

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 6047(e), 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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
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); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>MCMC, LLC. 401(K) PROFIT SHARING PLAN</u>		
	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>12/01/2002</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MCMC, LLC.</u> <u>300 CROWN COLONY DR.</u> <u>SUITE 203</u> <u>QUINCY, MA 02169</u>	2b Employer Identification Number (EIN) <u>14-1847542</u>	2c Plan Sponsor's telephone number <u>617-375-7700</u>	2d Business code (see instructions) <u>541990</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/23/2016	SARAH ZOCCOLANTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 659
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) 621
a(2) Total number of active participants at the end of the plan year	6a(2) 699
b Retired or separated participants receiving benefits.....	6b 1
c Other retired or separated participants entitled to future benefits.....	6c 40
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 740
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 740
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 276
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan MCMC, LLC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MCMC, LLC.	D Employer Identification Number (EIN) 14-1847542	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	3375	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation BAIRD CORE PLUS INV - US BANCORP F 39-0281260		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.27%		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation JANUS SH TERM BOND T - JANUS SERVI 43-1804048		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.35%		
(a) Enter service provider name as it appears on line 2		
(b) Service Codes (see instructions)		
(c) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.		

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan MCMC, LLC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MCMC, LLC.	D Employer Identification Number (EIN) 14-1847542	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	363467	478344
	(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)	168853	220945
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11193842	11433870
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	11726162	12133159

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11726162	12133159
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	25	
(B) Participants	2a(1)(B)	1193252	
(C) Others (including rollovers)	2a(1)(C)	175289	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1368566
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	66	
(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)	10788	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10854
(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)	597449	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		597449
(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)		-515487
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1461382

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	988697	
(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)		988697
f Corrective distributions (see instructions)	2f		62268
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)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	3420	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3420
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1054385

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		406997
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

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	N/A	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.)	☒	☐	☐	94
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	☐	

	Yes	No	N/A	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.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 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 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>MCMC, LLC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCMC, LLC.</u>	D Employer Identification Number (EIN) <u>14-1847542</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**Financial Statements
and Supplemental Schedules**

MCMC, LLC. 401(k) Profit Sharing Plan

December 31, 2015 and 2014



Mayer Hoffman McCann P.C.
Tofias New England Division
An Independent CPA Firm

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Financial Statements and Supplemental Schedules

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Independent Auditors' Report

The Plan Administrator
MCMC, LLC. 401(k) Profit Sharing Plan
Quincy, Massachusetts

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the MCMC, LLC. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we 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 Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Fidelity holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Fidelity as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the Plan administrator by Fidelity is complete and accurate.



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Disclaimer of Opinion

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

Other Matters

The supplemental schedules, (1) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2015 and (2) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

As discussed in Note 2 to the financial statements, in 2015, the Plan adopted *Accounting Standards Update 2015-12, for Plan Accounting*. Our opinion is not modified with respect to this matter.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Fidelity, 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.

A handwritten signature in black ink, reading "Mayer Heffman McCann P.C.", is located below the text. The signature is written in a cursive, flowing style.

Boston, Massachusetts
June 22, 2016

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2015</i>	<i>2014</i>
Assets		
Investments, at fair value:		
Mutual funds	\$ <u>11,912,214</u>	\$ <u>11,557,310</u>
Receivables:		
Notes receivable from participants	220,945	168,853
Participant contributions	<u>30,342</u>	<u>-</u>
Total receivables	<u>251,287</u>	<u>168,853</u>
Total assets	12,163,501	11,726,163
Liabilities		
Excess contributions	<u>10,070</u>	<u>69,538</u>
Net assets available for benefits	\$ <u><u>12,153,431</u></u>	\$ <u><u>11,656,625</u></u>

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2015

Additions to net assets attributed to:

Investment income:

Interest and dividends \$ 603,660

Interest income on notes receivable from participants 10,788

Contributions:

Participant deferrals 1,237,605

Participant rollovers 175,289

1,412,894

Total additions **2,027,342**

Deductions from net assets attributed to:

Net depreciation in fair value of mutual funds 515,487

Benefits paid to participants 1,011,629

Administrative fees 3,420

Total deductions **1,530,536**

Net increase in net assets available for benefits **496,806**

Net assets available for benefits, beginning of year 11,656,625

Net assets available for benefits, end of year **\$ 12,153,431**

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan

The following description of the MCMC, LLC. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution profit sharing plan with a cash deferred arrangement and includes all eligible employees of MCMC, LLC., MCMC Independent Exams, LLC (formerly “Country-Wide Independent Exams, LLC.”), Litigation Solutions, LLC, CompEval DD Exams, LLC, Managed Care Network Services, LLC and CompPartners, Inc. (collectively the “Employer” or “Plan Sponsor”). The Plan covers substantially all employees of the Employer who are at least 18 years of age (“Participants”). Participants are able to contribute to the Plan on the first day of the month following three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all investments are participant directed.

