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
EURASIA GROUP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/08/2003

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
EURASIA GROUP

149 FIFTH AVENUE
15TH FLOOR
NEW YORK, NY 10010

2b Employer Identification Number (EIN)
06-1504950

2c Plan Sponsor's telephone number
212-213-3122

2d Business code (see instructions)
523900

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.	10/08/2015	IAN BREMMER
	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**	123
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)**	78
a(2) Total number of active participants at the end of the plan year	**6a(2)**	60
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	43
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	103
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	103
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	99
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 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)	[X] 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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
EURASIA GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EURASIA GROUP

D Employer Identification Number (EIN)
06-1504950

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK NY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
13-3646501	86375	84126	101	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
21282	4094

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

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

NORTHWESTERN MUTUAL INVESTMENT SERV
100 PASSAIC AVE
3RD FLOOR
FAIRFIELD, NJ 07004

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
21282	0		3

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

RETIREMENT STRATEGIES GROUP
150 MORRIS AVE
SUITE 202
SPRINGFIELD, NJ 07081

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
0	4094		5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	15377
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	6087041

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	0
c	Premiums due but unpaid at the end of the year	**6c**	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	0

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶
EURASIA GROUP 401(K) PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
EURASIA GROUP	06-1504950

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JOHN HANCOCK NEW YORK

PO BOX 600
BUFFALO, NY 14201

13-3646501

(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?
	RECORDKEEPER	14	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
EURASIA GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EURASIA GROUP

D Employer Identification Number (EIN)
06-1504950

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: NATURAL RESOURCES FUND

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

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)
13-3646501-162	P	59793

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

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

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)
13-3646501-211	P	18840

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

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

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)
13-3646501-006	P	174500

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND

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

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)
13-3646501-231	P	16162

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

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

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)
13-3646501-013	P	22447

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES FUND

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

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)
13-3646501-165	P	47702

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND

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

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)
13-3646501-095	P	15870

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX

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

c EIN-PN 13-3646501-224	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76790

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

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

c EIN-PN 13-3646501-106	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189549

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

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

c EIN-PN 13-3646501-105	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8354

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE AND TECHNOLOGY FUND

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

c EIN-PN 13-3646501-035	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51622

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

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

c EIN-PN 13-3646501-109	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16775

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

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

c EIN-PN 13-3646501-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69215

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

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

c EIN-PN 13-3646501-152	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93571

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL COMPANY VALUE FUND

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

c EIN-PN 13-3646501-031	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206288

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

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

c EIN-PN 13-3646501-058	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13011

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE HEALTH SCIENCE

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

c EIN-PN 13-3646501-127	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70924

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND

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

c EIN-PN 13-3646501-163	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44112

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

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

c EIN-PN 13-3646501-104	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3782

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL CAP CORE FUND

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

c EIN-PN 13-3646501-039	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3526

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND

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

c EIN-PN 13-3646501-040	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68951

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

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

c EIN-PN 13-3646501-119	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13587

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

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

c EIN-PN 13-3646501-190	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69650

a Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA

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

c EIN-PN 13-3646501-153	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28271

a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE

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

c EIN-PN 13-3646501-059	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29978

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

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

c EIN-PN 13-3646501-102	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1506

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

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

c EIN-PN 13-3646501-123	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32309

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-073	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24127
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 314428
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-155	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1774
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATIOIN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-260	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80584
a Name of MTIA, CCT, PSA, or 103-12 IE: US EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-072	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16068
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-151	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12155
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-176	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13768
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-073	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41748
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-074	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7077
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 13-3646501-018	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119310

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL RETURN BOND FUND

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

c EIN-PN 13-3646501-164	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4597

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT QUAL BOND FUND

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

c EIN-PN 13-3646501-067	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14197

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

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

c EIN-PN 13-3646501-011	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26673

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

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

c EIN-PN 13-3646501-019	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16907

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL

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

c EIN-PN 13-3646501-056	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 557

