

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☒ the final return/report	
	☒ an amended return/report ☐ a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>03/20/2018</u>	<u>RYAN MCCONNELL</u>
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 740
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 699 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

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

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

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

04-2647786

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

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

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

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

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

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

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

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

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

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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	4875	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>MCMC, LLC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCMC, LLC.</u>	D Employer Identification Number (EIN) <u>14-1847542</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	478344	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	220945	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11433870	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	12133159	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12133159	0
---	-----------	----------	---

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)	480750	
(B) Participants	2a(1)(B)	1575388	
(C) Others (including rollovers)	2a(1)(C)	40161	
(2) Noncash contributions	2a(2)	0	2096299
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	230	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	14162	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14392
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	509497	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		509497
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		421113
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3041301

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	866865	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		866865
f Corrective distributions (see instructions)	2f		10068
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)	10462	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10462
j Total expenses. Add all expense amounts in column (b) and enter total	2j		887395

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2153906
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		14287065

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

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

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

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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

	Yes	No	Amount
4a	X		276413
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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		X	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

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)
YORK AFFILIATED COMPANIES 401(K) PLAN AND TRUST	31-1470304	001

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

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
---	---	--

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**Financial Statements
and Supplemental Schedules**

MCMC, LLC. 401(k) Profit Sharing Plan

December 30, 2016 and December 31, 2015



MCMC, LLC. 401(k) PROFIT SHARING PLAN

Financial Statements and Supplemental Schedules

Table of Contents

Financial Statements:

Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits (2016 only)	4
Notes to Financial Statements	5-10

Supplemental Schedules (2016 only):

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	11
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12



Mayer Hoffman McCann P.C.
500 Boylston Street ■ Boston, MA 02116
Main: 617.761.0600 ■ Fax: 617.761.0601
www.cbiz.com/newengland

Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the MCMC, LLC. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 30, 2016 and December 31, 2015, and the related statement of changes in net assets available for benefits for the period January 1, 2016 to December 30, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that Fidelity held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from Fidelity as of December 30, 2016 and December 31, 2015, and for the period January 1, 2016 to December 30, 2016, that the information provided to the Plan administrator by Fidelity is complete and accurate.



Emphasis of Matter

As further discussed in Note 1 to the financial statements, management authorized the merger of the Plan into The Careworks Family of Companies 401(k) Plan and Trust ("Careworks Plan") effective December 30, 2016.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, (1) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the period ended December 30, 2016 and (2) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 30, 2016, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Fidelity, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Maye Hoffman McCann P.C.

Boston, Massachusetts
February 22, 2018

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	December 30, 2016	December 31, 2015
Assets		
Investments, at fair value	\$ <u>-</u>	\$ <u>11,912,214</u>
Non-interest bearing cash	<u>13,842,310</u>	<u>-</u>
Receivables:		
Notes receivable from participants	276,413	220,945
Participant contributions	49,968	30,342
Employer contributions	<u>118,374</u>	<u>-</u>
Total receivables	<u>444,755</u>	<u>251,287</u>
Total assets	<u>14,287,065</u>	<u>12,163,501</u>
Liabilities		
Excess contributions	-	10,070
Payable to The Careworks Family of Companies 401(k) Plan and Trust	<u>14,287,065</u>	<u>-</u>
Total liabilities	<u>14,287,065</u>	<u>10,070</u>
Net assets available for benefits	\$ <u><u>-</u></u>	\$ <u><u>12,153,431</u></u>

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Period Ended December 30, 2016

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 421,113
Interest and dividends	<u>509,727</u>

Total investment income	<u>930,840</u>
-------------------------	----------------

Interest income on notes receivable from participants	<u>14,162</u>
---	---------------

Contributions:

Participant deferrals	1,575,388
Employer contributions	450,408
Participant rollovers	<u>40,161</u>

2,065,957

Total additions	<u>3,010,959</u>
------------------------	-------------------------

Deductions from net assets attributed to:

Benefits paid to participants	866,863
Administrative fees	<u>10,462</u>

Total deductions	<u>877,325</u>
-------------------------	-----------------------

Net increase in net assets available for benefits before transfers	2,133,634
---	------------------