On December 2, 2014, the Plan Sponsor was acquired by York Risk Services Group, Inc. As of the date of these financial statements, there is no intention of terminating the Plan.

Participant Contributions

Each year, participants may elect to defer up to 60% of their pre-tax annual compensation, as defined by the Plan, subject to dollar limits set by federal law. Participants who have reached the age of 50 before the end of the Plan year are eligible to make additional catch-up contributions. Subject to approval by the Plan administrator, participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (“Participant Rollovers”).

Employer Matching Contributions

Each year, the Employer, at its sole discretion, may make matching contributions to the Plan. For the purpose of determining the matching contribution, a participant must be employed by the Employer on the last day of the Plan year. For the year ended December 31, 2015, the Employer did not make any matching contributions.

Participant Accounts

Each participant’s account is credited with the Participant’s contribution and allocations of the Employer’s contribution plus earnings thereon, less administrative fees. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the Participant’s vested account.

Vesting

Participants’ Contributions

Participants are immediately vested in their voluntary contributions plus earnings thereon.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Vesting (Continued)

Employer Contributions

Participants vest in Employer contributions and related earnings thereon based on years of continuous service. A participant begins vesting after one year of service and is 100% vested after three years of credited service. Participants are allowed predecessor employment service with various predecessor employers as defined by the Plan document.

Payment of Benefits

In-service withdrawals from a participant's account are permitted upon reaching age 59½, as defined. Upon termination of service, death, disability or retirement, a participant may elect to receive a lump-sum payment equivalent to his or her vested balance. If a participant's vested interest in their account is less than \$1,000, it shall be distributed in a lump sum as soon as practical as determined by the Plan administrator.

Hardship Withdrawals

The Plan allows for hardship withdrawals to meet a participant's immediate and heavy financial needs. The minimum hardship withdrawal is \$500, and participant deferrals are suspended for a period of six months after obtaining a hardship withdrawal. Participants may withdraw from their deferral account (after exhausting the maximum amount available to the Participants as a loan under the Plan) in order to satisfy any of the following immediate and heavy financial needs: (1) medical expenses incurred for the participant, their spouse, children or dependents, (2) the purchase of a principal residence, (3) to prevent eviction from or foreclosure on their principal residence, (4) to pay for post-secondary education expenses for the participant, their spouse, children or dependents, (5) funeral expenses or (6) certain expenses relating to the repair of damage to the participant's principal residence.

Plan Administration

The Employer is the Plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Except for loan origination fees associated with notes receivable from participants, all administrative expenses of maintaining the Plan are paid by the Employer.

Notes Receivable from Participants

A participant may borrow a minimum of \$1,000 up to the lesser of \$50,000 or 50% of the Participant's vested account balance. Loan terms range from one to five years (or longer for the purchase of a primary residence). The loans are secured by the balance in the Participant's vested account and bear interest at a prevailing interest rate charged for similar loans. Participants may only have one loan outstanding at any given time. Principal and interest are paid ratably through payroll deductions.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Forfeitures

Upon termination of service, a participant who is not 100% vested forfeits the unvested portion of his or her account. The forfeited amounts can be used to reduce future Employer contributions and to pay administrative expenses under the Plan. For the year ended December 31, 2015, no forfeitures were used to cover Plan expenses. At December 31, 2015 and 2014, the unused forfeiture balance was approximately \$68 and \$35, respectively.

Note 2 - Summary of Significant Accounting Policies

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United State of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could vary from the estimates that were used.

Benefits Paid

Benefits are recorded upon distribution.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 and 2014. 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.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Accounting Change

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans, Defined Contribution Pension Plans, and Health and Welfare Benefit Plans*. 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 percent 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, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has elected to adopt Parts I and II early.

Reclassification

Certain amounts reported in the 2014 financial statements have been reclassified to conform to the 2015 presentation. There is no effect on the previously reported net assets available for benefits.

