Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CORPORATE ONE FEDERAL CREDIT UNION 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 08/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
CORPORATE ONE FEDERAL CREDIT UNION

8700 ORION PLACE
COLUMBUS, OH 43240

2b Employer Identification Number (EIN)
31-1102257

2c Plan Sponsor's telephone number
614-825-9315

2d Business code (see instructions)
522130

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2015	MELISSA ASHLEY
	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) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	205
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	166
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	164
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	41
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	205
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	206
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	199
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CORPORATE ONE FEDERAL CREDIT UNION 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CORPORATE ONE FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
31-1102257

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

COMMONWEALTH FINANCIAL NETWORK

04-2675571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 61	ADVISOR	30000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65	RECORDKEEPER	175	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
COMMONWEALTH FINANCIAL NETWORK	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL DIVIDEND INC Z - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266	$0-<$3M=1.00%, $3M-<$50M=0.50%, $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
COMMONWEALTH FINANCIAL NETWORK	61	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.
OPP DEVELOPING MKT Y - OPPENHEIMER 13-2953455	$5M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
COMMONWEALTH FINANCIAL NETWORK	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER GLOBAL Y - OPPENHEIMER 13-2953455	$5M+=0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
COMMONWEALTH FINANCIAL NETWORK	61	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.
OPPHMR INTL GRTH Y - OPPENHEIMERFU 13-2953455	$5M+=0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CALV SH DUR INCOME Y - BOSTON FINA	P.O. BOX 8480 BOSTON, MA 02266	0.10%

(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.
CBA AGG GR I - BNY MELLON INV SERV	P.O. BOX 9793 PROVIDENCE, RI 02940	0.15%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL DIVIDEND INC Z - COLUMBIA MGT	P.O. BOX 8081 BOSTON, MA 02266	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREY BASIC S&P 500 - DREYFUS TRANS	200 PARK AVENUE NEW YORK, NY 10166	0.15%

(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.
DREY MID CAP INDEX - DREYFUS TRANS	200 PARK AVENUE NEW YORK, NY 10166	0.15%

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.
DREY SM CAP STK IDX - DREYFUS TRAN 200 PARK AVENUE NEW YORK, NY 10166	0.15%

(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.
DREY/BC S/MD CP GR I - DREYFUS TRA 200 PARK AVENUE NEW YORK, NY 10166	0.35%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HEARTLAND VALUE INST - ALPS FUND S 20-3247785	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD SM CAP GROWTH Y - HARTFORD AD 41-0679409	0.10%

(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.
METWEST TOT RTN BD I - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.10%

(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.
MFS LIFETIME INC R4 - MFS SERVICE 04-2865649	0.15%

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.
MFS LIFETIME 2015 R4 - MFS SERVICE 04-2865649	0.15%

(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.
MFS LIFETIME 2020 R4 - MFS SERVICE 04-2865649	0.15%

(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.
MFS LIFETIME 2025 R4 - MFS SERVICE 04-2865649	0.15%

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.
MFS LIFETIME 2030 R4 - MFS SERVICE 04-2865649	0.15%

(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.
MFS LIFETIME 2035 R4 - MFS SERVICE 04-2865649	0.15%

(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.
MFS LIFETIME 2040 R4 - MFS SERVICE 04-2865649	0.15%

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.
MFS LIFETIME 2045 R4 - MFS SERVICE 04-2865649	0.15%

(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.
MFS LIFETIME 2050 R4 - MFS SERVICE 04-2865649	0.15%

(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.
MFS LIFETIME 2055 R4 - MFS SERVICE 04-2865649	0.15%

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.
OPP DEVELOPING MKT Y - OFI GLOBAL	TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER GLOBAL Y - OFI GLOBAL	TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR INTL GRTH Y - OFI GLOBAL AS	TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERKINS MID CP VAL 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
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.
TRP EQUITY INC ADV - T. ROWE PRICE 52-2269240	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP GRTH STOCK ADV - T. ROWE PRICE 52-2269240	0.40%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CORPORATE ONE FEDERAL CREDIT UNION 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CORPORATE ONE FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
31-1102257

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

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

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	758594

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CORPORATE ONE FEDERAL CREDIT UNION 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CORPORATE ONE FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
31-1102257

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)	14863	19351
(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)	3299830	1945084
(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)	567516	437648
(9) Value of interest in common/collective trusts	1c(9)	618357	758594
(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)	18975126	20206073
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	23475692	23366750
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	23475692	23366750

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)	653972	
	(B) Participants	2a(1)(B)	980211	
	(C) Others (including rollovers)	2a(1)(C)	24701	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1658884
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	219	
	(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)	20562	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20781
	(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)	791423	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		791423
	(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)		8023
(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)		403655
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2882766
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2961433	
(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)		2961433
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	30000	
(4) Other	2i(4)	275	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		30275
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2991708
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-108942
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCCURDY & ASSOCIATES **(2)** EIN: 31-1401234