Transfer to The Careworks Family of Companies 401(k) Plan and Trust	<u>(14,287,065)</u>
---	---------------------

Net decrease in net assets available for benefits	(12,153,431)
--	---------------------

Net assets available for benefits, beginning of year	<u>12,153,431</u>
--	-------------------

Net assets available for benefits, end of year	\$ <u><u>-</u></u>
---	---------------------------

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan

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

General

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

Plan Merger

On December 2, 2014, the Plan Sponsor was acquired by York Risk Services Group, Inc. During 2016, management authorized the merger of all assets of the Plan into The Careworks Family of Companies 401(k) Plan and Trust ("Careworks Plan") as of December 30, 2016. As of December 30, 2016, there was a pending asset transfer of liquidated funds from Fidelity to the Careworks Plan of \$13,842,310. This transfer has been reflected in the Statements of Net Assets Available for Benefits as non-interest bearing cash. Thus, as of December 30, 2016, there are no investment balances as these amounts have been reflected in the financial statements as items classified as non-interest bearing cash noted above. In addition, notes receivable from participants in the amount of \$276,413 will also be transferred to the Careworks Plan. There are no material changes to the services provided to the Plan as a result of this transaction.

Participant Contributions

Each year, participants could elect to defer up to 60% of their pre-tax annual compensation, as defined by the Plan, subject to dollar limits set by federal law. Participants who reached the age of 50 before the end of the Plan year were eligible to make additional catch-up contributions. Effective January 22, 2016, the Plan implemented an automatic enrollment feature whereby all eligible employees hired after January 22, 2016 were automatically enrolled in the Plan with a deferral of 3% into a default investment fund, unless an alternative election was made. Subject to approval by the Plan administrator, participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("Participant Rollovers").

Employer Matching Contributions

Each year, the Employer, at its sole discretion, could make matching contributions to the Plan. For the purpose of determining eligibility for the matching contribution, a participant had to be employed by the Employer on the last day of the Plan year. For the period ended December 30, 2016, the Employer contributed 50% of the first 6% of eligible compensation that a participant contributed to the Plan. Employer matching contributions totaled \$450,408 for the period ended December 30, 2016.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Participant Accounts

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

Vesting

Participants' Contributions

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

Employer Contributions

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

Payment of Benefits

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

Hardship Withdrawals

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

Plan Administration

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

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Notes Receivable from Participants

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

Forfeitures

Upon termination of service, a participant who was not 100% vested forfeited the unvested portion of his or her account. The forfeited amounts could be used to reduce future Employer contributions and to pay administrative expenses under the Plan. For the period January 1, 2016 to December 30, 2016, no forfeitures were used to cover Plan expenses. At December 30, 2016 and December 31, 2015, the unused forfeiture balance was approximately \$0 and \$68, respectively. A forfeiture balance of \$867 was transferred to the Careworks Plan as a result of the Merger.

Note 2 - Summary of Significant Accounting Policies

Investments, Investment Valuation and Income Recognition

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

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during 2016.

Use of Estimates

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

Benefits Paid

Benefits were recorded upon distribution.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were recorded as administrative expenses and were expensed when they were incurred. No allowance for credit losses was recorded as of December 30, 2016 and December 31, 2015. If a participant ceased to make loan repayments and the Plan administrator deemed the participant loan to be in default, the participant loan balance was reduced and a benefit payment was recorded. As part of the Plan merger noted in Note 1, all notes receivable from participants balances were also transferred.

Subsequent Events

The Plan has evaluated subsequent events through February 22, 2018, the date that the financial statements were available to be issued.

Note 3 - Investments

Plan investments were held in mutual fund accounts by the Plan's trustee, Fidelity Management Trust Company. The fair value of investments and all investment transactions, including interest and dividends and net appreciation in fair values of investments and notes receivable from participants were certified as complete and accurate and reported to the Plan by the trustee. Participants could direct their contributions as well as Employer contributions to any of several investment options.

Note 4 - Fair Value Measurements

The financial accounting standards provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). The three levels of the fair value hierarchy are described below:

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

Level II – Inputs to the valuation methodology include:

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

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

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 30, 2016 and December 31, 2015.

