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

Part I Annual Report Identification Information

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

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
- [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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1970

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)
MCCANN INDUSTRIES, INC.

543 SOUTH ROHLWING ROAD
ADDISON, IL 60101-4211

2b Employer Identification Number (EIN) 36-2706031

2c Plan Sponsor's telephone number 630-627-8700

2d Business code (see instructions) 423300

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.	09/09/2016	STEVEN ROGGEMAN
	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

MCCANN INDUSTRIES, INC.

543 SOUTH ROHLWING ROAD
ADDISON, IL 60101-4211

3b Administrator's EIN: 36-2706031

3c Administrator's telephone number: 630-627-8700

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**	87
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)**	95
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	63
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	95
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	95
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	88
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2H 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)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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

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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2706031

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
GREAT WEST LIFE & ANNUITY 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
84-0467907	68322	372142-01	88	01/01/2015	12/31/2015

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

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

CES INSURANCE AGENCY INC
20 SAWYER RD
WALTHAM, MA 02453-3467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			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	480918
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	39213		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	6165		
	(4) Transferred from separate account	7c(4)	6496491		
	(5) Other (specify below)	7c(5)	397		
	▶ FORFEITURE				
	(6) Total additions			7c(6)	6542266
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6542266
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	1289		
	(3) Transferred to separate account	7e(3)	6060059		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	6061348
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	480918

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.**	**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	**B** Three-digit plan number (PN) ▶
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MCCANN INDUSTRIES, INC.	36-2706031

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

THE RETIREMENT ADVANTAGE

39-1816008

(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 64	TPA	0	Yes [X] No [ ]	Yes [X] No [ ]	18012	Yes [ ] No [X]

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

CROWE, HORWATH LLP

35-0921680

(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?
10	AUDITOR	6250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT WEST LIFE & ANNUITY

84-0467907

(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?
64	RECORDKEEPER	4785	Yes [ ] No [X]	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)

STADION MONEY MANAGEMENT

58-2099805

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

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

KOVITZ SECURITIES LLC

91-2198169

(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?
13	SERVICE PROVIDER	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED OF OMAHA

47-0322111

(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?
52 59 49 67	SERVICE PROVIDER	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MCCANN INDUSTRIES, INC.

D Employer Identification Number (EIN)
36-2706031

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: UNITED OF OMAHA SEPARATE ACCT K

b Name of sponsor of entity listed in (a): UNITED OF OMAHA LIFE INSURANCE COMPANY

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)
43-1795138-000	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2706031

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	125000	1967
(2) Participant contributions	1b(2)	0	7543
(3) Other	1b(3)	10481	7920
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22802	195879
(2) U.S. Government securities	1c(2)	114104	61577
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1014164	968318
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2534327	2297351
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	51710	60151
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	5886243	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	5175318
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	554802	480918
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10313633	9256942
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10313633	9256942

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)	75789	
	(B) Participants	2a(1)(B)	320823	
	(C) Others (including rollovers)	2a(1)(C)	31610	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		428222
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2344	
	(F) Other	2b(1)(F)	-123267	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-120923
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-193568
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		113731
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1152208	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1152208
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1005	
(2) Contract administrator fees	2i(2)	17209	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18214
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1170422
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1056691
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [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: CROWE HORWATH LLP (2) EIN: 35-0921680

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) [X] 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.)	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	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.)	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			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?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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
MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2706031

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): 43-1795138 84-0467907

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ 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

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
Addison, Illinois

FINANCIAL STATEMENTS
December 31, 2015 and 2014

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
Addison, Illinois

FINANCIAL STATEMENTS
December 31, 2015 and 2014

CONTENTS

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 3

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 4

NOTES TO FINANCIAL STATEMENTS 5

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) 11

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of the
McCann Industries, Inc.
Employees' Retirement Plan
Addison, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of McCann Industries, Inc. Employees' Retirement 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we 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 United of Omaha Life Insurance Company, Great West Trust Company, LLC and Great West Life and Annuity Insurance Company, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Great West Trust Company, LLC and Great West Life and Annuity Insurance Company held the Plan's investment assets and executed investment transactions from April 1, 2015 to December 31, 2015, and that United of Omaha Life Insurance Company LLC held the Plan's investment assets and executed investment transactions as of December 31, 2014 and for the period January 1, 2015 to March 31, 2015. The plan administrator has obtained certifications from United of Omaha Life Insurance Company, Great West Trust Company, LLC and Great West Life and Annuity Insurance Company as of December 31, 2015 and 2014 and for the year ended December 31, 2015 that the information provided to the plan administrator by United of Omaha Life Insurance Company, Great West Trust Company, LLC, and Great West Life and Annuity Insurance Company is complete and accurate.