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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	

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CORPORATE ONE FEDERAL CREDIT UNION 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CORPORATE ONE FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
31-1102257

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CORPORATE ONE FEDERAL CREDIT UNION

401(k) PLAN AND TRUST

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2014 AND 2013

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

CORPORATE ONE FEDERAL CREDIT UNION 401(k) PLAN AND TRUST
December 31, 2014 and 2013

INDEX

	Page(s)
Independent Auditor's Report	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2014	4
Notes to Financial Statements, December 31, 2014 and 2013	5-14
Supplemental Schedule*	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year); December 31, 2014 (unaudited)	15

* All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

McCURDY & ASSOCIATES, INC.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Corporate One Federal Credit Union 401(k) Plan and Trust:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Corporate One Federal Credit Union 401(k) Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company (Fidelity), a 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 holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Fidelity as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the plan administrator by Fidelity is complete and accurate.

4800 Roberts Road, Columbus, OH 43228 ♦ Phone: (614) 951-2284 ♦ Fax: (614) 951-2285

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule of Assets (Held at End of Year), December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

McCurdy + Associates, Inc.

August 20, 2015

4800 Roberts Road, Columbus, OH 43228 ♦ Phone: (614) 951-2284 ♦ Fax: (614) 951-2285

CORPORATE ONE FEDERAL CREDIT UNION 401(k) PLAN AND TRUST

Statements of Net Assets Available for Benefits

	December 31,	
	2014	2013
Assets		
Investments at fair value:		
Money market fund	$ 1,945,084	$ 3,299,830
Mutual funds	20,206,073	18,975,126
Common/collective trust	758,594	618,357
Notes receivable from participants	437,648	567,516
Employer contributions receivable	19,351	14,863
Net assets reflecting investments at fair value	23,366,750	23,475,692
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(13,230)	(11,770)
Net assets available for benefits	$ 23,353,520	$ 23,463,922

The accompanying notes to the financial statements and independent auditor's report should be read in conjunction with these statements.

CORPORATE ONE FEDERAL CREDIT UNION 401(k) PLAN AND TRUST
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

Additions		
Net appreciation in fair value of investments	$	403,655
Dividends		797,986
Interest income on notes receivable from participants		20,562
Interest income on investments		219
Participant contributions		980,211
Employer contributions		653,972
Rollover contributions		24,701
Total additions		2,881,306
Deductions		
Benefits paid to participants or beneficiaries		2,961,433
Administrative expenses		30,275
Total deductions		2,991,708
Net decrease		(110,402)
Net assets available for benefits, beginning of year		23,463,922
Net assets available for benefits, end of year	$	23,353,520

The accompanying notes to the financial statements and independent auditor's report should be read in conjunction with this statement.

1. Description of Plan

   a. General

      The Corporate One Federal Credit Union 401(k) Plan and Trust (the Plan) is a voluntary contributory plan for the employees of Corporate One Federal Credit Union (Corporate One). The Plan, which became effective August 1, 1997, is administered by Corporate One. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

      All employees of Corporate One who have completed three months of service and have attained age 18 years are eligible to participate in the Plan.

   b. Contributions

      Participants may contribute up to 85% of their eligible compensation to the Plan up to the maximum dollar amount permitted by the IRS. The Plan complies with the safe harbor matching contribution formula. The safe harbor formula also intends to satisfy the safe harbor contribution requirement for deemed satisfaction of the Average Contribution Percentage (ACP) and Average Deferral Percentage (ADP) tests.

      Corporate One's enhanced safe harbor match consists of 150% of the first 3% of employee contributions and 75% of the next 2% of employee contributions. Therefore, if the employee contributes 5%, Corporate One contributes 6%. The safe harbor match contribution is 100% vested immediately and is made with each pay period.

      In addition, on an annual basis, Corporate One decides whether to make a nonelective employer contribution to the Plan, and the amount of any such employer contribution is decided on a quarterly basis. During 2014 and 2013, no nonelective employer contributions were made to the Plan.

c. Participant Accounts

Participants elect to invest in any combination of selected investment funds held by Fidelity Management Trust Company (Fidelity), a Plan trustee. Each participant's account is credited, by fund, with contributions from the participant and Corporate One, and earnings and losses of the investments.

d. Vesting

Participants immediately vest in their voluntary contributions, the safe harbor match contribution and actual earnings or losses thereon. Vesting for Corporate One's nonelective employer contributions is as follows:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

e. Payment of Benefits

Benefits are payable in the amount of the participant's account balance on the date of retirement, disability or death. On termination of service for other reasons, a participant is entitled to receive their vested account balance. The participant's vested account balance shall be paid in the form of a qualified joint and survivor annuity, unless an optional form of benefit is elected. Optional forms of benefit payments are as follows:

i. In one lump sum payment;

ii. In installment payments over a period of time selected by the participant in monthly, quarterly, semi-annual or annual cash payments; or

iii. As a life annuity. Includes a normal 50% joint and survivor annuity. Also, includes a 75% and 100% joint and survivor annuity.