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

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

c EIN-PN 13-3646501-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310541

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS AGG ACTIVE STRATEGY

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

c EIN-PN 13-3646501-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 570226

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS GROW ACTIVE STRATEGY

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

c EIN-PN 13-3646501-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2387728

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BAL ACTIVE STRATEGY

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

c EIN-PN 13-3646501-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1220943

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS MOD ACTIVE STRATEGY

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

c EIN-PN 13-3646501-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143055

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS CON ACTIVE STRATEGY

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

c EIN-PN 13-3646501-090	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23448

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
EURASIA GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EURASIA GROUP

D Employer Identification Number (EIN)
06-1504950

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	19131
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	6087042	6797020
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	15353	16563
(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	6102395	6832714
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	6102395	6832714

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)	378709	
(B) Participants	2a(1)(B)	610906	
(C) Others (including rollovers)	2a(1)(C)	11792	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1001407
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	524	
(F) Other	2b(1)(F)	186	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		710
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		209231
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1211348
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	479965	
(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)		479965
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)	1064	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1064
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		481029
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		730319
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SONZOGNI, BOTTITTO & FINGERHUT, LLC **(2)** EIN: 22-3365677

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	0
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	0

			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	0
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	0
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	0
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	0
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	0
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	0
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:** 0

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

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

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

EURASIA GROUP, INC. 401(K) PROFIT SHARING PLAN

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SONZOGNI
BOTTITTO
FINGERHUT
& COOPER
CERTIFIED PUBLIC ACCOUNTANTS

Kenneth J. Sonzogni, CPA | Lisa Bottitto-Markase, CPA
Andrew M. Fingerhut, CPA | Dawn A. Cooper, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Eurasia Group 401(K) Profit Sharing Plan
New York, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Eurasia Group 401(K) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 (unaudited), and the related statements 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company of New York, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes

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investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013 (unaudited), that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) (Schedule H, line 4i) at December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 schedules, other than that derived from the information certified by the trustee, 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.

Sonzogni Bottitto Fingerhut & Cooper LLC

Sonzogni, Bottitto, Fingerhut & Cooper LLC
Bedminster, NJ
September 18, 2015

EURASIA GROUP 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013 (UNAUDITED)

		UNAUDITED
	2014	2013
Investments (at fair value)	$ 6,813,583	$ 6,102,395
Receivable from participants	$ 19,131	$ -
Net assets available for benefits	$ 6,832,714	$ 6,102,395

See Independent Auditors' Report and Accompanying Notes to Financial Statements.

EURASIA GROUP 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2014

Additions to net assets attributed to:	2014
Investment income:	
Net appreciation in fair value of investments	$ 209,231
Dividends, interest, and other income	186
Interest - receivable from participants	524
	209,941
Contributions:	
Participants	610,906
Employer	378,709
Rollover	11,792
Total contributions	1,001,407
Total additions	1,211,348
Deductions from net assets attributed to:	
Benefits paid to participants	479,965
Administration fees	1,064
Total deductions	481,029
Net increase in net assets available for benefits	730,319
Net assets available for benefits, beginning of year	6,102,395
Net assets available for benefits, end of year	$ 6,832,714

EURASIA GROUP 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

1. Description of the Plan:

The following brief description of Eurasia Group (the "Company") 401(k) Profit Sharing Plan, (the "Plan") provides only general information. Participants should refer to the Plan agreement for more complete information.

a. General: The Plan is a single-employer defined contribution plan covering all employees of the Company. To be eligible to participate in the Plan, participants must be 21 years old and have completed at least one year and 1,000 hours of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions: Each year, participants may contribute up to a dollar amount set by law of pre-tax annual compensation, as defined in the Plan. Participants who have attained age fifty before the end of the Plan year are eligible to elect to make "catch-up" contributions set by law. Participants may also rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company makes a 401(k) Safe Harbor Match and may make discretionary matching contribution and/or a non-elective profit sharing contribution to those employed on the last day of the plan year that have worked at least 1,000 hours during the plan year. The Company did not make any discretionary matching and/or non-elective contributions for the year ended December 31, 2014. Safe harbor contributions for the year ended December 31, 2014 amounted to $378,709.