(Continued)

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes 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.

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 schedule, other than that derived from the information certified by United of Omaha Life Insurance Company, Great West Trust Company, LLC and Great West Life and Annuity 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.

Crowe Horwath LLP

Crowe Horwath LLP

Oak Brook, Illinois
August 17, 2016

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	2015	2014
ASSETS		
Investments		
Investments, at fair value	$ 8,502,564	$ 9,548,838
Investments, at contract value	480,918	554,802
Total investments	8,983,482	10,103,640
Cash	195,879	22,802
Receivables		
Participant's contribution	7,543	-
Employer's matching contribution	1,967	-
Employer's profit sharing contribution	-	125,000
Notes receivable from participants	60,151	51,710
Interest receivable	7,920	10,481
	77,581	187,191
Total assets	9,256,942	10,313,633
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,256,942	$ 10,313,633

See accompanying notes to financial statements.

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2015

Additions to net assets attributed to:	
Interest and dividend income	$ 227,447
Contributions	
Participants	320,823
Employer	75,789
Rollover	31,610
	428,222
Total additions	655,669
Deductions from net assets attributed to:	
Net depreciation in fair value	523,007
Benefits paid to participants	1,152,615
Administrative expenses	36,738
Total deductions	1,712,360
Net decrease	(1,056,691)
Net assets available for benefits	
Beginning of the year	10,313,633
End of the year	$ 9,256,942

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the McCann Industries, Inc. Employees' Retirement 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 plan which covers eligible employees of the Company meeting certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as amended.

Eligibility: Employees of the Company who have completed one month of credited service and attained the age of 21 are eligible for participation.

Contributions: Participant contributions to the Plan are at the sole discretion of the employees. The Company contributes a matching amount based on the level of employee contributions, which the matching percentage is at the discretion of management. Contributions are subject to certain limitations. The Company did make matching contributions of $75,789 in 2015.

Additionally, the Company makes profit sharing contributions at the discretion of management. Participants must earn at least 1,000 hours of credited service and be employed on the last day of the plan year to be eligible for any profit sharing contributions made for that plan year. The Company's profit sharing contribution is allocated among participants based on the proportion of their eligible compensation to the total eligible compensation of all participants. The Company did not make a profit sharing contribution for the year ended December 31, 2015.

Participant Accounts: The Plan maintains a separate account for each participant. This account consists of the participant's contributions, the participant's share of employer contribution, and their share of the Plan's net earnings and losses.

Notes Receivable from Participants: The Plan allows participants to borrow from their individual accounts. Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance reduced by the participant's highest outstanding note balances in the previous 12 months. Participants may have no more than two outstanding notes at any given time and the notes bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Repayments of principal and interest are received through payroll deductions.

Vesting: Participants are immediately vested in their deferral and rollover contributions plus actual earnings thereon.

Participants vest in their employer contributions in accordance with the following table:

Years of Vesting Service	Vested Equity
Less than 1 year	0%
1	10
2	20
3	40
4	60
5	80
6	100

Retirement, Death, and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death, or disability.

(Continued)

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Forfeited Accounts: Forfeitures of employer contributions and the earnings on those contributions resulting from participants who leave the Company prior to vesting are retained in an unallocated forfeiture account. The Company may first use forfeitures to pay any administrative expenses and then used to offset any employer contributions. There was no forfeiture balance at December 31, 2015. At December 31, 2014, the forfeited accounts totaled $185.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The accounting principles and procedures followed by the Plan conform to accounting principles generally accepted in the United States of America. The financial statements of the Plan are prepared under the accrual basis of accounting.