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

The mutual fund investments held by the Plan as of December 31, 2015 were \$11,912,214. Based on the fair value hierarchy, the mutual funds are all Level 1 as of December 31, 2015. There were no investments held as of December 30, 2016.

Note 5 - Risks and Uncertainties

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

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

Plan investments were shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company was the trustee as defined by the Plan and, therefore, these transactions qualified as party-in-interest. Fees incurred by the Plan for the investment management services were included in net appreciation in fair value of the investment, as they were paid through revenue sharing, rather than a direct payment. The Plan made direct payments to Fidelity totaling \$10,462 during the period ended December 30, 2016 which were not covered by revenue sharing. The Plan Sponsor paid directly any other fees related to the Plan's operations. Notes receivable from participants also qualified as party-in-interest transactions.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 7 - Tax Status

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

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

Note 8 - Plan Termination

As described in Note 1, during the period ended December 30, 2016, the Plan merged into The Careworks Family of Companies 401(k) Plan and Trust.

Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the changes in net assets available for benefits before transfers per the financial statements to net income per Form 5500 for the period ended December 30, 2016:

Net increase in net assets available for benefits before transfers per the financial statements	\$ 2,133,634
Add: 2015 participant contributions receivable	30,342
Less: 2015 excess contributions	<u>(10,070)</u>
Net income per Form 5500	\$ <u>2,153,906</u>

Note 10 - Prohibited Transactions

Under U.S. Department of Labor Regulation Section 2510.3-102, 401(k) Plan related salary deferrals and loan repayments withheld from employees' paychecks must be deposited into the Plan as soon as reasonably possible, but in no event later than the 15th business day of the month following the month of the Employer withholding. When this regulation is not satisfied, the Plan Sponsor has engaged in a prohibited transaction. While the Plan Sponsor remitted all employee contributions to the Plan, contributions and loan repayments of \$46,688 were not remitted within the required time period for the period ended December 30, 2016. Lost earnings associated with the matter are pending correction.

Supplemental Schedules

MCMC, LLC. 401(k) PROFIT SHARING PLAN

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

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

Period Ended December 30, 2016

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2016	\$ 46,688	n/a	n/a	n/a

MCMC, LLC. 401(k) PROFIT SHARING PLAN

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

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

December 30, 2016

(a)	(b)	(c)	(d)	(e)
	<i>Identity of issue, borrower, lessor, or similar party</i>	<i>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	<i>Cost</i>	<i>Current value</i>
*	Participant Loans	Interest rates (4.25%-5.75%)	-0-	\$ <u>276,413</u>

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

**Financial Statements
and Supplemental Schedules**

MCMC, LLC. 401(k) Profit Sharing Plan

December 30, 2016 and December 31, 2015



MCMC, LLC. 401(k) PROFIT SHARING PLAN

Financial Statements and Supplemental Schedules

Table of Contents

Financial Statements:

Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits (2016 only)	4
Notes to Financial Statements	5-10

Supplemental Schedules (2016 only):

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	11
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12



Mayer Hoffman McCann P.C.
500 Boylston Street ■ Boston, MA 02116
Main: 617.761.0600 ■ Fax: 617.761.0601
www.cbiz.com/newengland

Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the MCMC, LLC. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 30, 2016 and December 31, 2015, and the related statement of changes in net assets available for benefits for the period January 1, 2016 to December 30, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company ("Fidelity"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that Fidelity held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from Fidelity as of December 30, 2016 and December 31, 2015, and for the period January 1, 2016 to December 30, 2016, that the information provided to the Plan administrator by Fidelity is complete and accurate.



Emphasis of Matter

As further discussed in Note 1 to the financial statements, management authorized the merger of the Plan into The Careworks Family of Companies 401(k) Plan and Trust ("Careworks Plan") effective December 30, 2016.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, (1) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the period ended December 30, 2016 and (2) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 30, 2016, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Fidelity, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Maye Hoffman McCann P.C.

