

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
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>KOPF GROUP EMPLOYEE BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/1988</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>KOPF CONSTRUCTION CORPORATION</u> <u>420 AVON BELDEN ROAD</u> <u>AVON LAKE, OH 44012</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0970922</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-871-8234</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>236110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0970922</u>	2c Plan Sponsor's telephone number <u>440-871-8234</u>	2d Business code (see instructions) <u>236110</u>	
2b Employer Identification Number (EIN) <u>34-0970922</u>					
2c Plan Sponsor's telephone number <u>440-871-8234</u>					
2d Business code (see instructions) <u>236110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2015	BARRY EDELSTEIN
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 175
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) 120
a(2) Total number of active participants at the end of the plan year	6a(2) 119
b Retired or separated participants receiving benefits	6b 1
c Other retired or separated participants entitled to future benefits.....	6c 46
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 166
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 166
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 120
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 2K 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan KOPF GROUP EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 KOPF CONSTRUCTION CORPORATION	D Employer Identification Number (EIN) 34-0970922	

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.
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1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK (USA)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	24330	119	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
6841	1473

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

VANTAGE FINANCIAL GROUP
6200 ROCKSIDE RD
INDEPENDENCE, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6841			3

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

GROUP HEALTH & BENEFIT ADMIN., INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1473	TPA FEES	5

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

(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	159082
5 Current value of plan's interest under this contract in separate accounts at year end	5	2464444

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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 ▶ ANNUITY

b Balance at the end of the previous year.....	7b	152857
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c Additions: (1) Contributions deposited during the year.....	7c(1)	5790	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	80	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)	445	
▶ LOAN PAYMENTS			

(6) Total additions..... **7c(6)** 6315

d Total of balance and additions (add lines 7b and 7c(6))	7d	159172
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	66	
(2) Administration charge made by carrier	7e(2)	24	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions..... **7e(5)** 90

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	159082
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

A Name of plan KOPF GROUP EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KOPF CONSTRUCTION CORPORATION	D Employer Identification Number (EIN) 34-0970922	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166282	
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43487	
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11386	
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH FUND OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 358635	
a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME FUND OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47170	
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT CO OF AMERICA			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15821	
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40950	

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63252
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a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NY VENTURE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74907
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34940
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13031
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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 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3915
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18000
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a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12722
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a Name of MTIA, CCT, PSA, or 103-12 IE: ACTIVE BOND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26481
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26720
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43668
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a Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29140
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136742
a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL SERVICES		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5962
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23290
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47204
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17382
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1038
a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INT. VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 406
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 447496

a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE CONSERVATIVE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67073
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE GROWTH****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142508
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE MODERATE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142226
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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 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70890
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MONEY MARKET****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18557
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NATURAL RESOURCES****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16939
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a Name of MTIA, CCT, PSA, or 103-12 IE: **REAL ESTATE SECURITIES****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73404
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SCIENCE & TECHNOLOGY****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83176
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SHORT TERM FEDERAL****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4413
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL COMPANY VALUE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29030
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STRATEGIC INCOME****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10338
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TOTAL RETURN****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52885
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VALUE FUND****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15309
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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 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8009
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH TARGET DATE 2010****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 446
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH TARGET DATE 2015****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH TARGET DATE 2020****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH TARGET DATE 2025****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH TARGET DATE 2030****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH TARGET DATE 2035****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH TARGET DATE 2040**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 330
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH TARGET DATE 2045**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH TARGET DATE 2050**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH TARGET DATE 2055**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17428
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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)
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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)
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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)
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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)
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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)
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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
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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 <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>KOPF GROUP EMPLOYEE BENEFIT PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOPF CONSTRUCTION CORPORATION</u>		D Employer Identification Number (EIN) <u>34-0970922</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5157	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
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)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	31465	20046
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2256859	2464444
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	152857	159082
(15) Other.....	1c(15)	4864	4987

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2451202	2648559

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2451202	2648559
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	119286	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		119286
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	80	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1076	
(F) Other	2b(1)(F)	307	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1463
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		144720
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		265469

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	67534	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		67534
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	578	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		578
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		68112

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		197357
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GALLOVIC, GRANITO AND CO LTD

(2) EIN: 34-1723186

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		250000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan KOPF GROUP EMPLOYEE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KOPF CONSTRUCTION CORPORATION		D Employer Identification Number (EIN) 34-0970922
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