Adoption of New Accounting Standards: In July 2015, the Financial Accounting Standards Board (FASB) amended existing guidance related to the measurement, reporting and disclosure of fully benefit-responsive investment contracts (FBRICs), and in May and July 2015 the FASB amended various other disclosure requirements applicable to investments held by defined contribution pension plans. The new guidance requires FBRICs to be measured, presented, and disclosed only at contract value. The new guidance also eliminates or simplifies various disclosure requirements applicable to plan investments. Adoption of the new guidance resulted in removal of FBRICs and investments for which fair value is measured at net asset value (or its equivalent) from the fair value hierarchy, the reporting of investments within the fair value hierarchy by general type rather than by classes of investments, and other changes in investment disclosure requirements. The Plan elected to early adopt these standards, each of which requires retrospective application to all periods presented. The adoption of these standards had no effect on the Plan's net assets available for benefits or changes therein. However, *Investments, at fair value* was reduced by $554,802 from the amount previously reported as of December 31, 2014, resulting in the recording of $554,802 in *Investments, at contract value* as of December 31, 2014.

Investment Valuation and Income Recognition: The Plan's investments, other than fully benefit responsive investment contracts, are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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 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 reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Benefit Payments: Benefits are recorded when paid.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments 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.

Subsequent Events: Plan management has evaluated all events or transactions that occurred from December 31, 2015 to August 17, 2016, the date the financial statements were available to be issued.

NOTE 3 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all of the Plan's mutual funds, guaranteed accounts, pooled separate accounts and the notes receivable from participants are held by Great West Trust Company, LLC and Great West Life and Annuity Insurance Company as of December 31, 2015 and for the period from April 1, 2015 through December 31, 2015 and by United of Omaha Life Insurance Company as of December 31, 2014 and for the period from January 1, 2015 through March 31, 2015 and all information pertaining to these investments and notes receivable from participants included in the financial statements as of December 13, 2015 and 2014 and for the year ended December 31, 2015, including investment income and interest income on notes receivable from participants, has been certified by them. This information has not been audited by independent accountants.

Investments held in a separately managed fund of $3,327,246 and $3,662,595 at December 31, 2015 and 2014, respectively, which consist of corporate bonds, corporate stocks, mortgage-backed securities and municipal bonds along with the investment income related to these investments of $122,816 for the year ended December 31, 2015 have not been certified.

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs within the fair value hierarchy are defined as follows:

> *Level 1:* Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Corporate stock: The fair values of corporate stock investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Corporate and municipal bonds and mortgage backed securities: Corporate and municipal bonds and mortgage backed securities are valued at their most recent bid prices (sales prices if their principal market is an exchange) in the principal market in which such securities are traded, as determined by recognized dealers in such securities, or are valued on the basis of information provided by a pricing service (Level 2 inputs).

Pooled Separate Accounts: The fair values of participation units held by the Plan in sub-accounts of Separate Account K, are based on the net asset values of the separate accounts, as reported by the insurance company that manages the separate accounts and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date. Some of the pooled separate accounts are actively managed funds consisting of various underlying securities, based upon specific fund objectives and policies, which could include common stocks, preferred stocks, government bonds and money market funds as well as other investment securities. Other pooled separate accounts hold a single mutual fund as their underlying investment security. Each pooled separate account provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

Mutual funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Investments measured at fair value on a recurring basis are summarized below:

		Fair Value Measurements at December 31, 2015 Using		
	Total	(Level 1)	(Level 2)	(Level 3)
Corporate stock	$ 2,297,351	$ 2,297,351	$ -	$ -
Corporate bonds	631,601	-	631,601	-
Municipal bonds	61,577	-	61,577	-
Mortgage-backed securities	336,717	-	336,717	-
Mutual funds	5,175,318	5,175,318	-	-
Total	$ 8,502,564	$ 7,472,669	$ 1,029,895	$ -

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

		Fair Value Measurements at December 31, 2014, Using		
	Total	(Level 1)	(Level 2)	(Level 3)
Corporate stock	$ 2,534,327	$ 2,534,327	$ -	$ -
Corporate bonds	609,717	-	609,717	-
Municipal bonds	114,104	-	114,104	-
Mortgage-backed securities	404,447	-	404,447	-
Pooled separate accounts*	5,886,243	-	-	-
Total	$ 9,548,838	$ 2,534,327	$ 1,128,268	$ -

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a fully benefit-responsive investment contract with Great West Life & Annuity Insurance Company (the Issuer) as of December 31, 2015. The issuer maintains the contributions in its general account. The issuer's general account is credited with earnings on the underlying investments and is charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

The Plan's investment contract specifies certain conditions under which distributions from the contract would be payable at amounts below contract value. Such circumstances include Plan termination, Plan merger, premature contract termination initiated by the Company, and certain other Company-initiated events that result in distributions exceeding a set amount. The contract limits the circumstances under which the Issuer may terminate the contract. Examples of circumstances which would allow the Issuer to terminate the contract include the Plan's loss of its qualified status, uncured material breaches of responsibilities, or material and adverse changes to the provisions of the Plan. If one of these events were to occur, the Issuer could terminate the contract at an amount less than contract value. Currently, management believes that the occurrence of an event that would cause the Plan to transact contract distributions at less than contract value is not probable.

