 MUTUAL FUND SHARES	0	48,478
	RUSSELL INVESTMENT COMPANY	RUSSELL LP EQTY GRTH STRAT R5 MUTUAL FUND SHARES	0	9,189
	RUSSELL INVESTMENT COMPANY	RUSSELL LP GRTH STRAT R5 MUTUAL FUND SHARES	0	43,368
	RUSSELL INVESTMENT COMPANY	RUSSELL LP MOD R5 MUTUAL FUND SHARES	0	6,812
	STATE STREET GLOBAL ADVISORS	STATE ST RUSSLL SMCAP IDX CL I MUTUAL FUND SHARES	0	5,525
	STATE STREET GLOBAL ADVISORS	STATE ST S&P 500 INDX CL I MUTUAL FUND SHARES	0	336,567
	STATE STREET GLOBAL ADVISORS	STATE ST S&P MID 400 IDX CL A MUTUAL FUND SHARES	0	31,844
	FRANKLIN TEMPLETON INVESTMENTS	TEMPLETON GLOBAL BOND R MUTUAL FUND SHARES	0	248,209
	FRANKLIN TEMPLETON INVESTMENTS	TEMPLETON GRTH R MUTUAL FUND SHARES	0	3,876
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG INTL VAL R3 MUTUAL FUND SHARES	0	8,626
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG LTD-TERM INC R3 MUTUAL FUND SHARES	0	44,588
	T ROWE PRICE	TROWEPRICE EQTY INC R MUTUAL FUND SHARES	0	9,007
	VICTORY	VICTORY SYCAM SMALL CO OP R MUTUAL FUND SHARES	0	27,744