Subsequent Events

Plan management has evaluated subsequent events through June 22, 2016, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

Note 3 - Investments

Plan investments are held in mutual fund accounts by the Plan's trustee, Fidelity Management Trust Company. The fair value of investments and all investment transactions, including interest and dividends and net depreciation in fair values in mutual funds and notes receivable from participants are certified as complete and accurate and reported to the Plan by the trustee. Information contained in the supplemental schedule of assets (held at end of year) is also certified by the Plan's trustee. Participants may direct their contributions as well as Employer contributions to any of several investment options.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements

The financial accounting standards provide the framework for measuring fair value. That framework 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 I) and the lowest priority to unobservable inputs (Level III). The three levels of the fair value hierarchy are described below:

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

Level II – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Mutual Funds

Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The mutual fund investments held by the Plan as of December 31, 2015 and 2014 were \$11,912,214 and \$11,557,310, respectively. Based on the fair value hierarchy, the mutual funds are all Level 1 as of December 31, 2015 and 2014.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 5 - 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 Benefits.

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

Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees incurred by the Plan for the investment management services are included in net depreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan made a direct payment to Fidelity of \$3,420 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations. Notes receivable from participants also qualify as party-in-interest transactions.

Note 7 - Tax Status

The Plan has adopted a Fidelity Management Trust Company prototype document using a standardized adoption agreement that received a favorable determination letter on March 31, 2014. The Plan has been amended since that date, however, the Employer believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, the Plan continues to qualify under Section 401(a) and the related trust continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in the Employer contribution portion of their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 9 - 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 for December 31:

	2015	2014
Net assets available for benefits per the financial statements at December 31	\$ 12,153,431	\$ 11,656,625
Excess contributions	10,070	69,538
Other	-	(1)
Participant contributions receivable	<u>(30,342)</u>	<u>-</u>
Net assets available for benefits per Form 5500 at December 31	\$ <u>12,133,159</u>	\$ <u>11,726,162</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to net income per Form 5500 for the year ended December 31, 2015:

Net increase in net assets available for benefits per the financial statements	\$ 496,806
2014 excess contributions	(69,538)
2015 excess contributions	10,070
Other	1
Participant contributions receivable	<u>(30,342)</u>
Net income per Form 5500	\$ <u>406,997</u>

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 10 - Excess Contributions

Contributions received from participants for 2015 and 2014 are net of excess contributions of \$10,070 and \$69,538, respectively, made subsequent to year end to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts have been returned by March 15th of each respective following year.

Note 11 - Prohibited Transactions

Under U.S. Department of Labor Regulation Section 2510.3-102, 401(k) Plan related salary deferrals and loan repayments withheld from employees' paychecks must be deposited into the Plan as soon as reasonably possible, but in no event later than the 15th business day of the month following the month of the Employer withholding. When this regulation is not satisfied, the Plan Sponsor has engaged in a prohibited transaction. While the Plan Sponsor remitted all employee contributions to the Plan, contributions and loan repayments of \$94 were not remitted within the required time period for the year ended December 31, 2014. Lost earnings associated with the matter were funded during 2015.

Supplemental Schedules

MCMC, LLC. 401(k) PROFIT SHARING PLAN

(E.I.N. 14-1847542 - Plan Number 001)

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

Year Ended December 31, 2015

<i>Participant Contributions Transferred Late to Plan</i>	<i>Total That Constitutes Nonexempt Prohibited Transactions</i>			<i>Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51</i>
	<i>Contributions Not Corrected</i>	<i>Contributions Corrected Outside VFCP</i>	<i>Contributions Pending Correction in VFCP</i>	
2014	n/a	\$ 94	n/a	n/a

MCMC, LLC. 401(k) PROFIT SHARING PLAN

(E.I.N. 14-1847542 - Plan Number 001)