The Plan held a fully benefit-responsive investment contract with United of Omaha Life Insurance Company as of December 31, 2014 with terms similar to the terms above.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA and its related regulations. In the event of the Plan's termination, participants will become 100% vested in their accounts.

(Continued)

NOTE 7 - TAX STATUS

The Plan is stated on a volume submitter profit sharing plan with CODA document that has received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014. Since the Plan is using a volume submitter profit sharing plan with CODA document that has received a favorable opinion letter, the Plan is not required to file for an individual determination letter. The Plan has been amended since the adoption of the volume submitter profit sharing plan with CODA plan; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. The Plan invests in a guaranteed interest account managed by the service provider. Accordingly, this investment qualifies as a party-in-interest transactions. The Plan holds note receivables with participants in the amount of $60,151 and $51,710 at December 31, 2015 and 2014, which qualify as party-in-interest transactions. Investment and administrative fees in the amount of $36,738 were paid to service providers for the year ended December 31, 2015. Professional fees for the audit of the Plan are paid by the Plan. These fees and expenses qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULE

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: McCann Industries, Inc.
Employer Identification Number: 36-2706031
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
	Mutual Funds			
	BlackRock	Lifepath Index 2020 K	#	$ 1,256,009
	BlackRock	BlackRock Lifepath Index 2025 K	#	916,143
	BlackRock	BlackRock Lifepath Index 2030 K	#	665,191
	BlackRock	BlackRock Lifepath Index 2035 K	#	240,883
	BlackRock	BlackRock Lifepath Index 2040 K	#	87,716
	BlackRock	BlackRock Lifepath Index 2045 K	#	37,395
	BlackRock	BlackRock Lifepath Index 2050 K	#	21,615
	BlackRock	BlackRock Lifepath Index 2055 K	#	66,030
	BlackRock	BlackRock Lifepath Index Retirement K	#	10,684
	Dimension Fund Advisors	DFA US Targeted Value	#	67,540
	Fidelity Investments	Fidelity Advisor Mid Cap Value I	#	152,250
	Fidelity Investments	Fidelity Advisor New Insights I	#	109,450
	Invesco	Invesco Diversified Dividend R6	#	282,320
	Ivy Funds	Ivy Mid Cap Growth	#	47,517
	JPMorgan	JPMorgan Government Bond Select	#	25
	Oakmark	Oakmark International	#	76,734
	OppenheimerFunds	Oppenheimer Developing Markets	#	24,913
	OppenheimerFunds	Oppenheimer Discovery I	#	96,300
	Prudential Investments	Prudential Total Return Bond Z	#	108,485
	Vanguard	Vanguard Large Cap Index Adm	#	412,933
	Vanguard	Vanguard Mid Cap Index Adm	#	249,106
	Vanguard	Vanguard Small Cap Index	#	245,931
	Vanguard	Vanguard Total Intl Stock Index Admiral	#	148
				$ 5,175,318
	Taxable Municipal Bonds			
	New York N Y City Transitional Fin	5.190% 01 Aug 2016	#	$ 20,500
	Kentucky Asset / Liability Commn	4.372% 01 Apr 2017	#	25,728
	Oconomowoc Wis Rfdg	3.000% 01 Apr 2017	#	15,349
				$ 61,577
	Corporate Bonds			
	Pepsico Inc	5.500% 1 Apr 2016	#	$ 30,337
	Target Corp Sr Nt	5.875% 15 Jul 2016	#	25,649
	American Express Co	6.150% 28 Aug 2017	#	37,472
	General Elec Cap Corp Mtn Be	5.625% 15 Sep 2017	#	31,988
	Bank of America Corp	2.000% 11 Jan 2018	#	34,956
	Walgreen Co	5.250% 15 Jan 2019	#	9,618
	Boeing Co	6.000% 15 Mar 2019	#	22,438
	CVS Caremark Corp	6.600% 15 Mar 2019	#	22,617

See independent auditors report.