c. Participant accounts: Each participant's account is credited with the *participant's contribution, safe harbor contributions and allocations of (a) the* Company's discretionary matching and/or non-elective contributions, if any, and (b) Plan earnings and losses. Allocations are determined and calculated by the *Company each year and allocated among all the eligible participants. The benefit* to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting: Participants are immediately vested in their contributions, rollover contributions and employer safe harbor contributions plus actual earnings or losses thereon. Vesting in the Company's discretionary contributions portion of their accounts is based on the vesting schedule as defined in the Plan. A participant must work at least 1,000 hours during a plan year to be credited with vesting service and is 100% vested after six years of credited service.

1. Description of the Plan (continued):

e. Investment options: Participants direct the investment of both employer and employee contributions into various investment options offered by the Plan. Participants may change investment options at their discretion. The investment options are mostly pooled separate accounts managed under a group trust. Options are provided and managed by John Hancock Life Insurance Company of New York (the "Plan Trustee").

f. Management of Trust Fund: Investments in the Plan are held by John Hancock Life Insurance Company of New York as Trustee for the Plan.

g. *Payment of benefits: Upon termination of service due to death, disability, or* retirement, a participant may receive a lump sum payment equal to the value of the participant's vested interest in his or her account, can roll the amount over into another qualified plan, or delay the distribution until the participant is required by *law to receive minimum required distributions. For termination of service due to* other reasons, a participant may elect to receive the value of the vested interest in a single cash distribution, as soon as administratively feasible after the last day of the Plan year coinciding with or next following the date on which the participant terminate employment.

h. Plan expenses: Plan expenses are paid by the Plan assets. Such expenses are generally allocated among the accounts of all participants in the Plan based on either the account balances or as an equal dollar amount based on the number of participants depending on the nature of expenses The Company pays recordkeeping and audit expenses.

i. Participant loans: Eligible participants may borrow up to 50% of the value of their individual vested accounts, subject to a minimum of $1,000 and a maximum of $50,000. The loan must be repaid through payroll deduction, generally within five years. Interest is charged at the prevailing interest rate at the time the loan is made and shall be fixed throughout the duration of the loan.

j. Forfeitures: The non-vested Company discretionary matching contribution and/or a non-elective profit sharing contribution of a participant's account are forfeited upon termination of employment. Forfeitures are used to pay any administrative expense or used to reduce employer matching contributions.

2. Summary of significant accounting policies:

Date of management's review:
Subsequent events were evaluated through September 18, 2015, which is the date the financial statements were available to be issued.

Basis of accounting:
The accompanying financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of estimates:
The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation of investments and income recognition:
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement value. Investments are invested in the pooled separate accounts managed under a group trust. These investment options are offered by John Hancock which are Level 1 measurement inputs. Purchases and sales of securities are recorded on a settlement date basis, which is generally trade date plus one. Net appreciation in fair value of investments includes net gain (loss) on the sale of assets and unrealized asset appreciation (depreciation), less investment advisory and management fees.

Payment of benefits:
Benefits are recorded upon payment.

Recent accounting pronouncements:
None applicable.

3. Fair value measurements:

The Plan investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

3. Fair value measurements (continued):

The fair value measurement accounting literature 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, and Level 3 inputs are unobservable 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. No Level 2 or 3 inputs were needed for the Plan.

The three levels of the fair value hierarchy are described below:

Level 1 - Inputs to the valuation methodology are adjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets
- quoted prices for identical or similar assets or liabilities in inactive markets
- inputs other than quoted prices that are observable for the assets or liabilities
- inputs that are derived principally from or corroborated by observable market data by correlation or by other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following table represents the fair value hierarchy for the balances of the assets of the Plan measured at fair value as of December 31, 2014 and 2013 (unaudited).