For terminations due to other reasons, if the benefits are less than $1,000, the participant will automatically receive the value of the vested account balance in one lump sum payment. For benefits that are between $1,000 to $5,000, the participant will have the option for either a cash payment or rollover into a Fidelity IRA.

f. Notes Receivable from Participants and Hardship Withdrawals

Participants may borrow from their fund accounts. These borrowings are classified as notes receivable from participants and are carried at cost in the accompanying statements of net assets available for benefits. The minimum amount of any loan is $1,000. No loan to any participant shall be made to the extent that such loan, when added to the outstanding balance of all other loans to the participant, would exceed the lesser of $50,000 reduced by the excess (if any) of the highest outstanding balance of plan loans during the one-year period ending on the day before the loan is made over the outstanding balance of plan loans on the date the loan is made, or one-half the present value of the participant's vested interest. Loan terms shall not exceed five years, unless the loan is used to acquire or construct a primary residence, in which case the repayment period may be longer. The loans bear interest at a fixed-rate based on the U.S. Bank Prime Loan rate plus one percent as of the loan date. Principal and interest are paid ratably through payroll deductions. The Plan also provides for withdrawals in the event of financial hardship.

g. Forfeitures

The Plan requires that forfeitures of participants be first made available to reinstate previously forfeited account balances of reemployed participants, if any. The remaining forfeitures of participants are to be used to reduce only the employer's contribution. Forfeitures were $17,011 and $11,222 for the years ended December 31, 2014 and 2013, respectively. These amounts have been used to reduce employer contributions.

2. Summary of Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases and decreases during the reporting period. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

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

d. Payment of Benefits

Benefits are recorded when paid. At December 31, 2014 and 2013 there were no amounts due to participants who had elected to withdraw from the Plan but had not been paid.

e. Subsequent Events

Plan management has performed an analysis of activities and transactions subsequent to December 31, 2014 to determine the need for any adjustments to and/or disclosures to the accompanying financial statements for the year ended December 31, 2014. Plan management has performed such analysis through August 20, 2015, the date on which the financial statements were available to be issued. No adjustments to the financial statements were necessary.

3. Investment Funds

The Plan has established various investment funds for investment of contributions from Corporate One and participants. Each participant designates into which fund or funds their contributions should be invested. Contributions from Corporate One are invested in the funds based on the same ratio as participant contributions.

During 2014 and 2013 participants were permitted to invest in a variety of pooled investment funds administered by Fidelity.

The earnings on these funds were reinvested in the same funds. The appreciation or depreciation in the fair market value of each fund includes realized gains and losses from investments sold during the year.

Participants are permitted to change their investment elections and to transfer their funds among the various Fidelity funds at any time.

4. Investments

Investments that represent 5% or more of the Plan's net assets at December 31st are as follows:

	2014	2013
Fidelity Retirement Money Market	$ 1,945,084	$ 3,299,830
Oppenheimer Global Fund: Class Y	1,688,727	1,732,014
MFS Lifetime 2020 R4	1,683,094	
Fidelity Advisor New Insights Fund: Class Z	1,492,344	
Spartan 500 Index Fund – Fidelity Advantage Class	1,339,819	
Columbia Dividend Income: Class Z	1,179,418	1,281,601
Fidelity Advisor New Insights Fund: Class I		1,742,786
T. Rowe Price Growth Stock Fund Advisor Class		1,184,620

5. Fair Value Measurements

Accounting guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were only used when Level 1 inputs were not available.

Level 1 Fair Value Measurements - The fair value of the money market fund and mutual funds is based on quoted net asset values of shares held by the Plan at year end.

Level 2 Fair Value Measurements – The fair value of the common/collective trust is based on the Plan's share of the aggregate market value of the underlying investments.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The following sets forth by level, the Plan's fair value measurements:

	Fair Value Measurements using:		
December 31, 2014	Total Fair Value	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Money market fund	$ 1,945,084	$ 1,945,084	
Mutual funds	20,206,073	20,206,073	
Common/collective trust	758,594		$ 758,594
Investments at fair value	$ 22,909,751	$ 22,151,157	$ 758,594
December 31, 2013			
Money market fund	$ 3,299,830	$ 3,299,830	
Mutual funds	18,975,126	18,975,126	
Common/collective trust	618,357		$ 618,357
Investments at fair value	$ 22,893,313	$ 22,274,956	$ 618,357

There were no transfers between Level 1 and Level 2 during 2014 and 2013.