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: McCann Industries, Inc.
Employer Identification Number: 36-2706031
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
	Corporate Bonds (Continued)			
	Anheuser Busch Inbev Worldwide	6.975% 15 Nov 2019	#	$ 28,901
	Goldman Sachs Group	6.000% 15 Jun 2020	#	33,903
	Kimberly-Clark	3.625% 01 Aug 2020	#	31,746
	Home Depot Inc	3.950% 15 Sep 2020	#	26,988
	Google Inc	3.625% 19 May 2021	#	37,268
	Kohls Corp	4.000% 01 Nov 2021	#	30,792
	Starbucks Corp	2.700% 15 Jun 2022	#	40,012
	Disney Walt Co Mtns Be	2.350% 01 Dec 2022	#	44,422
	National Oilwell Varco Inc Cbl	2.600% 01 Dec 2022	#	34,966
	Nike Inc	2.250% 01 May 2023	#	39,075
	Apple Inc	2.400% 03 May 2023	#	34,103
	Halliburton Co	3.500% 01 Aug 2023	#	34,350
				$ 631,601
	Mortgage-Backed Securities			
	Deutsche Alt-A Secs 2003-2Xs	5.470% 25 Sep 2033	#	$ 5,910
	Morgan Stanley Cap 2004-5Ar	5.470% 25 Sep 2034	#	19,874
	Csfb Mtg Ptc 2004-5	2.462% 25 Sep 2034	#	392
	Gsr Mtg Tr 2004-11	5.500% 25 Sep 2034	#	13,481
	First Horizon Alt Mtg 2004-Aa4	2.235% 25 Oct 2034	#	26,498
	Bear Stearns Alt-A 2004-11	2.585% 25 Nov 2034	#	27,715
	Csfb Mtg Ptc 2004-8	2.500% 25 Dec 2034	#	21,372
	Gsr Mtg Tr 2004-14	2.757% 25 Dec 2034	#	8,009
	Adjustable Rate Mtg 2004-2	2.313% 25 Feb 2035	#	15,648
	JP Morgan Mtg Tr 2005-A3	2.605% 25 Jun 2035	#	18,736
	JP Morgan Mtg Tr 2007-A1	2.485% 25 Jul 2035	#	15,293
	Mastr Alternative Ln Tr 2005-5	5.750% 25 Aug 2035	#	15,697
	Wamu Mtg Cert 2005-Ar7	2.462% 25 Aug 2035	#	13,933
	Wells Fargo Mbs 2006-Ar2	2.612% 25 Mar 2036	#	13,560
	Hsi Asset Ln Obl 2007-2	5.500% 25 Sep 2037	#	3,303
	Thornburg Mtg Tr 2007-4	2.378% 25 Sep 2037	#	7,985
	Wells Fargo Mbs 2007-Ar9	6.000% 25 Dec 2037	#	14,351
	American Home Mtg 2005-1	2.326% 25 Jun 2045	#	25,272
	Cwalt Inc 2006-7Cb	5.250% 25 May 2021	#	807
	Csmc Mtg Trust 2006-8	6.000% 25 Oct 2021	#	1,470
	Rali Trust 2005-Qs17	6.000% 25 Dec 2035	#	3,212
	Bear Stearns Alt-A 2006-2	2.655% 25 Mar 2036	#	5,601
	Wamu Mtg Cert 2007-Hy3	2.353% 25 Aug 2036	#	10,346
	Structured Adj Rate 2006-8	5.156% 25 Sep 2036	#	39,024
	Wamu Mtg Cert 2006-Ar16	2.017% 25 Dec 2036	#	5,527

See independent auditors report.

