# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2015**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
F.S. LOPKE CONTRACTING, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1995

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
F.S. LOPKE CONTRACTING, INC.

3430 STATE ROUTE 434
APALACHIN, NY 13732

**2b** Employer Identification Number (EIN)
16-1012179

**2c** Plan Sponsor's telephone number
607-687-1114

**2d** Business code (see instructions)
212320

**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. | 10/13/2016 | STEVEN GREGG |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2016 | STEVEN GREGG |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 150 |
| **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)** | 133 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 132 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 21 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 153 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 153 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 89 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

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

**A** Name of plan
F.S. LOPKE CONTRACTING, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
F.S. LOPKE CONTRACTING, INC.

**D** Employer Identification Number (EIN)
16-1012179

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

**1** Coverage Information:

**(a)** Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 93-1225432 | 60214 | 386130-01 | 45 | 01/01/2015 | 12/31/2015 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 1170 | 0 |

**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

CHAD WILKINSON
CADARET GRANT AND CO., INC.
825 VESTAL PARKWAY WEST
VESTAL, NY 13850

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 782 | | | 3 |

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

EDWARD YETSKO
CADARET GRANT AND CO., INC.
825 VESTAL PARKWAY WEST
VESTAL, NY 13850

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 388 | | | 3 |

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

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

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

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

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

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

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

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

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

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

## 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 | 466013 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 491981 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 33066 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 5429 | | |
| | (4) Transferred from separate account | 7c(4) | 1531 | | |
| | (5) Other (specify below) | 7c(5) | 0 | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 40026 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 532007 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 41362 | | |
| | (2) Administration charge made by carrier | 7e(2) | 179 | | |
| | (3) Transferred to separate account | 7e(3) | 24453 | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 65994 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 466013 |

## 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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2015 |
| Department of Labor<br>Employee Benefits Security Administration | ▶ File as an attachment to Form 5500. | This Form is Open to Public Inspection. |
| Pension Benefit Guaranty Corporation | | |

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

| | |
|---|---|
| **A** Name of plan<br>F.S. LOPKE CONTRACTING, INC. 401(K) PLAN | **B** Three-digit plan number (PN) ▶ 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>F.S. LOPKE CONTRACTING, INC. | **D** Employer Identification Number (EIN)<br>16-1012179 |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIRST GREAT-WEST LIFE & ANNUITY

93-1225432

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 10436 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

CADARET GRANT & CO., INC.

1 LINCOLN CENTER, 5TH FLOOR
SYRACUSE, NY 13202

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 55 | BROKER/ADVISE R | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 5905 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CADARET GRANT & CO., INC. | 55 | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FIRST GREAT WEST LIFE & ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

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

**A** Name of plan
F.S. LOPKE CONTRACTING, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
F.S. LOPKE CONTRACTING, INC.

**D** Employer Identification Number (EIN)
16-1012179

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1077 | 599 |
| **(2)** Participant contributions | 1b(2) | 3371 | 2032 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 5407 | 9088 |
| **(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) | | |
| **(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) | 102462 | 120877 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(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) | 2360588 | 2397174 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 491981 | 466013 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 2964886 | 2995783 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2964886 | 2995783 |

## 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) | 59216 | |
| | **(B)** Participants | 2a(1)(B) | 196751 | |
| | **(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) | | 255967 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 3181 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 3181 |
| | **(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) | | |
| | **(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) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 19185 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 278333 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 237064 | |
| (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) | | 237064 |
| 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) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 10372 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 10372 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 247436 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 30897 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

**(1)** Name: PIAKER & LYONS P.C. **(2)** EIN: 16-1152552

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

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

## Part IV Compliance Questions

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

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

| | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | | |
| e Was this plan covered by a fidelity bond? | 4e | X | | | 275000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | | X | | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | | |
| o Did the plan trust incur unrelated business taxable income? | 4o | | | | |
| p Were in-service distributions made during the plan year? | 4p | | | | |

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

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

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

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

## Part V Trust Information

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

| **6c** Name of trustee or custodian | **6d** Trustee's or custodian's telephone number |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
F.S. LOPKE CONTRACTING, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
F.S. LOPKE CONTRACTING, INC.