* Common and collective trust consists of the Fidelity Advisor Stable Value Fund. Below is a summary of the fund's investment objective and withdrawal provisions.

The investment objective of the Fidelity Advisor Stable Value Fund (the Fund) is to provide preservation of capital and achieve a competitive level of income over time that is consistent with the preservation of capital. To achieve its investment objective, the Fund invests in assets (typically fixed-income securities or bond funds and may

include derivative instruments such as futures contracts and swap agreements) and enters in "wrap" contracts issued by third-parties and invests in cash equivalents represented by shares in money market funds. There are no significant restrictions as to the redemption of these investments for participant distributions and the Plan does not have any contractual obligations to further invest in these funds. However, total Plan withdrawals from the Fund generally may require a twelve month advance notification period.

6. Information Certified by Trustee

Fidelity, a Plan trustee during 2014 and 2013, administered all of the Plan's investment assets and executes the Plan's investment transactions.

The Plan's financial statements as of December 31, 2014 and 2013 and for the year ended December 31, 2014 and the accompanying supplemental schedule were prepared from information supplied and certified by Fidelity, which included a summary of assets and transactions with supporting schedules.

The following information summarizes the unaudited Plan information that was prepared by or derived from information prepared by Fidelity, as applicable:

	2014	2013
Statements of Net Assets Available for Benefits:		
Investments at fair value	$ 22,909,751	$ 22,893,313
Statement of Changes in Net Assets Available for Benefits:		
Net appreciation in fair value of investments	403,655	
Dividends	797,986	
Interest income on investments	219	

7. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity, which serves as a trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. All of these transactions are exempt from the prohibited rules of the Employee Retirement Income Security Act (ERISA).

8. Plan Termination

Although it has not expressed any intent to do so, Corporate One has the right to modify, amend or terminate the Plan subject to the provisions of ERISA. In the event of termination, all amounts credited to a participant's account shall vest immediately and be non-forfeitable.

9. Administrative Expenses

All expenses of administration may be paid out of the Plan unless paid by Corporate One. Such expenses shall include any expenses incident to the functioning of the plan administrator, including but not limited to, fees of accountants, counsel and other specialists and their agents, and other costs of administering the Plan. For the year ended December 31, 2014, Corporate One paid the Plan's expenses. Additionally, certain administrative and support functions, performed by the Employer were not charged to the Plan. Administrative expenses, which are reported on the Statement of Changes in Net Assets Available for Benefits, are for investment advisory fees, loan overnight fees and short-term trading fees.

10. Tax Status

The Plan was determined by the Internal Revenue Service to be exempt from Federal income taxes. Corporate One was informed of this determination in a letter dated October 7, 2004. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is being operated in accordance with applicable requirements of the Internal Revenue Code. 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 position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

11. Reconciliation of Financial Statements to Form 5500 (Annual Return/Report of Employee Benefit Plan)

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	2014	2013
Net assets available for benefits per the financial statements at contract value	$ 23,353,520	$ 23,463,922
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	13,230	11,770
Net assets available for benefits per Form 5500 at fair value	$ 23,366,750	$ 23,475,692

The following is a reconciliation of total additions per the financial statements for the year ended December 31, 2014 to Form 5500:

Total additions per the financial statements	$ 2,881,306
Less: Adjustments from contract value to fair value for fully benefit-responsive investment contracts at December 31, 2013	(11,770)
Plus: Adjustment from contract value to fair value for fully benefit-responsive investment contracts at December 31, 2014	13,230
Total additions per Form 5500	$ 2,882,766

The adjustment from contract value to fair value for fully benefit-responsive investment contracts is recorded on the Form 5500 but not recorded in the statement of changes in net assets available for benefits.

12. Supplemental Schedule

The accompanying Schedule of Assets (Held at End of Year) is the only schedule included in as much as the other schedules specified in the regulations are not required for 2014.

CORPORATE ONE FEDERAL CREDIT UNION 401(k) PLAN AND TRUST Supplemental Schedule

EIN: 31-1102257; Plan Number: 003

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014 (unaudited)