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: McCann Industries, Inc.
Employer Identification Number: 36-2706031
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
	Mortgage-Backed Securities (Continued)			
	Cwmbs Chl Mtg Tr 2007-Hy3	5.157% 25 Jun 2047	#	$ 3,701
				$ 336,717
	Common Stock			
	Aon Plc Shs Class A	Common Stock	#	$ 50,254
	Accenture Plc Ireland	Common Stock	#	49,115
	Ensco Plc Shs Class A	Common Stock	#	10,157
	Alphabet Inc Class C	Common Stock	#	49,327
	Alphabet Inc Class A	Common Stock	#	50,571
	American Express Co	Common Stock	#	35,471
	American Intl Group	Common Stock	#	37,802
	Apple Inc	Common Stock	#	112,523
	Baker Hughes Inc	Common Stock	#	24,921
	Bank America Corp	Common Stock	#	106,871
	Bank of NY Mellon	Common Stock	#	100,371
	Bed Bath & Beyond Inc	Common Stock	#	58,141
	Berkshire Hathaway Inc Cl A	Common Stock	#	197,800
	Boeing Co	Common Stock	#	125,793
	CBS Corp Class B	Common Stock	#	64,568
	CVS Health Corp	Common Stock	#	53,774
	Carmax Inc	Common Stock	#	22,667
	Citigroup Inc	Common Stock	#	61,324
	Coca Cola Co	Common Stock	#	11,814
	Corning Inc	Common Stock	#	46,157
	Walt Disney Co	Common Stock	#	54,116
	FMC Technologies Inc	Common Stock	#	15,810
	General Motors	Common Stock	#	85,365
	Halliburton Co	Common Stock	#	48,677
	Harley Davidson Inc	Common Stock	#	25,418
	JP Morgan Chase	Common Stock	#	80,226
	Jacobs Engr Group Inc	Common Stock	#	132,982
	Kohls Corp	Common Stock	#	65,729
	Leucadia Natl Corp	Common Stock	#	59,474
	Precision Castparts Corp	Common Stock	#	67,283
	Quanta Svcs Inc	Common Stock	#	131,119
	United Parcel Svc Inc	Common Stock	#	42,822
	Valmont Industries Inc	Common Stock	#	56,721
	WalMart Stores Inc	Common Stock	#	65,285
	Walgreen Boots Alliance	Common Stock	#	28,953
	Wells Fargo & Co	Common Stock	#	67,950
				$ 2,297,351

See independent auditors report.

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: McCann Industries, Inc.
Employer Identification Number: 36-2706031
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
	Guaranteed Accounts			
*	Great West	Guaranteed Account	#	$ 480,918
				$ 480,918
	Participant notes receivable			
*	Participant Notes Receivable	Interest rate of 4.25%, at various maturities through July 2032	#	$ 60,151
				$ 60,151
	Total investments			$ 9,043,633

* Indicates a party-in-interest.
# Cost amounts are not required for participant-directed investments.

See independent auditors report.

Schedule H, line 4i - Schedule of Assets (Held At End of Year).
McCann Industries Inc. Employees' Retirement Plan
EIN: 36-2706031 PN: 001
For the year ended: 12/31/2015

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Great West Life & Annuity	BlackRock Lifepath Index Retirement K	N/A	10,684
*	Great West Life & Annuity	BlackRock Lifepath Index 2020 K	N/A	1,256,009
*	Great West Life & Annuity	BlackRock Lifepath Index 2025 K	N/A	916,143
*	Great West Life & Annuity	BlackRock Lifepath Index 2030 K	N/A	665,191
*	Great West Life & Annuity	BlackRock Lifepath Index 2035 K	N/A	240,883
*	Great West Life & Annuity	BlackRock Lifepath Index 2040 K	N/A	87,716
*	Great West Life & Annuity	BlackRock Lifepath Index 2045 K	N/A	37,395
*	Great West Life & Annuity	BlackRock Lifepath Index 2050 K	N/A	21,615
*	Great West Life & Annuity	BlackRock Lifepath Index 2055 K	N/A	66,030
*	Great West Life & Annuity	Oakmark International	N/A	76,734
*	Great West Life & Annuity	Oppenheimer Developing Mkts	N/A	24,913
*	Great West Life & Annuity	Vanguard Total Intl Stock Index Admiral	N/A	149
*	Great West Life & Annuity	DFA US Targeted Value	N/A	67,540
*	Great West Life & Annuity	Oppenheimer Discovery I	N/A	96,300
*	Great West Life & Annuity	Vanguard Small Cap Index	N/A	245,931
*	Great West Life & Annuity	Fidelity Advisor Mid Cap Value I	N/A	152,250
*	Great West Life & Annuity	Ivy Mid Cap Growth	N/A	47,517
*	Great West Life & Annuity	Vanguard Mid Cap Index Fund Admiral	N/A	249,106
*	Great West Life & Annuity	Fidelity Advisor New Insights I	N/A	109,450
*	Great West Life & Annuity	Invesco Diversified Dividend R6	N/A	282,320
*	Great West Life & Annuity	Vanguard Large Cap Index Adm	N/A	412,933
*	Great West Life & Annuity	JPMorgan Govt Bond Select	N/A	25
*	Great West Life & Annuity	Prudential Total Return Bond Z	N/A	108,485
		Guaranteed Accounts	N/A	480,918
		Participant Loans	N/A	60,151
		Total Contract Assets *invested* as of the end of the current reporting year		5,716,388