		Fair Value Measurements at the End of the Reporting Period Using:
December 31, 2014	Fair Value	Level 1
Investments:		
Pooled separate accounts	$ 6,797,020	$ 6,797,020
Guaranteed cash accounts	16,563	16,563
Total assets at fair value	$ 6,813,583	$ 6,813,583

3. Fair value measurements (continued):

December 31, 2013 (Unaudited)

	Fair Value	Level 1
Investments:		
Pooled separate accounts	$ 6,087,042	$ 6,087,042
Guaranteed cash accounts	15,353	15,353
Total assets at fair value	$ 6,102,395	$ 6,102,395

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2014 are reported in net appreciation in fair value of investments.

4. Tax status:

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan administrator believes that the Plan is not subject to income tax examinations by the major tax authorities for years prior to 2011.

5. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

6. Party–in-interest transactions:

Plan investments that are not insurance contracts are offered and managed under a Group Trust by the Plan Trustee, and therefore, these transactions qualify as exempt party-in-interest transactions. These fees are absorbed by the Plan through the investment returns. Fees for specific participant directed transactions are charged to their individual accounts and amounted to $1,064. Fees paid by the Company primarily related to investment management services and recordkeeping are qualified as a party-in-interest transactions. The Company paid $37,376 related to these fees for the year ended December 31, 2014.

7. Plan Termination:

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

8. Investments:

The following presents investments at fair value that represent 5% or more of the Plan's net assets.

	December 31, 2014	December 31, 2013 (unaudited)
John Hancock – LS Balance	$ 1,220,944	$ 1,040,499
John Hancock – LS Growth	2,387,729	2,038,499
John Hancock – LS Aggressive	570,227	398,706

9. Subsequent events:

Subsequent events were evaluated through September 18, 2015, which is the date the financial statements were available to be issued. There were no events subsequent to the balance sheet date that would require disclosure in the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

EURASIA GROUP 401(K) PROFIT SHARING PLAN

EIN: 06-1504950 - PLAN #001

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

DECEMBER 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	J. Hancock-LS Conservative	Pooled Separate Acct		23,448
*	J. Hancock-LS Moderate	Pooled Separate Acct		143,055
*	J. Hancock-LS Balance	Pooled Separate Acct		1,220,944
*	J. Hancock-LS Growth	Pooled Separate Acct		2,387,733
*	J. Hancock-LS Aggressive	Pooled Separate Acct		570,227
*	J. Hancock-Money Market	Pooled Separate Acct		310,541
*	Vanguard Short Term Federal	Pooled Separate Acct		557
*	J. Hancock-Active Bond Fund	Pooled Separate Acct		16,907
*	J. Hancock-Total Return Fund	Pooled Separate Acct		26,673
*	J. Hancock-Investment Qual Bond Fund	Pooled Separate Acct		14,197
*	J. Hancock-Real Return Bond Fund	Pooled Separate Acct		4,597
*	J. Hancock-Global Bond Fund	Pooled Separate Acct		119,311
*	J. Hancock-Strategic Income Opp Fund	Pooled Separate Acct		7,078
*	J. Hancock-High Yield Fund	Pooled Separate Acct		41,749
*	J. Hancock-Fundamental Large Cap Fund	Pooled Separate Acct		13,768
*	J. Hancock-American Balanced Fund	Pooled Separate Acct		12,156
*	J. Hancock-US Equity Fund	Pooled Separate Acct		16,068