**D** Employer Identification Number (EIN)
16-1012179

## 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): 93-1225432

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part VII IRS Compliance Questions

| | | |
|---|---|---|
| **20a** Is the plan a 401(k) plan? | ☐ Yes | ☐ No |
| **20b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | ☐ Design-based safe harbor method | ☐ ADP/ACP test |
| **20c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | ☐ Yes | ☐ No |
| **21a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | ☐ Ratio percentage test | ☐ Average benefit test |
| **21b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | ☐ Yes | ☐ No |
| **22a** Has the plan been timely amended for all required tax law changes? | ☐ Yes | ☐ No ☐ N/A |

**22b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

**22c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

**22d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

| | | |
|---|---|---|
| **23** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | ☐ Yes | ☐ No |

# F.S. LOPKE CONTRACTING, INC.
# 401(k) PLAN

## FINANCIAL STATEMENTS

## DECEMBER 31, 2015

F.S. LOPKE CONTRACTING, INC.
401(k) PLAN
DECEMBER 31, 2015
TABLE OF CONTENTS


| | |
|---|---|
| **Independent Auditor's Report** | 1 - 2 |
| **Financial Statements** | |
| Statements of Net Assets Available for Benefits | 3 |
| Statements of Changes in Net Assets Available for Benefits | 4 |
| **Notes to Financial Statements** | 5 - 12 |
| **Supplementary Schedules** | |
| Schedule of Assets (Held at End of Year) | 13 |
| Schedule of Assets (Acquired and Disposed of Within Year) | 14 |
| Schedule of Reportable Transactions | 15 |
| Attachment A | |

*Officers:*
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*Also Licensed in Pennsylvania
+Also Licensed in Maryland

# INDEPENDENT AUDITOR'S REPORT

To the Trustees of
F.S. Lopke Contracting, Inc.
401(k) Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **F.S. LOPKE CONTRACTING, INC. 401(k) PLAN,** which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Great-West Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the Custodian is complete and accurate.

Piaker & Lyons

To the Trustees of
F.S. Lopke Contracting, Inc.
401(k) Plan

**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 Matters**

The supplemental Schedule of Assets (Held At End of Year), Schedule of Assets (Acquired and Disposed of Within Year), and the Schedule of Reportable Transactions as of and for the year ended December 31, 2015 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 Custodian, 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.



PIAKER & LYONS, P.C.

Binghamton, New York
October 10, 2016

F.S. LOPKE CONTRACTING, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014

| | 2015 | 2014 |
|---|---|---|
| **ASSETS** | | |
| Investments, at Fair Value | | |
| Mutual Funds | $ 2,397,174 | $ 2,360,588 |
| Unallocated Insurance Contracts | 466,013 | 491,981 |
| **Total Investments** | 2,863,187 | 2,852,569 |
| Receivables | | |
| Contribution Receivables - Participants | 2,032 | 3,371 |
| Contribution Receivables - Sponsor | 599 | 1,077 |
| Notes Receivable from Participants | 120,877 | 102,462 |
| **Total Receivables** | 123,508 | 106,910 |
| Cash | 9,088 | 5,407 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 2,995,783 | $ 2,964,886 |

See the accompanying notes to financial statements.

F.S. LOPKE CONTRACTING, INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

| | 2015 | 2014 |
|---|---|---|
| **Additions (Deductions) To Net Assets Attributed To:** | | |
| **Investment Income (Loss):** | | |
| Net Depreciation in Fair Value of Investments | $ (193,700) | $ (130,279) |
| Interest Income - Notes Receivable from Participants | 3,181 | 2,508 |
| Dividends and Interest - Investments | 212,885 | 274,099 |
| **Total Investment Income** | 22,366 | 146,328 |
| **Contributions:** | | |
| Participant Contributions | 196,751 | 182,351 |
| Sponsor Contributions | 59,216 | 59,793 |
| **Total Contributions** | 255,967 | 242,144 |
| **Total Additions** | 278,333 | 388,472 |
| **Deductions From Net Assets Attributed To:** | | |
| Benefit Payments | 237,064 | 59,878 |
| Administrative Expenses | 10,372 | 9,567 |
| **Total Deductions** | 247,436 | 69,445 |
| **Net Increase in Net Assets Available for Benefits** | 30,897 | 319,027 |
| Net Assets Available for Benefits, Beginning of Year | 2,964,886 | 2,645,859 |
| **Net Assets Available for Benefits, End of Year** | $ 2,995,783 | $ 2,964,886 |

See the accompanying notes to financial statements.