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: McCann Industries, Inc.
Employer Identification Number: 36-2706031
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
	Mutual Funds			
	BlackRock	Lifepath Index 2020 K	#	$ 1,256,009
	BlackRock	BlackRock Lifepath Index 2025 K	#	916,143
	BlackRock	BlackRock Lifepath Index 2030 K	#	665,191
	BlackRock	BlackRock Lifepath Index 2035 K	#	240,883
	BlackRock	BlackRock Lifepath Index 2040 K	#	87,716
	BlackRock	BlackRock Lifepath Index 2045 K	#	37,395
	BlackRock	BlackRock Lifepath Index 2050 K	#	21,615
	BlackRock	BlackRock Lifepath Index 2055 K	#	66,030
	BlackRock	BlackRock Lifepath Index Retirement K	#	10,684
	Dimension Fund Advisors	DFA US Targeted Value	#	67,540
	Fidelity Investments	Fidelity Advisor Mid Cap Value I	#	152,250
	Fidelity Investments	Fidelity Advisor New Insights I	#	109,450
	Invesco	Invesco Diversified Dividend R6	#	282,320
	Ivy Funds	Ivy Mid Cap Growth	#	47,517
	JPMorgan	JPMorgan Government Bond Select	#	25
	Oakmark	Oakmark International	#	76,734
	OppenheimerFunds	Oppenheimer Developing Markets	#	24,913
	OppenheimerFunds	Oppenheimer Discovery I	#	96,300
	Prudential Investments	Prudential Total Return Bond Z	#	108,485
	Vanguard	Vanguard Large Cap Index Adm	#	412,933
	Vanguard	Vanguard Mid Cap Index Adm	#	249,106
	Vanguard	Vanguard Small Cap Index	#	245,931
	Vanguard	Vanguard Total Intl Stock Index Admiral	#	148
				$ 5,175,318
	Taxable Municipal Bonds			
	New York N Y City Transitional Fin	5.190% 01 Aug 2016	#	$ 20,500
	Kentucky Asset / Liability Commn	4.372% 01 Apr 2017	#	25,728
	Oconomowoc Wis Rfdg	3.000% 01 Apr 2017	#	15,349
				$ 61,577
	Corporate Bonds			
	Pepsico Inc	5.500% 1 Apr 2016	#	$ 30,337
	Target Corp Sr Nt	5.875% 15 Jul 2016	#	25,649
	American Express Co	6.150% 28 Aug 2017	#	37,472
	General Elec Cap Corp Mtn Be	5.625% 15 Sep 2017	#	31,988
	Bank of America Corp	2.000% 11 Jan 2018	#	34,956
	Walgreen Co	5.250% 15 Jan 2019	#	9,618
	Boeing Co	6.000% 15 Mar 2019	#	22,438
	CVS Caremark Corp	6.600% 15 Mar 2019	#	22,617

See independent auditors report.