GALLOVIC,
GRANITO & CO. LTD
CERTIFIED PUBLIC ACCOUNTANTS

KOPF GROUP EMPLOYEE BENEFIT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

Gallovic, Granito & Co. Ltd
Certified Public Accountants
Mentor, Ohio

KOPF GROUP EMPLOYEE BENEFIT PLAN

DECEMBER 31, 2014 AND 2013

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
The Kopf Group Employee Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kopf Group Employee Benefit Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statements of changes in net assets available for benefits for the years then ended, 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 D, which was certified by John Hancock Life Insurance Company (USA), 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 investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, 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 schedule of Assets Held for Investment Purposes at End of Year as of 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 schedules 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.

Galloric, Granito & Co LTD

Mentor, Ohio
October 6, 2015

KOPF GROUP EMPLOYEE BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2014	2013
ASSETS		
Investments held by insurance company (Note D):		
Guaranteed accounts	\$ 158,675	\$ 152,104
Pooled separate accounts	2,464,444	2,256,859
	<u>2,623,119</u>	<u>2,408,963</u>
Cash - insurance company (Note D)	-	5,157
Cash value of participants' life insurance	<u>4,987</u>	<u>4,864</u>
Total Investments	2,628,106	2,418,984
Receivables		
Notes receivable - participant loans (Note F)	20,046	31,465
	<u>20,046</u>	<u>31,465</u>
TOTAL ASSETS	<u>2,648,152</u>	<u>2,450,449</u>
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,648,152</u>	<u>\$ 2,450,449</u>

The accompanying notes are an integral part of these financial statements.

KOPF GROUP EMPLOYEE BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2014	2013
ADDITIONS TO PLAN ASSETS:		
Revenue		
Employee contributions	\$ 119,286	\$ 120,182
	<u>119,286</u>	<u>120,182</u>
Investment income:		
Interest income - participant loans	1,076	1,527
Interest income - other	80	134
Dividends - common stock	-	205
Net investment gain in fair value of investments (Note E)	145,190	384,160
	<u>146,346</u>	<u>386,026</u>
TOTAL ADDITIONS	265,632	506,208
DEDUCTIONS FROM PLAN ASSETS:		
Benefits and expenses:		
Distributions to participants	67,534	555,712
Administrative expenses	395	273
	<u>67,929</u>	<u>555,985</u>
TOTAL DEDUCTIONS	<u>67,929</u>	<u>555,985</u>
NET INCREASE (DECREASE)	197,703	(49,777)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>2,450,449</u>	<u>2,500,226</u>
END OF YEAR	\$ <u><u>2,648,152</u></u>	\$ <u><u>2,450,449</u></u>

The accompanying notes are an integral part of these financial statements.

KOPF GROUP EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

Note A - Description of Plan

The following description of the Kopf Group Employee Benefit Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General - The Plan is a defined contribution plan covering all eligible employees of Kopf Construction Corp., Sweetbriar Management Company, VIP Property Management Co., and 32421 Walker Rd. Investments Ltd. (collectively referred to as the "Company"). Participants are eligible to participate on January 1 or July 1, immediately following the later of 12 months after their date of employment or their 18th birthday. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. Contributions - Participants may contribute up to 25 percent of their annual wages. At the Company's discretion each year it may choose to contribute a matching contribution and/or an additional discretionary contribution. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company discretionary contributions totaled \$-0- and \$-0- for year ended December 31, 2014 and 2013, respectively.
3. Participant Accounts - Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participant's nonvested accounts. Allocations are based on participant account balances plus time weighted transactions in the participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.
4. Vesting - Participants are immediately vested in their voluntary contributions, plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service.
5. Payment of Benefits - On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, annual installments over a specified number of years or a joint or survivor annuity.
6. Investment Option - The Plan offers several investment options in which a Participant may elect to invest. A Participant may change his Investment Option specification with respect to contributions to be made in the future and with respect to amounts already in his Individual Account.