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

December 31, 2015

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
Identity of issue, borrower, lessor, or similar party			Cost	Current value
* Fidelity Freedom 2025 Fund		Mutual Fund	\$	1,045,799
* Fidelity Growth Company Fund		Mutual Fund		885,474
* Fidelity Freedom 2040 Fund		Mutual Fund		847,008
* Fidelity Freedom 2030 Fund		Mutual Fund		835,098
* Fidelity Freedom 2035 Fund		Mutual Fund		726,015
* Fidelity Blue Chip Growth Fund		Mutual Fund		644,423
* Fidelity Contrafund		Mutual Fund		623,648
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* Fidelity Mid-Cap Stock Fund		Mutual Fund		356,169
* Fidelity Diversified International Fund		Mutual Fund		347,177
* Fidelity Freedom 2010 Fund		Mutual Fund		310,443
* Fidelity Value Strategies Fund		Mutual Fund		287,479
* Fidelity Investment Grade Bond Fund		Mutual Fund		282,213
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* Fidelity Value Fund		Mutual Fund		260,766
Baird Core Plus Bond Fund		Mutual Fund		204,635
* Fidelity Real Estate Investment Fund		Mutual Fund		194,380
* Fidelity Small Cap Value		Mutual Fund		157,752
* Fidelity Low-Priced Stock Fund		Mutual Fund		156,329
* Fidelity Freedom 2050 Fund		Mutual Fund		155,857
* Fidelity Focused Stock		Mutual Fund		143,720
* Fidelity Equity-Dividend Income Fund		Mutual Fund		143,253
* Fidelity Overseas Fund		Mutual Fund		131,900
* Fidelity Dividend Growth Fund		Mutual Fund		129,158
* Fidelity Freedom Income Fund		Mutual Fund		122,115
* Fidelity OTC Portfolio		Mutual Fund		117,672
* Spartan Extended Market Index Adv		Mutual Fund		116,242
* Fidelity Large Cap Stock Fund		Mutual Fund		115,334
Janus Short Term Bond Fund Class T		Mutual Fund		100,489
* Fidelity Equity-Income Fund		Mutual Fund		92,879
* Fidelity Freedom 2055 Fund		Mutual Fund		41,756
* Fidelity Freedom 2015 Fund		Mutual Fund		41,552
* Fidelity Fund		Mutual Fund		19,678
* Fidelity Freedom 2005 Fund		Mutual Fund		8,707
* Spartan International Index Advantage		Mutual Fund		4,024
* Spartan US Bond Index Advantage		Mutual Fund		3,560
* Fidelity Freedom 2060 Fund		Mutual Fund		579
* Participant Loans		Interest rates (4.25%-5.75%)	0	220,945
				\$ 12,133,159

* A party-in-interest as defined by ERISA.

**Financial Statements
and Supplemental Schedules**

MCMC, LLC. 401(k) Profit Sharing Plan

December 31, 2015 and 2014



Mayer Hoffman McCann P.C.
Tofias New England Division
An Independent CPA Firm

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Financial Statements and Supplemental Schedules

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Mayer Hoffman McCann P.C.
Tofias New England Division
An Independent CPA Firm

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Independent Auditors' Report

The Plan Administrator
MCMC, LLC. 401(k) Profit Sharing Plan
Quincy, Massachusetts

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the MCMC, LLC. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we 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 Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Fidelity holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Fidelity as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the Plan administrator by Fidelity is complete and accurate.



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Disclaimer of Opinion

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

Other Matters

The supplemental schedules, (1) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2015 and (2) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

As discussed in Note 2 to the financial statements, in 2015, the Plan adopted *Accounting Standards Update 2015-12, for Plan Accounting*. Our opinion is not modified with respect to this matter.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Fidelity, 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.

Mayer Heffernan McCann P.C.

Boston, Massachusetts
June 22, 2016

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2015</i>	<i>2014</i>
Assets		
Investments, at fair value:		
Mutual funds	\$ <u>11,912,214</u>	\$ <u>11,557,310</u>
Receivables:		
Notes receivable from participants	220,945	168,853
Participant contributions	<u>30,342</u>	<u>-</u>
Total receivables	<u>251,287</u>	<u>168,853</u>
Total assets	12,163,501	11,726,163
Liabilities		
Excess contributions	<u>10,070</u>	<u>69,538</u>
Net assets available for benefits	\$ <u><u>12,153,431</u></u>	\$ <u><u>11,656,625</u></u>

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2015

Additions to net assets attributed to:

Investment income:

Interest and dividends \$ 603,660

Interest income on notes receivable from participants 10,788

Contributions:

Participant deferrals 1,237,605

Participant rollovers 175,289

1,412,894

Total additions **2,027,342**

Deductions from net assets attributed to:

Net depreciation in fair value of mutual funds 515,487

Benefits paid to participants 1,011,629

Administrative fees 3,420

Total deductions **1,530,536**

Net increase in net assets available for benefits **496,806**

Net assets available for benefits, beginning of year 11,656,625

Net assets available for benefits, end of year \$ **12,153,431**

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan

The following description of the MCMC, LLC. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution profit sharing plan with a cash deferred arrangement and includes all eligible employees of MCMC, LLC., MCMC Independent Exams, LLC (formerly “Country-Wide Independent Exams, LLC.”), Litigation Solutions, LLC, CompEval DD Exams, LLC, Managed Care Network Services, LLC and CompPartners, Inc. (collectively the “Employer” or “Plan Sponsor”). The Plan covers substantially all employees of the Employer who are at least 18 years of age (“Participants”). Participants are able to contribute to the Plan on the first day of the month following three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all investments are participant directed.

On December 2, 2014, the Plan Sponsor was acquired by York Risk Services Group, Inc. As of the date of these financial statements, there is no intention of terminating the Plan.

Participant Contributions

Each year, participants may elect to defer up to 60% of their pre-tax annual compensation, as defined by the Plan, subject to dollar limits set by federal law. Participants who have reached the age of 50 before the end of the Plan year are eligible to make additional catch-up contributions. Subject to approval by the Plan administrator, participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (“Participant Rollovers”).

Employer Matching Contributions

Each year, the Employer, at its sole discretion, may make matching contributions to the Plan. For the purpose of determining the matching contribution, a participant must be employed by the Employer on the last day of the Plan year. For the year ended December 31, 2015, the Employer did not make any matching contributions.

Participant Accounts

Each participant’s account is credited with the Participant’s contribution and allocations of the Employer’s contribution plus earnings thereon, less administrative fees. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the Participant’s vested account.

Vesting

Participants’ Contributions

Participants are immediately vested in their voluntary contributions plus earnings thereon.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Vesting (Continued)

Employer Contributions

Participants vest in Employer contributions and related earnings thereon based on years of continuous service. A participant begins vesting after one year of service and is 100% vested after three years of credited service. Participants are allowed predecessor employment service with various predecessor employers as defined by the Plan document.

Payment of Benefits

In-service withdrawals from a participant's account are permitted upon reaching age 59½, as defined. Upon termination of service, death, disability or retirement, a participant may elect to receive a lump-sum payment equivalent to his or her vested balance. If a participant's vested interest in their account is less than \$1,000, it shall be distributed in a lump sum as soon as practical as determined by the Plan administrator.

Hardship Withdrawals

The Plan allows for hardship withdrawals to meet a participant's immediate and heavy financial needs. The minimum hardship withdrawal is \$500, and participant deferrals are suspended for a period of six months after obtaining a hardship withdrawal. Participants may withdraw from their deferral account (after exhausting the maximum amount available to the Participants as a loan under the Plan) in order to satisfy any of the following immediate and heavy financial needs: (1) medical expenses incurred for the participant, their spouse, children or dependents, (2) the purchase of a principal residence, (3) to prevent eviction from or foreclosure on their principal residence, (4) to pay for post-secondary education expenses for the participant, their spouse, children or dependents, (5) funeral expenses or (6) certain expenses relating to the repair of damage to the participant's principal residence.

Plan Administration

The Employer is the Plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Except for loan origination fees associated with notes receivable from participants, all administrative expenses of maintaining the Plan are paid by the Employer.

Notes Receivable from Participants

A participant may borrow a minimum of \$1,000 up to the lesser of \$50,000 or 50% of the Participant's vested account balance. Loan terms range from one to five years (or longer for the purchase of a primary residence). The loans are secured by the balance in the Participant's vested account and bear interest at a prevailing interest rate charged for similar loans. Participants may only have one loan outstanding at any given time. Principal and interest are paid ratably through payroll deductions.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Forfeitures

Upon termination of service, a participant who is not 100% vested forfeits the unvested portion of his or her account. The forfeited amounts can be used to reduce future Employer contributions and to pay administrative expenses under the Plan. For the year ended December 31, 2015, no forfeitures were used to cover Plan expenses. At December 31, 2015 and 2014, the unused forfeiture balance was approximately \$68 and \$35, respectively.

Note 2 - Summary of Significant Accounting Policies

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United State of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could vary from the estimates that were used.

Benefits Paid

Benefits are recorded upon distribution.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 and 2014. 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.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Accounting Change

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans, Defined Contribution Pension Plans, and Health and Welfare Benefit Plans*. 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 percent 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, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has elected to adopt Parts I and II early.