McCANN INDUSTRIES, INC.
EMPLOYEES' RETIREMENT PLAN
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	Corporate Bonds (Continued)			
	Anheuser Busch Inbev Worldwide	6.975% 15 Nov 2019	#	$ 28,901
	Goldman Sachs Group	6.000% 15 Jun 2020	#	33,903
	Kimberly-Clark	3.625% 01 Aug 2020	#	31,746
	Home Depot Inc	3.950% 15 Sep 2020	#	26,988
	Google Inc	3.625% 19 May 2021	#	37,268
	Kohls Corp	4.000% 01 Nov 2021	#	30,792
	Starbucks Corp	2.700% 15 Jun 2022	#	40,012
	Disney Walt Co Mtns Be	2.350% 01 Dec 2022	#	44,422
	National Oilwell Varco Inc Cbl	2.600% 01 Dec 2022	#	34,966
	Nike Inc	2.250% 01 May 2023	#	39,075
	Apple Inc	2.400% 03 May 2023	#	34,103
	Halliburton Co	3.500% 01 Aug 2023	#	34,350
				$ 631,601
	Mortgage-Backed Securities			
	Deutsche Alt-A Secs 2003-2Xs	5.470% 25 Sep 2033	#	$ 5,910
	Morgan Stanley Cap 2004-5Ar	5.470% 25 Sep 2034	#	19,874
	Csfb Mtg Ptc 2004-5	2.462% 25 Sep 2034	#	392
	Gsr Mtg Tr 2004-11	5.500% 25 Sep 2034	#	13,481
	First Horizon Alt Mtg 2004-Aa4	2.235% 25 Oct 2034	#	26,498
	Bear Stearns Alt-A 2004-11	2.585% 25 Nov 2034	#	27,715
	Csfb Mtg Ptc 2004-8	2.500% 25 Dec 2034	#	21,372
	Gsr Mtg Tr 2004-14	2.757% 25 Dec 2034	#	8,009
	Adjustable Rate Mtg 2004-2	2.313% 25 Feb 2035	#	15,648
	JP Morgan Mtg Tr 2005-A3	2.605% 25 Jun 2035	#	18,736
	JP Morgan Mtg Tr 2007-A1	2.485% 25 Jul 2035	#	15,293
	Mastr Alternative Ln Tr 2005-5	5.750% 25 Aug 2035	#	15,697
	Wamu Mtg Cert 2005-Ar7	2.462% 25 Aug 2035	#	13,933
	Wells Fargo Mbs 2006-Ar2	2.612% 25 Mar 2036	#	13,560
	Hsi Asset Ln Obl 2007-2	5.500% 25 Sep 2037	#	3,303
	Thornburg Mtg Tr 2007-4	2.378% 25 Sep 2037	#	7,985
	Wells Fargo Mbs 2007-Ar9	6.000% 25 Dec 2037	#	14,351
	American Home Mtg 2005-1	2.326% 25 Jun 2045	#	25,272
	Cwalt Inc 2006-7Cb	5.250% 25 May 2021	#	807
	Csmc Mtg Trust 2006-8	6.000% 25 Oct 2021	#	1,470
	Rali Trust 2005-Qs17	6.000% 25 Dec 2035	#	3,212
	Bear Stearns Alt-A 2006-2	2.655% 25 Mar 2036	#	5,601
	Wamu Mtg Cert 2007-Hy3	2.353% 25 Aug 2036	#	10,346
	Structured Adj Rate 2006-8	5.156% 25 Sep 2036	#	39,024
	Wamu Mtg Cert 2006-Ar16	2.017% 25 Dec 2036	#	5,527

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	Mortgage-Backed Securities (Continued)			
	Cwmbs Chl Mtg Tr 2007-Hy3	5.157% 25 Jun 2047	#	$ 3,701
				$ 336,717
	Common Stock			
	Aon Plc Shs Class A	Common Stock	#	$ 50,254
	Accenture Plc Ireland	Common Stock	#	49,115
	Ensco Plc Shs Class A	Common Stock	#	10,157
	Alphabet Inc Class C	Common Stock	#	49,327
	Alphabet Inc Class A	Common Stock	#	50,571
	American Express Co	Common Stock	#	35,471
	American Intl Group	Common Stock	#	37,802
	Apple Inc	Common Stock	#	112,523
	Baker Hughes Inc	Common Stock	#	24,921
	Bank America Corp	Common Stock	#	106,871
	Bank of NY Mellon	Common Stock	#	100,371
	Bed Bath & Beyond Inc	Common Stock	#	58,141
	Berkshire Hathaway Inc Cl A	Common Stock	#	197,800
	Boeing Co	Common Stock	#	125,793
	CBS Corp Class B	Common Stock	#	64,568
	CVS Health Corp	Common Stock	#	53,774
	Carmax Inc	Common Stock	#	22,667
	Citigroup Inc	Common Stock	#	61,324
	Coca Cola Co	Common Stock	#	11,814
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	Participant notes receivable			
*	Participant Notes Receivable	Interest rate of 4.25%, at various maturities through July 2032	#	$ 60,151
				$ 60,151
	Total investments			$ 9,043,633

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