KOPF GROUP EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

Note A - Description of Plan, continued

7. Administration - The Company is the Plan Administrator. The Company may designate someone within the Company to assist with the duties of administration. The Plan Administrator has primary authority for filing various reports, forms and returns with the Department of Labor and the Internal Revenue Service. The Company also appoints trustees to the Plan. The trustees will make all distribution and benefit payments to participants and beneficiaries. The Company has appointed H.R. Kopf and Barry J. Edelstein as Trustees of the Plan. The Company employs Vantage Financial Group, a pension consulting firm, to maintain individual participant account records and advise the Plan on compliance with ERISA and related matters.
8. Forfeited Accounts. At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$4,951 and \$-0-, respectively. These accounts will be reallocated to participants in the same manner as employer contributions.
9. Restrictions on Plan Assets. The use of Plan assets are for the exclusive benefit of eligible employees, participants, pensioners, their beneficiaries, or for proper expenses of administration of the Plan and Fund.

Note B - Summary of Significant Accounting Policies

1. Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.
2. Estimates - The preparation of financial statements in conformity with 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.
3. Valuation of Investments - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of registered investment companies and stocks are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. See Note I for discussion of fair value measurements.
4. Investment Transactions and Related Investment Income - Interest and dividend income is recorded on the accrual basis. Realized gains and losses from security transactions and unrealized appreciation and depreciation of investments are determined using an average cost basis.
5. Plan Expense - The Plan is sponsored by the Company. Personnel within the employer organization perform various administrative services for the Plan, including maintenance of participant records. The payroll and related overhead costs associated with these services are not included as Plan expenses. The majority of all administrative expenses of the Plan are paid by the Company.

KOPF GROUP EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

Note B - Summary of Significant Accounting Policies, continued

6. Concentrations. The Plan's participants are employed by the Company that is located in the Northeastern Ohio area.
7. Reclassifications. Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform to the presentation in the current-year financial statements.
8. Participant Loans. Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.
9. Date of Management Review. Subsequent events were evaluated through October 6, 2015, which is the date the financial statements were available to be issued.

Note C - Plan Termination

In the event of Plan termination, the Plan provides that the net assets of the pension fund shall be allocated to plan participants and beneficiaries in the order provided in Section 4044 of ERISA and, to the extent unfunded vested benefits exist, such benefits will be provided up to specified limitations described in ERISA by the Pension Benefit Guaranty Corporation.

Note D - Information Certified by the Insurance Carrier

In accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has elected to restrict the scope of the auditor's examination with regard to statements or information prepared and certified by the insurance carrier.

The insurance carrier has certified the accuracy and completeness of the investment activity for the years ended December 31, 2014 and 2013. The following is a breakdown of the investments held by the insurance carrier:

	December 31,	
	2014	2013
<u>John Hancock Insurance Co (USA)</u>		
Guaranteed Accounts	\$ 158,675	\$ 152,104
Pooled Separate Accounts	2,464,444	2,256,859
Cash	-	5,157
	<u>\$ 2,623,119</u>	<u>\$ 2,414,120</u>

KOPF GROUP EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

Note E - Investments

Investments that represent 5% or more of the Plan's net assets are separately identified below:

	December 31,	
	2014	2013
Insurance Company accounts:		
MFC American Funds Am Balanced	\$ 166,282	\$ 149,558
John Hancock USA - 3 Year GIC	158,675	152,104
Lifestyle Balanced 640 (VS)	447,496	418,140
Lifestyle Moderate 460 (VS)	142,226	127,991
Lifestyle Growth 820 (VS)	142,508	131,470
Equity Income Fund (VS)	136,742	127,702
American Funds Growth Fund	358,635	297,444
John Hancock - All other accounts	1,070,556	1,004,554
Cash and cash equivalents	4,987	10,021
	<u>\$ 2,628,107</u>	<u>\$ 2,418,984</u>

Net Investment Gain (Loss):

	December 31,	
	2014	2013
<u>Insurance Company accounts:</u>		
Pooled separate accounts	\$ 144,720	\$ 385,508
Guaranteed account	347	(1,473)
Cash value of life insurance	123	125
	<u>\$ 145,190</u>	<u>\$ 384,160</u>

KOPF GROUP EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

Note F - Participant Loans

The Plan has adopted a loan policy which allows any Plan participant (as determined under ERISA §3(14)) who is creditworthy to apply for a loan not to exceed 50% of their nonforfeitable accrued benefit. The participant must secure each loan with an irrevocable pledge and assignment of 50% of the nonforfeitable amount of the borrowing participant's accrued benefit under the Plan. A participant loan may be for the purpose of one or any combination of the following reasons: 1) the purchase, construction or improvement of a residence or other real estate; 2) the purchase of a vehicle; 3) tuition and other educational expenses; or 4) funeral expenses of a family member. The Plan intends this loan program not to place other participants at risk with respect to their interest in the Plan; the Plan may not approve loan applications that do not meet the requirement specified in the Plan's Loan Policy.