Boston, Massachusetts
February 22, 2018

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

	December 30, 2016	December 31, 2015
Assets		
Investments, at fair value	\$ <u>-</u>	\$ <u>11,912,214</u>
Non-interest bearing cash	<u>13,842,310</u>	<u>-</u>
Receivables:		
Notes receivable from participants	276,413	220,945
Participant contributions	49,968	30,342
Employer contributions	<u>118,374</u>	<u>-</u>
Total receivables	<u>444,755</u>	<u>251,287</u>
Total assets	<u>14,287,065</u>	<u>12,163,501</u>
Liabilities		
Excess contributions	-	10,070
Payable to The Careworks Family of Companies 401(k) Plan and Trust	<u>14,287,065</u>	<u>-</u>
Total liabilities	<u>14,287,065</u>	<u>10,070</u>
Net assets available for benefits	\$ <u><u>-</u></u>	\$ <u><u>12,153,431</u></u>

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Period Ended December 30, 2016

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 421,113
Interest and dividends	<u>509,727</u>

Total investment income	<u>930,840</u>
-------------------------	----------------

Interest income on notes receivable from participants	<u>14,162</u>
---	---------------

Contributions:

Participant deferrals	1,575,388
Employer contributions	450,408
Participant rollovers	<u>40,161</u>

2,065,957

Total additions	<u>3,010,959</u>
------------------------	-------------------------

Deductions from net assets attributed to:

Benefits paid to participants	866,863
Administrative fees	<u>10,462</u>

Total deductions	<u>877,325</u>
-------------------------	-----------------------

Net increase in net assets available for benefits before transfers	2,133,634
---	------------------

Transfer to The Careworks Family of Companies 401(k) Plan and Trust	<u>(14,287,065)</u>
---	---------------------

Net decrease in net assets available for benefits	(12,153,431)
--	---------------------

Net assets available for benefits, beginning of year	<u>12,153,431</u>
--	-------------------

Net assets available for benefits, end of year	\$ <u><u>-</u></u>
---	---------------------------

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan

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

General

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

Plan Merger

On December 2, 2014, the Plan Sponsor was acquired by York Risk Services Group, Inc. During 2016, management authorized the merger of all assets of the Plan into The Careworks Family of Companies 401(k) Plan and Trust ("Careworks Plan") as of December 30, 2016. As of December 30, 2016, there was a pending asset transfer of liquidated funds from Fidelity to the Careworks Plan of \$13,842,310. This transfer has been reflected in the Statements of Net Assets Available for Benefits as non-interest bearing cash. Thus, as of December 30, 2016, there are no investment balances as these amounts have been reflected in the financial statements as items classified as non-interest bearing cash noted above. In addition, notes receivable from participants in the amount of \$276,413 will also be transferred to the Careworks Plan. There are no material changes to the services provided to the Plan as a result of this transaction.

Participant Contributions

Each year, participants could elect to defer up to 60% of their pre-tax annual compensation, as defined by the Plan, subject to dollar limits set by federal law. Participants who reached the age of 50 before the end of the Plan year were eligible to make additional catch-up contributions. Effective January 22, 2016, the Plan implemented an automatic enrollment feature whereby all eligible employees hired after January 22, 2016 were automatically enrolled in the Plan with a deferral of 3% into a default investment fund, unless an alternative election was made. Subject to approval by the Plan administrator, participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("Participant Rollovers").

Employer Matching Contributions

Each year, the Employer, at its sole discretion, could make matching contributions to the Plan. For the purpose of determining eligibility for the matching contribution, a participant had to be employed by the Employer on the last day of the Plan year. For the period ended December 30, 2016, the Employer contributed 50% of the first 6% of eligible compensation that a participant contributed to the Plan. Employer matching contributions totaled \$450,408 for the period ended December 30, 2016.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Participant Accounts

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

Vesting

Participants' Contributions

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

Employer Contributions

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

Payment of Benefits

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

Hardship Withdrawals

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

Plan Administration

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

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 1 - Description of Plan (Continued)

Notes Receivable from Participants

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

Forfeitures

Upon termination of service, a participant who was not 100% vested forfeited the unvested portion of his or her account. The forfeited amounts could be used to reduce future Employer contributions and to pay administrative expenses under the Plan. For the period January 1, 2016 to December 30, 2016, no forfeitures were used to cover Plan expenses. At December 30, 2016 and December 31, 2015, the unused forfeiture balance was approximately \$0 and \$68, respectively. A forfeiture balance of \$867 was transferred to the Careworks Plan as a result of the Merger.