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the F.S. Lopke Contracting, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan Sponsor: F.S. Lopke Contracting, Inc. (the Sponsor)
Plan Name: F.S. Lopke Contracting, Inc. 401(k) Plan
Plan Number: 001
Employer Identification Number: 16-1012179
Plan Trustees: Frank S. Lopke, Barbara A. Lopke and Steve Gregg (the Trustees)
Plan Custodian: Great-West Trust Company, LLC (the Custodian)

**General** - The Plan, which began service on January 1, 1995, is a defined contribution plan covering the employees of F.S. Lopke Contracting, Inc. and Lopke Quarries, Inc., a related company to the Sponsor. The Plan covers essentially all employees, who are at least 21 years old and have one year of service. Employees are able to enter the Plan on the earlier of January 1st or July 1st upon meeting the aforementioned eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Contributions** - Participants may elect to defer compensation and make voluntary cash contributions to the Plan with certain limitations. Participants who have attained age 50 before the close of the Plan year are eligible to make catch-up contributions in accordance with, and subject to, certain limitations of the Internal Revenue Code. The maximum deferral a participant may make may not exceed the lesser of their eligible compensation or $18,000 and $17,500 plus catch-up contributions for 2015 and 2014, respectively. Annually, the Sponsor determines the match contribution percentage on the first 4% of eligible compensation and a non-elective discretionary contribution. The Sponsor authorized a matching contribution percentage of 50% on the first 4% of employee's eligible compensation for 2015 and 2014. In addition, the Sponsor may make a non-elective discretionary contribution. There were no non-elective discretionary contributions for 2015 or 2014. Under no circumstances are employees allowed to make annual additions to their accounts in excess of the lesser of 100% of compensation or $53,000 and $52,000 plus catch-up contributions for the years ended December 31, 2015 and 2014, respectively, combining both 401(k) elective deferrals and Sponsor match and non-elective discretionary contributions.

**Participant Accounts** - Each participant's account is credited with the participant's contribution and allocation of (a) the Sponsor's contribution, (b) Plan earnings (net of losses) and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The Plan is a participant-directed plan.

**Vesting** - Participants are immediately vested in their voluntary contributions. For participants credited with an hour of service beginning after December 31, 2001, the Plan provides for the following graduated vesting, with regard to the Sponsor's contributions: 20% per year after two years, with 100% vesting at six years of service.

## NOTE 1 - DESCRIPTION OF PLAN (Continued)

Payments of Benefits - Benefits are available for distribution at the normal retirement age of 65, or a deferred retirement date if a participant works past age 65, termination of employment, permanent disability, or upon death. Distributions are paid in the form of a lump-sum of the total vested participant account balance.

Administrative Expenses - Participant administration and record keeping fees are paid by the participants. The annual plan administration and compliance fee is paid by the Sponsor.

Notes Receivable from Participants – Notes receivable from participants are reported at their unpaid principal plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The $50,000 maximum amount will be reduced by the participant's highest outstanding loan balance in the previous twelve months, even if amounts have been repaid. The loans are secured by the balance in the participant's account and bear interest at a rate of 3.25%, which is commensurate with local prevailing rates as determined monthly by the Plan administrator. The maximum repayment period is 5 years. Principal and interest is paid ratably through payroll deductions.