At December 31, 2014 and 2013 the aggregate participant loan balance was \$20,046 and \$31,465, respectively. The loans are held by the insurance company (Note D). Interest rates on the loans were 4.25% during 2014 and 2013.

Note G - Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The plan obtained its latest determination letter on August 30, 2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

Note H - 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.

Note I - Uncertain Tax Positions

The Entity adopted the provisions of FASB ASC 740-10, "Accounting for Uncertainty in Income Taxes." FASB ASC 740-10 prescribes a recognition threshold that a position is required to meet before being recognized in the financial statements and provides guidance on derecognition, measurement, classification, interest and penalties, accounting in interim periods, disclosure and transition issues for uncertain tax positions. Management has evaluated the Entity's tax positions and concluded that there were no material uncertain tax positions requiring recognition in the financial statements. Accrued interest relating to uncertain tax positions would be recorded as a component of interest expense and penalties related to uncertain tax positions would be recorded as a component of general and administrative expenses.

The Federal tax returns of the Entity for 2011, 2012 and 2013 are subject to examination by the IRS, generally for a three year period from the due date of the return.

KOPF GROUP EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

Note J - Fair Value Measurements

Fair Value Measurement provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities, (level 1 measurements), and the lowest priority to unobservable inputs, (level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 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 asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. <i>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.</i>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Insurance Contracts: The fair value of the Plan's investments in the Pooled Separate Accounts is based on the fair value of the underlying securities included in the pooled separate accounts which consist of equity securities and bonds. Investments in these accounts are represented by units and a per unit value. The unit values are calculated by John Hancock Insurance Co. For the underlying equity securities, Hancock obtains closing market prices for those securities traded on a national exchange. For bonds,

Common Stock: Valued at the closing price reported on the New York Stock Exchange.

Cash Surrender Value Life Insurance: Contract value as specified in the life insurance policy comprised of accumulated premiums less surrender charges and outstanding loans and interest.

Cash and equivalents: The fair value of the Plan's cash and cash equivalents represents the amount available on demand.

The preceding methods may produce a fair value calculation 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.

KOPF GROUP EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

Note J - Fair Value Measurements *continued*

The following table sets forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2014 and December 31, 2013:

Fair Value Measurements at December 31, 2014

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	TOTAL
Pooled Separate Accounts	\$ -	\$ 2,464,444	\$ -	\$ 2,464,444
Guaranteed Funds	-	158,675	-	158,676
Life Insurance (cash surrender value)	-	-	4,987	4,987
Total investments at fair value	\$ -	\$ 2,623,119	\$ 4,987	\$ 2,628,107

Fair Value Measurements at December 31, 2013

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	TOTAL
Pooled Separate Accounts	\$ -	\$ 2,256,859	\$ -	\$ 2,256,859
Guaranteed Funds	-	152,104	-	152,104
Money market funds	5,157	-	-	5,157
Life Insurance (cash surrender value)	-	-	4,864	4,864
Total investments at fair value	\$ 5,157	\$ 2,408,963	\$ 4,864	\$ 2,418,984

Changes in Level 3 Fair Value Measurements

	Life Insurance - Cash Surrender Value	
	December 31, 2014	2013
Balance, Beginning	\$ 4,864	\$ 4,739
Unrealized gain relating to assets still held at reporting date	123	125
Balance, Ending	\$ 4,987	\$ 4,864

KOPF GROUP EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

Note K - Reconciliation of Financial Statements to Schedule H of Form 5500

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

	December 31,	
	2014	2013
<u>Net assets available for benefits:</u>		
Per the financial statements	\$ 2,648,152	\$ 2,450,449
Adjustment due to difference in contract value vs. fair market value of Guaranteed Funds	407	753
Per Schedule H to the Form 5500	<u>\$ 2,648,559</u>	<u>\$ 2,451,202</u>
	Year ended December 31,	
	2014	2013
<u>Net Increase (Decrease) in Assets available for benefits:</u>		
Per the financial statements	\$ 197,703	\$ (49,777)
Change in contract value Guaranteed Funds	(346)	753
Per Schedule H to the Form 5500	<u>\$ 197,357</u>	<u>\$ (49,024)</u>

For Form 5500, Schedule H purposes the Guaranteed funds are reported at contract value. On the financial statement according to generally accepted accounting principles, the Guaranteed Funds are reported at fair market value resulting in the difference shown above.