(a)	(b)	(c)	(d)
	Identity of issue, borrower, lessor or similar party	Description of investment	Current Value
*	Fidelity Retirement Money Market	Money Market Fund	$ 1,945,084
	Oppenheimer Global Fund: Class Y	Mutual Fund	1,688,727
	MFS Lifetime 2020 R4	Mutual Fund	1,683,094
*	Fidelity Advisor New Insights Fund: Class Z	Mutual Fund	1,492,344
*	Spartan 500 Index Fund - Fidelity Advantage Class	Mutual Fund	1,339,819
	Columbia Dividend Income: Class Z	Mutual Fund	1,179,418
	Clearbridge Aggressive Growth Fund Class I	Mutual Fund	1,056,856
	MFS Lifetime 2025 R4	Mutual Fund	983,259
*	Fidelity Advisor Leverage Stock Co. Fund: Class Z	Mutual Fund	959,065
*	Spartan Mid Cap Index Fund - Fidelity Advantage Class	Mutual Fund	909,526
	Oppenheimer Developing Markets Fund Class I	Mutual Fund	787,522
	MFS Lifetime 2035 R4	Mutual Fund	785,177
*	Fidelity Advisor Stable Value Portfolio	Common/Collective Trust	758,594
	Metropolitan West Total Return Bond Fund Class I	Mutual Fund	719,225
*	Fidelity Advisor Consumer Staples Institutional Fund	Mutual Fund	696,177
*	Fidelity Advisor Strategic Income Fund: Class I	Mutual Fund	685,548
	T.Rowe Price Equity Income Advisor Fund	Mutual Fund	619,499
*	Spartan Small Cap Index Fund - Fidelity Advantage Class	Mutual Fund	553,071
	MFS Lifetime 2015 R4	Mutual Fund	541,205
	The Hartford SmallCap Growth Fund Class Y	Mutual Fund	510,250
	Oppenheimer International Growth Fund Class Y	Mutual Fund	504,280
*	Fidelity Advisor Real Estate Income Fund: Class I	Mutual Fund	503,969
	MFS Lifetime 2030 R4	Mutual Fund	485,729
	Calvert Short Duration Income Fund Class Y	Mutual Fund	341,075
	American Beacon Small Cap Value Fund Class Institutional	Mutual Fund	260,876
	Dreyfus/The Boston Company Small/Mid Cap Growth Fund Class I	Mutual Fund	251,188
	Principal MidCap Value Fund III Institutional Class	Mutual Fund	207,292
	MFS Lifetime 2045 R4	Mutual Fund	192,236
	MFS Lifetime 2040 R4	Mutual Fund	144,400
	MFS Lifetime 2050 R4	Mutual Fund	84,821
	MFS LT Retire Inc R4	Mutual Fund	28,733
	MFS Lifetime 2055 R4	Mutual Fund	11,692
		Totals of marketable investments	$ 22,909,751
	Notes receivable from participants	(rate: 4.25%)	$ 437,648

* Party-in-interest to Plan

Note: This schedule is based on unaudited information that has been certified as complete and accurate by Fidelity Management Trust Company, a trustee of the plan.

The accompanying notes to the financial statements and independent auditor's report should be read in conjunction with this schedule.

CORPORATE ONE FEDERAL CREDIT UNION

401(k) PLAN AND TRUST

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2014 AND 2013

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

CORPORATE ONE FEDERAL CREDIT UNION 401(k) PLAN AND TRUST
December 31, 2014 and 2013

INDEX

	Page(s)
Independent Auditor's Report	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2014	4
Notes to Financial Statements, December 31, 2014 and 2013	5-14
Supplemental Schedule*	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year); December 31, 2014 (unaudited)	15

* All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

McCURDY & ASSOCIATES, INC.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Corporate One Federal Credit Union 401(k) Plan and Trust:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Corporate One Federal Credit Union 401(k) Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company (Fidelity), a 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 holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Fidelity as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the plan administrator by Fidelity is complete and accurate.

4800 Roberts Road, Columbus, OH 43228 ♦ Phone: (614) 951-2284 ♦ Fax: (614) 951-2285

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule of Assets (Held at End of Year), December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

McCurdy + Associates, Inc.

August 20, 2015

4800 Roberts Road, Columbus, OH 43228 ♦ Phone: (614) 951-2284 ♦ Fax: (614) 951-2285

CORPORATE ONE FEDERAL CREDIT UNION 401(k) PLAN AND TRUST

Statements of Net Assets Available for Benefits

	December 31,	
	2014	2013
Assets		
Investments at fair value:		
Money market fund	$ 1,945,084	$ 3,299,830
Mutual funds	20,206,073	18,975,126
Common/collective trust	758,594	618,357
Notes receivable from participants	437,648	567,516
Employer contributions receivable	19,351	14,863
Net assets reflecting investments at fair value	23,366,750	23,475,692
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(13,230)	(11,770)
Net assets available for benefits	$ 23,353,520	$ 23,463,922

The accompanying notes to the financial statements and independent auditor's report should be read in conjunction with these statements.

CORPORATE ONE FEDERAL CREDIT UNION 401(k) PLAN AND TRUST
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2014

Additions		
Net appreciation in fair value of investments	$	403,655
Dividends		797,986
Interest income on notes receivable from participants		20,562
Interest income on investments		219
Participant contributions		980,211
Employer contributions		653,972
Rollover contributions		24,701
Total additions		2,881,306
Deductions		
Benefits paid to participants or beneficiaries		2,961,433
Administrative expenses		30,275
Total deductions		2,991,708
Net decrease		(110,402)
Net assets available for benefits, beginning of year		23,463,922
Net assets available for benefits, end of year	$	23,353,520

The accompanying notes to the financial statements and independent auditor's report should be read in conjunction with this statement.