Forfeited Accounts - If a participant's employment is terminated, the non-vested portion of a participant's account balance becomes subject to forfeiture. At December 31, 2015 and 2014, forfeited non-vested accounts totaled $9,088 and $5,407, respectively. Forfeitures of Sponsor matching contributions and non-elective discretionary contributions reduce current matching contributions and non-elective discretionary contributions, respectively. For the years ended December 31, 2015 and 2014 forfeited amounts of $532 and $2,149, respectively, were used to supplement current matching contributions.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review – Subsequent events were evaluated through October 10, 2016, which is the date the financial statements were available to be issued.

Basis of Accounting – The Plan has elected to present these statements on the accrual basis of accounting.

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Uncertainty in Income Taxes - The Plan has adopted the provisions of the Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) No. 740, "*Income Taxes*", as amended by FASB ASU No. 2009-06, "*Implementation Guidance on Accounting for Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities*". Management has estimated that there were no liabilities for unrecognized tax benefits for the years ended December 31, 2015 and 2014.

The Plan has not recognized any interest or penalties related to unrecognized tax benefits in the statements of changes in net assets available for benefits nor has it accrued any in the statements of net assets available for benefits as of and for the years ended December 31, 2015 and 2014.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement dates. See Note 8 for discussion of fair value measurements.

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

The Plan's investments consist of mutual fund shares held under contract and unallocated insurance contracts with the Custodian. The Plan's participants do not hold shares of stocks, bonds or mutual fund shares under the contract, instead contributions to the contract are held in the Custodian's pooled separate account, which, in turn, purchases shares of mutual funds. The interest, dividends and realized/unrealized gains and losses with respect to the mutual fund shares held under contract are factored into the value of the separate account funds. The value of the separate account unit of participation is determined by dividing the total value of the separate account by the total number of units of participation held by the plans invested in the separate account. The value of the separate account includes the dividends earned and any realized or unrealized gains or losses associated with the underlying investments. The Custodian has advised the Plan administrator that it is impractical to have a separate accounting of investment income and appreciation/depreciation on the value of the assets. Investments stated at fair value consisted of the following at December 31:

| | 2015 | | 2014 | |
|---|---|---|---|---|
| | Carrying Amount | Fair Value | Carrying Amount | Fair Value |
| Mutual Funds | $ 2,397,174 | $ 2,397,174 | $ 2,360,588 | $ 2,360,588 |
| Unallocated Insurance Contracts | 466,013 | 466,013 | 491,981 | 491,981 |
| Cash | 9,088 | 9,088 | 5,407 | 5,407 |
| | $ 2,872,275 | $ 2,872,275 | $ 2,857,976 | $ 2,857,976 |

The Plan's assets also consist of the following investments for which the fair value has been determined to be impracticable to estimate. There are no readily available markets for these assets to enable an accurate estimate as to the fair value. These investments are carried on the statements of net assets available for benefits at current value using the discounted value of expected cash flows, which approximates cost.

| | 2015 | 2014 |
|---|---|---|
| Notes Receivable from Participants | $ 120,877 | $ 102,462 |

## NOTE 3 - TAX STATUS

The Plan obtained its latest determination letter on September 18, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, is designed in accordance with applicable sections of the Internal Revenue Code (IRC) and is exempt from federal income tax under Section 401 of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

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

## NOTE 4 - PLAN TERMINATION

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

## NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Custodian.

| | 2015 | 2014 |
|---|---|---|
| Equity and Fixed Income Mutual Funds | $ 2,397,174 | $ 2,360,588 |
| Unallocated Insurance Contracts | 466,013 | 491,981 |
| Cash | 9,088 | 5,407 |
| **Total of Certified Assets** | $ 2,872,275 | $ 2,857,976 |
| | | |
| **Investment Income (Loss):** | | |
| Net Depreciation in Fair Value of Investments | $ (193,700) | $ (130,279) |
| Dividends and Interest - Investments | 212,885 | 274,099 |
| **Total Investment Income** | $ 19,185 | $ 143,820 |