SUPPLEMENTAL SCHEDULE

EURASIA GROUP 401(K) PROFIT SHARING PLAN

EIN: 06-1504950 - PLAN #001

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

DECEMBER 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	J. Hancock-BlackRock Global Allocation	Pooled Separate Acct		80,584
*	J. Hancock-Washington Mutual Investors	Pooled Separate Acct		1,774
*	J. Hancock-500 Index Fund	Pooled Separate Acct		314,428
*	J. Hancock-Equity Income Fd	Pooled Separate Acct		24,127
*	*John Hancock-Utilities*	*Pooled Separate Acct*		32,310
*	J. Hancock-Total Stock Market Index Fund	Pooled Separate Acct		1,506
*	J. Hancock-Davis New York Venture	Pooled Separate Acct		29,978
*	J. Hancock-The Growth Fund of America	Pooled Separate Acct		28,272
*	J. Hancock-Mid Value Cap Fd	Pooled Separate Acct		69,651
*	J. Hancock-Capital Appreciation Fund	Pooled Separate Acct		13,587
*	J. Hancock-Blue Chip Growth Fund	Pooled Separate Acct		68,952
*	J. Hancock-All Cap Core Fd	Pooled Separate Acct		3,526
*	J. Hancock-Mid Cap Index Fund	Pooled Separate Acct		3,783
*	J. Hancock-Fundamental All Cap Core Fund	Pooled Separate Acct		44,113
*	J. Hancock-T. Rowe Price Health Science Fund	Pooled Separate Acct		70,924

SUPPLEMENTAL SCHEDULE

EURASIA GROUP 401(K) PROFIT SHARING PLAN

EIN: 06-1504950 - PLAN #001

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

DECEMBER 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	J. Hancock-American Century Heritage	Pooled Separate Acct		13,011
*	J. Hancock-Small Company Value Fund	Pooled Separate Acct		206,289
*	J. Hancock-EuroPacific Growth Fund	Pooled Separate Acct		93,572
*	J. Hancock-Templeton World	Pooled Separate Acct		69,215
*	J. Hancock-Oppenheimer Global Fund	Pooled Separate Acct		16,776
*	J. Hancock-Science & Technology Fund	Pooled Separate Acct		51,622
*	J. Hancock-Small Cap Index Fd	Pooled Separate Acct		8,354
*	J. Hancock-Int' Equity Index Fd	Pooled Separate Acct		189,549
*	J. Hancock-Vanguard Small Cap Growth Index Fund	Pooled Separate Acct		76,791
*	J. Hancock-Int'l Small Cap Fd	Pooled Separate Acct		15,871
*	J. Hancock-Small Cap Opportunities Fund	Pooled Separate Acct		47,703
*	J. Hancock-Int'l Core Fd	Pooled Separate Acct		22,448
*	J. Hancock-DFA US Targeted Value Fund	Pooled Separate Acct		16,163
*	J. Hancock-Int'l Value Fd	Pooled Separate Acct		174,500
*	J. Hancock-DFA Emerging Markets Value Fund	Pooled Separate Acct		18,840

SUPPLEMENTAL SCHEDULE

EURASIA GROUP 401(K) PROFIT SHARING PLAN

EIN: 06-1504950 - PLAN #001

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

DECEMBER 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	J. Hancock-Natural Resources Fund	Pooled Separate Acct		59,793
*	J. Hancock-10-Year Compound	Guaranteed Acount		16,562
				6,813,583
	Note Receivable from Participant	Interest Rate - 5.25%		19,131

Notes: * Indicates a party-in-interest to the Plan.
Column (d) is blank as all investments are participant directed.

EURASIA GROUP, INC. 401(K) PROFIT SHARING PLAN

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CERTIFIED PUBLIC ACCOUNTANTS

Kenneth J. Sonzogni, CPA | Lisa Bottitto-Markase, CPA
Andrew M. Fingerhut, CPA | Dawn A. Cooper, CPA

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Eurasia Group 401(K) Profit Sharing Plan
New York, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Eurasia Group 401(K) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 (unaudited), and the related statements 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company of New York, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes

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investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013 (unaudited), that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) (Schedule H, line 4i) at December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 schedules, other than that derived from the information certified by the trustee, 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.

Sonzogni Bottitto Fingerhut & Cooper LLC

Sonzogni, Bottitto, Fingerhut & Cooper LLC
Bedminster, NJ
September 18, 2015

EURASIA GROUP 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013 (UNAUDITED)

		UNAUDITED
	2014	2013
Investments (at fair value)	$ 6,813,583	$ 6,102,395
Receivable from participants	$ 19,131	$ -
Net assets available for benefits	$ 6,832,714	$ 6,102,395

See Independent Auditors' Report and Accompanying Notes to Financial Statements.