KOPF GROUP EMPLOYEE BENEFIT PLAN

EIN # 34-0970922, PLAN 001

SUPPLEMENTAL SCHEDULE

December 31, 2014

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR				
Form 5500, Schedule H, 4i				
a	b Identity of Issue	c Description	d Cost	e Current Value
	John Hancock USA - Lifestyle Moderate 460 (VS)	Insurance Co Sub-Account-Mutual Fund	① \$ 104,575	142,226
	John Hancock USA - Lifestyle Growth 820 (VS)	Insurance Co Sub-Account-Mutual Fund	① 95,852	142,508
	John Hancock USA - Lifestyle Conservative 280 (VS)	Insurance Co Sub-Account-Mutual Fund	① 53,456	67,073
	John Hancock USA - Lifestyle Balanced 640 (VS)	Insurance Co Sub-Account-Mutual Fund	① 298,455	447,496
	John Hancock USA - Lifestyle Aggressive 1000 (VS)	Insurance Co Sub-Account-Mutual Fund	① 259	406
	John Hancock USA - Thornburg International Value	Insurance Co Sub-Account-Mutual Fund	① -	-
	John Hancock USA - Health Sciences Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 14,516	47,204
	John Hancock USA - Science & Technology Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 40,821	83,176
	John Hancock USA - Real Est. Securities Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 35,234	73,404
	John Hancock USA - Oppenheimer Develop Mkt	Insurance Co Sub-Account-Mutual Fund	① -	13,031
	John Hancock USA - Natural Resources Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 17,585	16,939
	John Hancock USA - Inv Small Cap Growth	Insurance Co Sub-Account-Mutual Fund	① 15,550	29,140
	John Hancock USA - International Value Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 12,119	18,000
	John Hancock USA - International Opps Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① -	1,038
	John Hancock USA - Financial Services Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 3,563	5,962
	John Hancock USA - MFC American Funds EuroPacific	Insurance Co Sub-Account-Mutual Fund	① 33,549	43,487
	John Hancock USA - Value Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 7,316	15,309
	John Hancock USA - American Funds Growth Fund	Insurance Co Sub-Account-Mutual Fund	① 238,940	358,635
	John Hancock USA - Templeton World Fund	Insurance Co Sub-Account-Mutual Fund	① 1,879	3,915
	John Hancock USA - Small Company Value Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 16,263	29,030
	John Hancock USA - Mid Cap Value Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 27,477	70,890
	John Hancock USA - Fundamental Investors	Insurance Co Sub-Account-Mutual Fund	① 5,829	11,386
	John Hancock USA - Fidelity Contrafund	Insurance Co Sub-Account-Mutual Fund	① 20,709	34,940
	John Hancock USA - Capital Appreciation Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 24,433	43,668
	John Hancock USA - Blue Chip Growth Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 16,836	26,720
	John Hancock USA - Large Cap Value Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 6,884	8,009
	John Hancock USA - MFC American Funds Wash Mutual	Insurance Co Sub-Account-Mutual Fund	① 23,631	40,950
	John Hancock USA - MFC American Funds Inv Co Am	Insurance Co Sub-Account-Mutual Fund	① 8,496	15,821
	John Hancock USA - Income Fund of America	Insurance Co Sub-Account-Mutual Fund	① 31,754	47,170
	John Hancock USA - Equity Income Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 89,908	136,742
	John Hancock USA - Davis New York Venture	Insurance Co Sub-Account-Mutual Fund	① 50,315	74,907
	John Hancock USA - Blackrock Global Allocation	Insurance Co Sub-Account-Mutual Fund	① 56,191	63,252
	John Hancock USA - MFC American Funds Am Balanced	Insurance Co Sub-Account-Mutual Fund	① 90,945	166,282
	John Hancock USA - 500 Index Fund	Insurance Co Sub-Account-Mutual Fund	① 7,195	12,722