1. Description of Plan

   a. General

      The Corporate One Federal Credit Union 401(k) Plan and Trust (the Plan) is a voluntary contributory plan for the employees of Corporate One Federal Credit Union (Corporate One). The Plan, which became effective August 1, 1997, is administered by Corporate One. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

      All employees of Corporate One who have completed three months of service and have attained age 18 years are eligible to participate in the Plan.

   b. Contributions

      Participants may contribute up to 85% of their eligible compensation to the Plan up to the maximum dollar amount permitted by the IRS. The Plan complies with the safe harbor matching contribution formula. The safe harbor formula also intends to satisfy the safe harbor contribution requirement for deemed satisfaction of the Average Contribution Percentage (ACP) and Average Deferral Percentage (ADP) tests.

      Corporate One's enhanced safe harbor match consists of 150% of the first 3% of employee contributions and 75% of the next 2% of employee contributions. Therefore, if the employee contributes 5%, Corporate One contributes 6%. The safe harbor match contribution is 100% vested immediately and is made with each pay period.

      In addition, on an annual basis, Corporate One decides whether to make a nonelective employer contribution to the Plan, and the amount of any such employer contribution is decided on a quarterly basis. During 2014 and 2013, no nonelective employer contributions were made to the Plan.

c. Participant Accounts

Participants elect to invest in any combination of selected investment funds held by Fidelity Management Trust Company (Fidelity), a Plan trustee. Each participant's account is credited, by fund, with contributions from the participant and Corporate One, and earnings and losses of the investments.

d. Vesting

Participants immediately vest in their voluntary contributions, the safe harbor match contribution and actual earnings or losses thereon. Vesting for Corporate One's nonelective employer contributions is as follows:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

e. Payment of Benefits

Benefits are payable in the amount of the participant's account balance on the date of retirement, disability or death. On termination of service for other reasons, a participant is entitled to receive their vested account balance. The participant's vested account balance shall be paid in the form of a qualified joint and survivor annuity, unless an optional form of benefit is elected. Optional forms of benefit payments are as follows:

i. In one lump sum payment;

ii. In installment payments over a period of time selected by the participant in monthly, quarterly, semi-annual or annual cash payments; or

iii. As a life annuity. Includes a normal 50% joint and survivor annuity. Also, includes a 75% and 100% joint and survivor annuity.

For terminations due to other reasons, if the benefits are less than $1,000, the participant will automatically receive the value of the vested account balance in one lump sum payment. For benefits that are between $1,000 to $5,000, the participant will have the option for either a cash payment or rollover into a Fidelity IRA.

f. Notes Receivable from Participants and Hardship Withdrawals

Participants may borrow from their fund accounts. These borrowings are classified as notes receivable from participants and are carried at cost in the accompanying statements of net assets available for benefits. The minimum amount of any loan is $1,000. No loan to any participant shall be made to the extent that such loan, when added to the outstanding balance of all other loans to the participant, would exceed the lesser of $50,000 reduced by the excess (if any) of the highest outstanding balance of plan loans during the one-year period ending on the day before the loan is made over the outstanding balance of plan loans on the date the loan is made, or one-half the present value of the participant's vested interest. Loan terms shall not exceed five years, unless the loan is used to acquire or construct a primary residence, in which case the repayment period may be longer. The loans bear interest at a fixed-rate based on the U.S. Bank Prime Loan rate plus one percent as of the loan date. Principal and interest are paid ratably through payroll deductions. The Plan also provides for withdrawals in the event of financial hardship.

g. Forfeitures

The Plan requires that forfeitures of participants be first made available to reinstate previously forfeited account balances of reemployed participants, if any. The remaining forfeitures of participants are to be used to reduce only the employer's contribution. Forfeitures were $17,011 and $11,222 for the years ended December 31, 2014 and 2013, respectively. These amounts have been used to reduce employer contributions.

2. Summary of Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases and decreases during the reporting period. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

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

d. Payment of Benefits

Benefits are recorded when paid. At December 31, 2014 and 2013 there were no amounts due to participants who had elected to withdraw from the Plan but had not been paid.

e. Subsequent Events

Plan management has performed an analysis of activities and transactions subsequent to December 31, 2014 to determine the need for any adjustments to and/or disclosures to the accompanying financial statements for the year ended December 31, 2014. Plan management has performed such analysis through August 20, 2015, the date on which the financial statements were available to be issued. No adjustments to the financial statements were necessary.