EURASIA GROUP 401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2014

Additions to net assets attributed to:	2014
Investment income:	
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Total contributions	1,001,407
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Administration fees	1,064
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Net increase in net assets available for benefits	730,319
Net assets available for benefits, beginning of year	6,102,395
Net assets available for benefits, end of year	$ 6,832,714

EURASIA GROUP 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

1. Description of the Plan:

The following brief description of Eurasia Group (the "Company") 401(k) Profit Sharing Plan, (the "Plan") provides only general information. Participants should refer to the Plan agreement for more complete information.

a. General: The Plan is a single-employer defined contribution plan covering all employees of the Company. To be eligible to participate in the Plan, participants must be 21 years old and have completed at least one year and 1,000 hours of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions: Each year, participants may contribute up to a dollar amount set by law of pre-tax annual compensation, as defined in the Plan. Participants who have attained age fifty before the end of the Plan year are eligible to elect to make "catch-up" contributions set by law. Participants may also rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company makes a 401(k) Safe Harbor Match and may make discretionary matching contribution and/or a non-elective profit sharing contribution to those employed on the last day of the plan year that have worked at least 1,000 hours during the plan year. The Company did not make any discretionary matching and/or non-elective contributions for the year ended December 31, 2014. Safe harbor contributions for the year ended December 31, 2014 amounted to $378,709.

c. Participant accounts: Each participant's account is credited with the *participant's contribution, safe harbor contributions and allocations of (a) the* Company's discretionary matching and/or non-elective contributions, if any, and (b) Plan earnings and losses. Allocations are determined and calculated by the *Company each year and allocated among all the eligible participants. The benefit* to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting: Participants are immediately vested in their contributions, rollover contributions and employer safe harbor contributions plus actual earnings or losses thereon. Vesting in the Company's discretionary contributions portion of their accounts is based on the vesting schedule as defined in the Plan. A participant must work at least 1,000 hours during a plan year to be credited with vesting service and is 100% vested after six years of credited service.

1. Description of the Plan (continued):

e. Investment options: Participants direct the investment of both employer and employee contributions into various investment options offered by the Plan. Participants may change investment options at their discretion. The investment options are mostly pooled separate accounts managed under a group trust. Options are provided and managed by John Hancock Life Insurance Company of New York (the "Plan Trustee").

f. Management of Trust Fund: Investments in the Plan are held by John Hancock Life Insurance Company of New York as Trustee for the Plan.

g. *Payment of benefits: Upon termination of service due to death, disability, or* retirement, a participant may receive a lump sum payment equal to the value of the participant's vested interest in his or her account, can roll the amount over into another qualified plan, or delay the distribution until the participant is required by *law to receive minimum required distributions. For termination of service due to* other reasons, a participant may elect to receive the value of the vested interest in a single cash distribution, as soon as administratively feasible after the last day of the Plan year coinciding with or next following the date on which the participant terminate employment.

h. Plan expenses: Plan expenses are paid by the Plan assets. Such expenses are generally allocated among the accounts of all participants in the Plan based on either the account balances or as an equal dollar amount based on the number of participants depending on the nature of expenses The Company pays recordkeeping and audit expenses.

i. Participant loans: Eligible participants may borrow up to 50% of the value of their individual vested accounts, subject to a minimum of $1,000 and a maximum of $50,000. The loan must be repaid through payroll deduction, generally within five years. Interest is charged at the prevailing interest rate at the time the loan is made and shall be fixed throughout the duration of the loan.

j. Forfeitures: The non-vested Company discretionary matching contribution and/or a non-elective profit sharing contribution of a participant's account are forfeited upon termination of employment. Forfeitures are used to pay any administrative expense or used to reduce employer matching contributions.

2. Summary of significant accounting policies:

Date of management's review:
Subsequent events were evaluated through September 18, 2015, which is the date the financial statements were available to be issued.

Basis of accounting:
The accompanying financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of estimates:
The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation of investments and income recognition:
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement value. Investments are invested in the pooled separate accounts managed under a group trust. These investment options are offered by John Hancock which are Level 1 measurement inputs. Purchases and sales of securities are recorded on a settlement date basis, which is generally trade date plus one. Net appreciation in fair value of investments includes net gain (loss) on the sale of assets and unrealized asset appreciation (depreciation), less investment advisory and management fees.