KOPF GROUP EMPLOYEE BENEFIT PLAN

EIN # 34-0970922, PLAN 001

SUPPLEMENTAL SCHEDULE

December 31, 2014

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR				
Form 5500, Schedule H, 4i				
a	b Identity of Issue	c Description	d Cost	e Current Value
	John Hancock USA - Total Return Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 34,023	52,885
	John Hancock USA - Strategic Income Opportunity Fund	Insurance Co Sub-Account-Mutual Fund	① 8,384	10,338
	John Hancock USA - Short-Term Federal	Insurance Co Sub-Account-Mutual Fund	① 4,321	4,413
	John Hancock USA - High Yield Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 9,500	17,382
	John Hancock USA - Global Bond Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 18,762	23,290
	John Hancock USA - Active Bond Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 20,051	26,481
	John Hancock USA - Money Market Fund (VS)	Insurance Co Sub-Account-Mutual Fund	① 18,557	18,557
	John Hancock USA - 3 Year GIC	Insurance Co Sub-Account-Mutual Fund	① 159,082	158,675
	John Hancock USA - RL 2010	Insurance Co Sub-Account-Mutual Fund	① 449	446
	John Hancock USA - RL 2015	Insurance Co Sub-Account-Mutual Fund	① 164	163
	John Hancock USA - RL 2020	Insurance Co Sub-Account-Mutual Fund	① 70	70
	John Hancock USA - RL 2025	Insurance Co Sub-Account-Mutual Fund	① 353	351
	John Hancock USA - RL 2030	Insurance Co Sub-Account-Mutual Fund	① 119	119
	John Hancock USA - RL 2035	Insurance Co Sub-Account-Mutual Fund	① 293	292
	John Hancock USA - RL 2040	Insurance Co Sub-Account-Mutual Fund	① 332	330
	John Hancock USA - RL 2045	Insurance Co Sub-Account-Mutual Fund	① 237	236
	John Hancock USA - RL 2050	Insurance Co Sub-Account-Mutual Fund	① 178	177
	John Hancock USA - RL 2055	Insurance Co Sub-Account-Mutual Fund	① 49	48
	John Hancock USA - Oppenheimer Intl. Growth	Insurance Co Sub-Account-Mutual Fund	① 16,826	17,428
	John Hancock USA - Other Cash	Insurance Co Sub-Account-Mutual Fund	① -	-
	Cash Surrender Value of Life Insurance	Cash value of life insurance policies		4,987
	Participant Loans	Loans 4.25%	①	20,046
			\$ 1,742,285	2,648,152

Column (a) is blank as there were no parties-in-interest.

- ① Information regarding investments held with John Hancock USA has been certified by the insurance company in accordance with DOL Section 2520-103-8. Current value reporting is used for these assets as required for the Form 5500.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kopf Group Employee Benefit Plan
Plan Sponsor's Name Kopf Construction Corporation

EIN: 34-0970922
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INS CO	LIFESTYLE MODERATE		142,226
	JOHN HANCOCK LIFE INS CO	LIFESTYLE GROWTH		142,508
	JOHN HANCOCK LIFE INS CO	LIFESTYLE CONSERVATIVE		67,073
	JOHN HANCOCK LIFE INS CO	LIFESTYLE BALANCED		447,496
	JOHN HANCOCK LIFE INS CO	LIFESTYLE AGGRESSIVE		406
	JOHN HANCOCK LIFE INS CO	THORNBURG INT VALUE		0
	JOHN HANCOCK LIFE INS CO	T ROWE PRICE HEALTH SCI		47,204

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kopf Group Employee Benefit Plan
Plan Sponsor's Name Kopf Group Employee Benefit Plan

EIN: 34-0970922
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INS CO	SCIENCE & TECHNOLOGY FUND		83,176
	JOHN HANCOCK LIFE INS CO	REAL EST SECURITIES		73,404
	JOHN HANCOCK LIFE INS CO	OPPENHEIMER DEVELOPING MKT		13,031
	JOHN HANCOCK LIFE INS CO	NATURAL RESOURCES FUND		16,939
	JOHN HANCOCK LIFE INS CO	INV SMALL CAP GROWTH		29,140
	JOHN HANCOCK LIFE INS CO	INTERNATIONAL VALUE FUND		18,000
	JOHN HANCOCK LIFE INS CO	INTERNATIONAL GROWTH FUND		1,038