Reclassification

Certain amounts reported in the 2014 financial statements have been reclassified to conform to the 2015 presentation. There is no effect on the previously reported net assets available for benefits.

Subsequent Events

Plan management has evaluated subsequent events through June 22, 2016, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

Note 3 - Investments

Plan investments are held in mutual fund accounts by the Plan's trustee, Fidelity Management Trust Company. The fair value of investments and all investment transactions, including interest and dividends and net depreciation in fair values in mutual funds and notes receivable from participants are certified as complete and accurate and reported to the Plan by the trustee. Information contained in the supplemental schedule of assets (held at end of year) is also certified by the Plan's trustee. Participants may direct their contributions as well as Employer contributions to any of several investment options.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements

The financial accounting standards provide the framework for measuring fair value. That framework 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 I) and the lowest priority to unobservable inputs (Level III). The three levels of the fair value hierarchy are described below:

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

Level II – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Mutual Funds

Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The mutual fund investments held by the Plan as of December 31, 2015 and 2014 were \$11,912,214 and \$11,557,310, respectively. Based on the fair value hierarchy, the mutual funds are all Level 1 as of December 31, 2015 and 2014.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 5 - 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 Benefits.

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

Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees incurred by the Plan for the investment management services are included in net depreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan made a direct payment to Fidelity of \$3,420 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations. Notes receivable from participants also qualify as party-in-interest transactions.

Note 7 - Tax Status

The Plan has adopted a Fidelity Management Trust Company prototype document using a standardized adoption agreement that received a favorable determination letter on March 31, 2014. The Plan has been amended since that date, however, the Employer believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, the Plan continues to qualify under Section 401(a) and the related trust continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in the Employer contribution portion of their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

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

	<i>2015</i>	<i>2014</i>
Net assets available for benefits per the financial statements at December 31	\$ 12,153,431	\$ 11,656,625
Excess contributions	10,070	69,538
Other	-	(1)
Participant contributions receivable	<u>(30,342)</u>	<u>-</u>
Net assets available for benefits per Form 5500 at December 31	\$ <u>12,133,159</u>	\$ <u>11,726,162</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to net income per Form 5500 for the year ended December 31, 2015:

Net increase in net assets available for benefits per the financial statements	\$ 496,806
2014 excess contributions	(69,538)
2015 excess contributions	10,070
Other	1
Participant contributions receivable	<u>(30,342)</u>
Net income per Form 5500	\$ <u>406,997</u>

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

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Supplemental Schedules

MCMC, LLC. 401(k) PROFIT SHARING PLAN

(E.I.N. 14-1847542 - Plan Number 001)

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

Year Ended December 31, 2015

<i>Participant Contributions Transferred Late to Plan</i>	<i>Total That Constitutes Nonexempt Prohibited Transactions</i>			<i>Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51</i>
	<i>Contributions Not Corrected</i>	<i>Contributions Corrected Outside VFCP</i>	<i>Contributions Pending Correction in VFCP</i>	
2014	n/a	\$ 94	n/a	n/a

MCMC, LLC. 401(k) PROFIT SHARING PLAN

(E.I.N. 14-1847542 - Plan Number 001)

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

December 31, 2015

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
Identity of issue, borrower, lessor, or similar party			Cost	Current value
* Fidelity Freedom 2025 Fund		Mutual Fund	\$	1,045,799
* Fidelity Growth Company Fund		Mutual Fund		885,474
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* Fidelity Large Cap Stock Fund		Mutual Fund		115,334
Janus Short Term Bond Fund Class T		Mutual Fund		100,489
* Fidelity Equity-Income Fund		Mutual Fund		92,879
* Fidelity Freedom 2055 Fund		Mutual Fund		41,756
* Fidelity Freedom 2015 Fund		Mutual Fund		41,552
* Fidelity Fund		Mutual Fund		19,678
* Fidelity Freedom 2005 Fund		Mutual Fund		8,707
* Spartan International Index Advantage		Mutual Fund		4,024
* Spartan US Bond Index Advantage		Mutual Fund		3,560
* Fidelity Freedom 2060 Fund		Mutual Fund		579
* Participant Loans		Interest rates (4.25%-5.75%)	0	220,945
				\$ 12,133,159

* A party-in-interest as defined by ERISA.