Payment of benefits:
Benefits are recorded upon payment.

Recent accounting pronouncements:
None applicable.

3. Fair value measurements:

The Plan investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

3. Fair value measurements (continued):

The fair value measurement accounting literature 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, and Level 3 inputs are unobservable 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. No Level 2 or 3 inputs were needed for the Plan.

The three levels of the fair value hierarchy are described below:

Level 1 - Inputs to the valuation methodology are adjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets
- quoted prices for identical or similar assets or liabilities in inactive markets
- inputs other than quoted prices that are observable for the assets or liabilities
- inputs that are derived principally from or corroborated by observable market data by correlation or by other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following table represents the fair value hierarchy for the balances of the assets of the Plan measured at fair value as of December 31, 2014 and 2013 (unaudited).

		Fair Value Measurements at the End of the Reporting Period Using:
December 31, 2014	Fair Value	Level 1
Investments:		
Pooled separate accounts	$ 6,797,020	$ 6,797,020
Guaranteed cash accounts	16,563	16,563
Total assets at fair value	$ 6,813,583	$ 6,813,583

3. Fair value measurements (continued):

December 31, 2013 (Unaudited)

	Fair Value	Level 1
Investments:		
Pooled separate accounts	$ 6,087,042	$ 6,087,042
Guaranteed cash accounts	15,353	15,353
Total assets at fair value	$ 6,102,395	$ 6,102,395

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2014 are reported in net appreciation in fair value of investments.

4. Tax status:

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan administrator believes that the Plan is not subject to income tax examinations by the major tax authorities for years prior to 2011.

5. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

6. Party–in-interest transactions:

Plan investments that are not insurance contracts are offered and managed under a Group Trust by the Plan Trustee, and therefore, these transactions qualify as exempt party-in-interest transactions. These fees are absorbed by the Plan through the investment returns. Fees for specific participant directed transactions are charged to their individual accounts and amounted to $1,064. Fees paid by the Company primarily related to investment management services and recordkeeping are qualified as a party-in-interest transactions. The Company paid $37,376 related to these fees for the year ended December 31, 2014.

7. Plan Termination:

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

8. Investments:

The following presents investments at fair value that represent 5% or more of the Plan's net assets.

	December 31, 2014	December 31, 2013 (unaudited)
John Hancock – LS Balance	$ 1,220,944	$ 1,040,499
John Hancock – LS Growth	2,387,729	2,038,499
John Hancock – LS Aggressive	570,227	398,706

9. Subsequent events:

Subsequent events were evaluated through September 18, 2015, which is the date the financial statements were available to be issued. There were no events subsequent to the balance sheet date that would require disclosure in the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

EURASIA GROUP 401(K) PROFIT SHARING PLAN

EIN: 06-1504950 - PLAN #001

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

DECEMBER 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	J. Hancock-LS Conservative	Pooled Separate Acct		23,448
*	J. Hancock-LS Moderate	Pooled Separate Acct		143,055
*	J. Hancock-LS Balance	Pooled Separate Acct		1,220,944
*	J. Hancock-LS Growth	Pooled Separate Acct		2,387,733
*	J. Hancock-LS Aggressive	Pooled Separate Acct		570,227
*	J. Hancock-Money Market	Pooled Separate Acct		310,541
*	Vanguard Short Term Federal	Pooled Separate Acct		557
*	J. Hancock-Active Bond Fund	Pooled Separate Acct		16,907
*	J. Hancock-Total Return Fund	Pooled Separate Acct		26,673
*	J. Hancock-Investment Qual Bond Fund	Pooled Separate Acct		14,197
*	J. Hancock-Real Return Bond Fund	Pooled Separate Acct		4,597
*	J. Hancock-Global Bond Fund	Pooled Separate Acct		119,311
*	J. Hancock-Strategic Income Opp Fund	Pooled Separate Acct		7,078
*	J. Hancock-High Yield Fund	Pooled Separate Acct		41,749
*	J. Hancock-Fundamental Large Cap Fund	Pooled Separate Acct		13,768
*	J. Hancock-American Balanced Fund	Pooled Separate Acct		12,156
*	J. Hancock-US Equity Fund	Pooled Separate Acct		16,068