Note 2 - Summary of Significant Accounting Policies

Investments, Investment Valuation and Income Recognition

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

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during 2016.

Use of Estimates

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

Benefits Paid

Benefits were recorded upon distribution.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were recorded as administrative expenses and were expensed when they were incurred. No allowance for credit losses was recorded as of December 30, 2016 and December 31, 2015. If a participant ceased to make loan repayments and the Plan administrator deemed the participant loan to be in default, the participant loan balance was reduced and a benefit payment was recorded. As part of the Plan merger noted in Note 1, all notes receivable from participants balances were also transferred.

Subsequent Events

The Plan has evaluated subsequent events through February 22, 2018, the date that the financial statements were available to be issued.

Note 3 - Investments

Plan investments were held in mutual fund accounts by the Plan's trustee, Fidelity Management Trust Company. The fair value of investments and all investment transactions, including interest and dividends and net appreciation in fair values of investments and notes receivable from participants were certified as complete and accurate and reported to the Plan by the trustee. Participants could direct their contributions as well as Employer contributions to any of several investment options.

Note 4 - Fair Value Measurements

The financial accounting standards provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). The three levels of the fair value hierarchy are described below:

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

Level II – Inputs to the valuation methodology include:

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

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

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 30, 2016 and December 31, 2015.

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

The mutual fund investments held by the Plan as of December 31, 2015 were \$11,912,214. Based on the fair value hierarchy, the mutual funds are all Level 1 as of December 31, 2015. There were no investments held as of December 30, 2016.

Note 5 - Risks and Uncertainties

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

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

Plan investments were shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company was the trustee as defined by the Plan and, therefore, these transactions qualified as party-in-interest. Fees incurred by the Plan for the investment management services were included in net appreciation in fair value of the investment, as they were paid through revenue sharing, rather than a direct payment. The Plan made direct payments to Fidelity totaling \$10,462 during the period ended December 30, 2016 which were not covered by revenue sharing. The Plan Sponsor paid directly any other fees related to the Plan's operations. Notes receivable from participants also qualified as party-in-interest transactions.

MCMC, LLC. 401(k) PROFIT SHARING PLAN

Notes to Financial Statements

Note 7 - Tax Status

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

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

Note 8 - Plan Termination

As described in Note 1, during the period ended December 30, 2016, the Plan merged into The Careworks Family of Companies 401(k) Plan and Trust.

Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the changes in net assets available for benefits before transfers per the financial statements to net income per Form 5500 for the period ended December 30, 2016:

Net increase in net assets available for benefits before transfers per the financial statements	\$ 2,133,634
Add: 2015 participant contributions receivable	30,342
Less: 2015 excess contributions	<u>(10,070)</u>
Net income per Form 5500	\$ <u>2,153,906</u>

Note 10 - Prohibited Transactions

Under U.S. Department of Labor Regulation Section 2510.3-102, 401(k) Plan related salary deferrals and loan repayments withheld from employees' paychecks must be deposited into the Plan as soon as reasonably possible, but in no event later than the 15th business day of the month following the month of the Employer withholding. When this regulation is not satisfied, the Plan Sponsor has engaged in a prohibited transaction. While the Plan Sponsor remitted all employee contributions to the Plan, contributions and loan repayments of \$46,688 were not remitted within the required time period for the period ended December 30, 2016. Lost earnings associated with the matter are pending correction.

Supplemental Schedules

MCMC, LLC. 401(k) PROFIT SHARING PLAN

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

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

Period Ended December 30, 2016

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2016	\$ 46,688	n/a	n/a	n/a

MCMC, LLC. 401(k) PROFIT SHARING PLAN

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

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

December 30, 2016

(a)	(b)	(c)	(d)	(e)
	<i>Identity of issue, borrower, lessor, or similar party</i>	<i>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</i>	<i>Cost</i>	<i>Current value</i>
*	Participant Loans	Interest rates (4.25%-5.75%)	-0-	\$ <u>276,413</u>

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