3. Investment Funds

The Plan has established various investment funds for investment of contributions from Corporate One and participants. Each participant designates into which fund or funds their contributions should be invested. Contributions from Corporate One are invested in the funds based on the same ratio as participant contributions.

During 2014 and 2013 participants were permitted to invest in a variety of pooled investment funds administered by Fidelity.

The earnings on these funds were reinvested in the same funds. The appreciation or depreciation in the fair market value of each fund includes realized gains and losses from investments sold during the year.

Participants are permitted to change their investment elections and to transfer their funds among the various Fidelity funds at any time.

4. Investments

Investments that represent 5% or more of the Plan's net assets at December 31st are as follows:

	2014	2013
Fidelity Retirement Money Market	$ 1,945,084	$ 3,299,830
Oppenheimer Global Fund: Class Y	1,688,727	1,732,014
MFS Lifetime 2020 R4	1,683,094	
Fidelity Advisor New Insights Fund: Class Z	1,492,344	
Spartan 500 Index Fund – Fidelity Advantage Class	1,339,819	
Columbia Dividend Income: Class Z	1,179,418	1,281,601
Fidelity Advisor New Insights Fund: Class I		1,742,786
T. Rowe Price Growth Stock Fund Advisor Class		1,184,620

5. Fair Value Measurements

Accounting guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were only used when Level 1 inputs were not available.

Level 1 Fair Value Measurements - The fair value of the money market fund and mutual funds is based on quoted net asset values of shares held by the Plan at year end.

Level 2 Fair Value Measurements – The fair value of the common/collective trust is based on the Plan's share of the aggregate market value of the underlying investments.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The following sets forth by level, the Plan's fair value measurements:

	Fair Value Measurements using:		
December 31, 2014	Total Fair Value	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Money market fund	$ 1,945,084	$ 1,945,084	
Mutual funds	20,206,073	20,206,073	
Common/collective trust	758,594		$ 758,594
Investments at fair value	$ 22,909,751	$ 22,151,157	$ 758,594
December 31, 2013			
Money market fund	$ 3,299,830	$ 3,299,830	
Mutual funds	18,975,126	18,975,126	
Common/collective trust	618,357		$ 618,357
Investments at fair value	$ 22,893,313	$ 22,274,956	$ 618,357

There were no transfers between Level 1 and Level 2 during 2014 and 2013.

* Common and collective trust consists of the Fidelity Advisor Stable Value Fund. Below is a summary of the fund's investment objective and withdrawal provisions.

The investment objective of the Fidelity Advisor Stable Value Fund (the Fund) is to provide preservation of capital and achieve a competitive level of income over time that is consistent with the preservation of capital. To achieve its investment objective, the Fund invests in assets (typically fixed-income securities or bond funds and may

include derivative instruments such as futures contracts and swap agreements) and enters in "wrap" contracts issued by third-parties and invests in cash equivalents represented by shares in money market funds. There are no significant restrictions as to the redemption of these investments for participant distributions and the Plan does not have any contractual obligations to further invest in these funds. However, total Plan withdrawals from the Fund generally may require a twelve month advance notification period.

6. Information Certified by Trustee

Fidelity, a Plan trustee during 2014 and 2013, administered all of the Plan's investment assets and executes the Plan's investment transactions.

The Plan's financial statements as of December 31, 2014 and 2013 and for the year ended December 31, 2014 and the accompanying supplemental schedule were prepared from information supplied and certified by Fidelity, which included a summary of assets and transactions with supporting schedules.

The following information summarizes the unaudited Plan information that was prepared by or derived from information prepared by Fidelity, as applicable:

	2014	2013
Statements of Net Assets Available for Benefits:		
Investments at fair value	$ 22,909,751	$ 22,893,313
Statement of Changes in Net Assets Available for Benefits:		
Net appreciation in fair value of investments	403,655	
Dividends	797,986	
Interest income on investments	219	

7. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity, which serves as a trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. All of these transactions are exempt from the prohibited rules of the Employee Retirement Income Security Act (ERISA).

8. Plan Termination

Although it has not expressed any intent to do so, Corporate One has the right to modify, amend or terminate the Plan subject to the provisions of ERISA. In the event of termination, all amounts credited to a participant's account shall vest immediately and be non-forfeitable.

9. Administrative Expenses

All expenses of administration may be paid out of the Plan unless paid by Corporate One. Such expenses shall include any expenses incident to the functioning of the plan administrator, including but not limited to, fees of accountants, counsel and other specialists and their agents, and other costs of administering the Plan. For the year ended December 31, 2014, Corporate One paid the Plan's expenses. Additionally, certain administrative and support functions, performed by the Employer were not charged to the Plan. Administrative expenses, which are reported on the Statement of Changes in Net Assets Available for Benefits, are for investment advisory fees, loan overnight fees and short-term trading fees.