SUPPLEMENTAL SCHEDULE

EURASIA GROUP 401(K) PROFIT SHARING PLAN

EIN: 06-1504950 - PLAN #001

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

DECEMBER 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	J. Hancock-BlackRock Global Allocation	Pooled Separate Acct		80,584
*	J. Hancock-Washington Mutual Investors	Pooled Separate Acct		1,774
*	J. Hancock-500 Index Fund	Pooled Separate Acct		314,428
*	J. Hancock-Equity Income Fd	Pooled Separate Acct		24,127
*	*John Hancock-Utilities*	*Pooled Separate Acct*		32,310
*	J. Hancock-Total Stock Market Index Fund	Pooled Separate Acct		1,506
*	J. Hancock-Davis New York Venture	Pooled Separate Acct		29,978
*	J. Hancock-The Growth Fund of America	Pooled Separate Acct		28,272
*	J. Hancock-Mid Value Cap Fd	Pooled Separate Acct		69,651
*	J. Hancock-Capital Appreciation Fund	Pooled Separate Acct		13,587
*	J. Hancock-Blue Chip Growth Fund	Pooled Separate Acct		68,952
*	J. Hancock-All Cap Core Fd	Pooled Separate Acct		3,526
*	J. Hancock-Mid Cap Index Fund	Pooled Separate Acct		3,783
*	J. Hancock-Fundamental All Cap Core Fund	Pooled Separate Acct		44,113
*	J. Hancock-T. Rowe Price Health Science Fund	Pooled Separate Acct		70,924

SUPPLEMENTAL SCHEDULE

EURASIA GROUP 401(K) PROFIT SHARING PLAN

EIN: 06-1504950 - PLAN #001

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

DECEMBER 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	J. Hancock-American Century Heritage	Pooled Separate Acct		13,011
*	J. Hancock-Small Company Value Fund	Pooled Separate Acct		206,289
*	J. Hancock-EuroPacific Growth Fund	Pooled Separate Acct		93,572
*	J. Hancock-Templeton World	Pooled Separate Acct		69,215
*	J. Hancock-Oppenheimer Global Fund	Pooled Separate Acct		16,776
*	J. Hancock-Science & Technology Fund	Pooled Separate Acct		51,622
*	J. Hancock-Small Cap Index Fd	Pooled Separate Acct		8,354
*	J. Hancock-Int' Equity Index Fd	Pooled Separate Acct		189,549
*	J. Hancock-Vanguard Small Cap Growth Index Fund	Pooled Separate Acct		76,791
*	J. Hancock-Int'l Small Cap Fd	Pooled Separate Acct		15,871
*	J. Hancock-Small Cap Opportunities Fund	Pooled Separate Acct		47,703
*	J. Hancock-Int'l Core Fd	Pooled Separate Acct		22,448
*	J. Hancock-DFA US Targeted Value Fund	Pooled Separate Acct		16,163
*	J. Hancock-Int'l Value Fd	Pooled Separate Acct		174,500
*	J. Hancock-DFA Emerging Markets Value Fund	Pooled Separate Acct		18,840

SUPPLEMENTAL SCHEDULE

EURASIA GROUP 401(K) PROFIT SHARING PLAN

EIN: 06-1504950 - PLAN #001

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

DECEMBER 31, 2014

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	J. Hancock-Natural Resources Fund	Pooled Separate Acct		59,793
*	J. Hancock-10-Year Compound	Guaranteed Acount		16,562
				6,813,583
	Note Receivable from Participant	Interest Rate - 5.25%		19,131

Notes: * Indicates a party-in-interest to the Plan.
Column (d) is blank as all investments are participant directed.