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kopf Group Employee Benefit Plan
Plan Sponsor's Name Kopf Group Employee Benefit Plan

EIN: 34-0970922
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INS CO	FINANCIAL SERVICES FUND		5,962
	JOHN HANCOCK LIFE INS CO	EUROPACIFIC GROWTH FUND		43,487
	JOHN HANCOCK LIFE INS CO	VALUE FUND		15,309
	JOHN HANCOCK LIFE INS CO	THE GROWTH FUND OF AMERICA		358,635
	JOHN HANCOCK LIFE INS CO	TEMPLETON WORLD		3,915
	JOHN HANCOCK LIFE INS CO	SMALL COMPANY VALUE FUND		29,030
	JOHN HANCOCK LIFE INS CO	MID VALUE FUND		70,890

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kopf Group Employee Benefit Plan
Plan Sponsor's Name Kopf Group Employee Benefit Plan

EIN: 34-0970922
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INS CO	FUNDAMENTAL INVESTORS		11,386
	JOHN HANCOCK LIFE INS CO	FIDELITY CONTRAFUND		34,940
	JOHN HANCOCK LIFE INS CO	CAPITAL APPRECIATION FUND		43,668
	JOHN HANCOCK LIFE INS CO	BLUE CHIP GROWTH FUND		26,720
	JOHN HANCOCK LIFE INS CO	FUNDAMENTAL LARGE CAP VALUE		8,009
	JOHN HANCOCK LIFE INS CO	WASHINGTON MUTUAL INVESTORS		40,950
	JOHN HANCOCK LIFE INS CO	INVESTMENT COMPANY OF AMERICA		15,821

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kopf Group Employee Benefit Plan
Plan Sponsor's Name Kopf Group Employee Benefit Plan

EIN: 34-0970922
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INS CO	INCOME FUND OF AMERICA		47,170
	JOHN HANCOCK LIFE INS CO	EQUITY INCOME FUND		136,742
	JOHN HANCOCK LIFE INS CO	DAVIS NEW YORK VENTURE		74,907
	JOHN HANCOCK LIFE INS CO	BLACKROCK GLOBAL ALLOCATION		63,252
	JOHN HANCOCK LIFE INS CO	AMERICAN BALANCED FUND		166,282
	JOHN HANCOCK LIFE INS CO	500 INDEX FUND		12,722
	JOHN HANCOCK LIFE INS CO	TOTAL RETURN FUND		52,885

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kopf Group Employee Benefit Plan
Plan Sponsor's Name Kopf Group Employee Benefit Plan

EIN: 34-0970922
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INS CO	STRATEGIC INCOME OPP FUND		10,338
	JOHN HANCOCK LIFE INS CO	SHORT-TERM FEDERAL		4,413
	JOHN HANCOCK LIFE INS CO	HIGH YIELD FUND		17,382
	JOHN HANCOCK LIFE INS CO	GLOBAL BOND FUND		23,290
	JOHN HANCOCK LIFE INS CO	ACTIVE BOND FUND		26,481
	JOHN HANCOCK LIFE INS CO	MONEY MARKET FUND		18,557
	JOHN HANCOCK LIFE INS CO	3-YEAR COMPOUND		159,082

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kopf Group Employee Benefit Plan
Plan Sponsor's Name Kopf Group Employee Benefit Plan

EIN: 34-0970922
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2010		446
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2015		163
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2020		70
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2025		351
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2030		119
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2035		292
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2040		330

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Kopf Group Employee Benefit Plan
Plan Sponsor's Name Kopf Group Employee Benefit Plan

EIN: 34-0970922
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2045		236
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2050		177
	JOHN HANCOCK LIFE INS CO	JH TARGET DATE 2055		48
	JOHN HANCOCK LIFE INS CO	OPPENHEIMER INTERNATIONAL GROWTH		17,428
	JOHN HANCOCK LIFE INS CO	UNALLOCATED CASH ACCOUNT		0
	JOHN HANCOCK LIFE INS CO	INDIVIDUAL LIFE INSURANCE		4,987
	JOHN HANCOCK LIFE INS CO	LOAN FUND @ 4.25%		20,046