10. Tax Status

The Plan was determined by the Internal Revenue Service to be exempt from Federal income taxes. Corporate One was informed of this determination in a letter dated October 7, 2004. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is being operated in accordance with applicable requirements of the Internal Revenue Code. 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 position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

11. Reconciliation of Financial Statements to Form 5500 (Annual Return/Report of Employee Benefit Plan)

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	2014	2013
Net assets available for benefits per the financial statements at contract value	$ 23,353,520	$ 23,463,922
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	13,230	11,770
Net assets available for benefits per Form 5500 at fair value	$ 23,366,750	$ 23,475,692

The following is a reconciliation of total additions per the financial statements for the year ended December 31, 2014 to Form 5500:

Total additions per the financial statements	$ 2,881,306
Less: Adjustments from contract value to fair value for fully benefit-responsive investment contracts at December 31, 2013	(11,770)
Plus: Adjustment from contract value to fair value for fully benefit-responsive investment contracts at December 31, 2014	13,230
Total additions per Form 5500	$ 2,882,766

The adjustment from contract value to fair value for fully benefit-responsive investment contracts is recorded on the Form 5500 but not recorded in the statement of changes in net assets available for benefits.

12. Supplemental Schedule

The accompanying Schedule of Assets (Held at End of Year) is the only schedule included in as much as the other schedules specified in the regulations are not required for 2014.

CORPORATE ONE FEDERAL CREDIT UNION 401(k) PLAN AND TRUST Supplemental Schedule

EIN: 31-1102257; Plan Number: 003

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2014 (unaudited)

(a)	(b)	(c)	(d)
	Identity of issue, borrower, lessor or similar party	Description of investment	Current Value
*	Fidelity Retirement Money Market	Money Market Fund	$ 1,945,084
	Oppenheimer Global Fund: Class Y	Mutual Fund	1,688,727
	MFS Lifetime 2020 R4	Mutual Fund	1,683,094
*	Fidelity Advisor New Insights Fund: Class Z	Mutual Fund	1,492,344
*	Spartan 500 Index Fund - Fidelity Advantage Class	Mutual Fund	1,339,819
	Columbia Dividend Income: Class Z	Mutual Fund	1,179,418
	Clearbridge Aggressive Growth Fund Class I	Mutual Fund	1,056,856
	MFS Lifetime 2025 R4	Mutual Fund	983,259
*	Fidelity Advisor Leverage Stock Co. Fund: Class Z	Mutual Fund	959,065
*	Spartan Mid Cap Index Fund - Fidelity Advantage Class	Mutual Fund	909,526
	Oppenheimer Developing Markets Fund Class I	Mutual Fund	787,522
	MFS Lifetime 2035 R4	Mutual Fund	785,177
*	Fidelity Advisor Stable Value Portfolio	Common/Collective Trust	758,594
	Metropolitan West Total Return Bond Fund Class I	Mutual Fund	719,225
*	Fidelity Advisor Consumer Staples Institutional Fund	Mutual Fund	696,177
*	Fidelity Advisor Strategic Income Fund: Class I	Mutual Fund	685,548
	T.Rowe Price Equity Income Advisor Fund	Mutual Fund	619,499
*	Spartan Small Cap Index Fund - Fidelity Advantage Class	Mutual Fund	553,071
	MFS Lifetime 2015 R4	Mutual Fund	541,205
	The Hartford SmallCap Growth Fund Class Y	Mutual Fund	510,250
	Oppenheimer International Growth Fund Class Y	Mutual Fund	504,280
*	Fidelity Advisor Real Estate Income Fund: Class I	Mutual Fund	503,969
	MFS Lifetime 2030 R4	Mutual Fund	485,729
	Calvert Short Duration Income Fund Class Y	Mutual Fund	341,075
	American Beacon Small Cap Value Fund Class Institutional	Mutual Fund	260,876
	Dreyfus/The Boston Company Small/Mid Cap Growth Fund Class I	Mutual Fund	251,188
	Principal MidCap Value Fund III Institutional Class	Mutual Fund	207,292
	MFS Lifetime 2045 R4	Mutual Fund	192,236
	MFS Lifetime 2040 R4	Mutual Fund	144,400
	MFS Lifetime 2050 R4	Mutual Fund	84,821
	MFS LT Retire Inc R4	Mutual Fund	28,733
	MFS Lifetime 2055 R4	Mutual Fund	11,692
		Totals of marketable investments	$ 22,909,751
	Notes receivable from participants	(rate: 4.25%)	$ 437,648

* Party-in-interest to Plan

Note: This schedule is based on unaudited information that has been certified as complete and accurate by Fidelity Management Trust Company, a trustee of the plan.

The accompanying notes to the financial statements and independent auditor's report should be read in conjunction with this schedule.