## NOTE 6 - INVESTMENTS IN EXCESS OF FIVE PERCENT OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2015, the Plan's assets included the following investments, under the captions indicated, that exceeded 5% of Net Assets Available for Benefits, measured as of the beginning of the Plan year:

| Asset | | Fair Value at December 31, 2015 |
|---|---|---|
| **Income Mutual Fund:** | | |
| American Funds Europacific Growth R3 | $ | 287,473 |
| Great-West Aggressive Profile II | | 193,637 |
| Great-West Lifetime 2015 Portfolio II | | 190,163 |
| Great-West Lifetime 2025 Portfolio II | | 304,389 |
| Invesco Growth & Income A | | 354,166 |
| Janus Forty S | | 365,044 |
| **Unallocated Insurance Contracts:** | | |
| Key Guaranteed Portfolio Fund | | 466,013 |

## NOTE 7 - SEPARATED PARTICIPANTS

At the Plan's year-end, there were twenty-one participants separated from service, with plan assets. The separated participants are entitled to the income earned from their assets but are not eligible to share in subsequent Plan contributions or forfeitures. The value of the assets of separated participants was $146,200 at December 31, 2015.

## NOTE 8 - FAIR VALUE MEASUREMENTS

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

The fair value measurement accounting literature establishes a fair value hierarchy that prioritize the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

### Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks and mutual funds are based on the closing prices reported on the active markets where the individual securities are traded.

### Level 2 Fair Value Measurements

The fair value of the unallocated insurance contracts is based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. The unallocated insurance contracts represent an investment in Key Guaranteed Portfolio Fund, a fixed annuity investment option. The investment objective is to provide a guarantee of principal and a guaranteed quarterly interest rate. The Key Guaranteed Portfolio Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and the prevailing market conditions. Interest crediting is reset quarterly. The average yield earned by the Plan for the benefit responsive fund is derived by averaging the quarterly gross interest rates for the fund over the year. The average for 2015 and 2014 was 1.20% and 1.25%, respectively.

**NOTE 8 - FAIR VALUE MEASUREMENTS** (Continued)

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefit.

| | | Assets at Fair Value | |
|---|---|---|---|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Other Significant Observable Inputs (Level 2) |
| December 31, 2015 | | | |
| Mutual Funds: | | | |
| Lifetime Funds | $ 648,676 | $ 648,676 | $ - |
| Asset Allocation Funds | 357,992 | 357,992 | - |
| International Funds | 287,473 | 287,473 | - |
| Small Cap Funds | 56,574 | 56,574 | - |
| Mid Cap Funds | 53,772 | 53,772 | - |
| Large Cap Funds | 884,354 | 884,354 | - |
| Bond Funds | 108,333 | 108,333 | - |
| Total Mutual Funds | 2,397,174 | 2,397,174 | - |
| Unallocated Insurance Contract | 466,013 | - | 466,013 |
| **Total Assets at Fair Value** | **$ 2,863,187** | **$ 2,397,174** | **$ 466,013** |

| | Total | (Level 1) | (Level 2) |
|---|---|---|---|
| December 31, 2014 | | | |
| Mutual Funds: | | | |
| Lifetime Funds | $ 617,051 | $ 617,051 | $ - |
| Asset Allocation Funds | 441,717 | 441,717 | - |
| International Funds | 258,558 | 258,558 | - |
| Small Cap Funds | 41,942 | 41,942 | - |
| Mid Cap Funds | 32,124 | 32,124 | - |
| Large Cap Funds | 864,730 | 864,730 | - |
| Bond Funds | 104,466 | 104,466 | - |
| Total Mutual Funds | 2,360,588 | 2,360,588 | - |
| Unallocated Insurance Contract | 491,981 | - | 491,981 |
| **Total Assets at Fair Value** | **$ 2,852,569** | **$ 2,360,588** | **$ 491,981** |

## NOTE 9 - RELATED PARTY TRANSACTIONS

As of December 31, 2015 and 2014, certain Plan investments are shares of mutual funds that are managed by Great-West Trust Company, LLC. Great-West Trust Company, LLC is also the Custodian as defined by the Plan and, therefore, these transactions qualify as related party transactions.

## NOTE 10 - 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 these investments, it is at least reasonably possible that changes in the value 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 statements of net assets available for benefits.

F.S. LOPKE CONTRACTING, INC. 401(k) PLAN
EIN 16-1012179
PLAN NUMBER 001
SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

| (a) | (b) Identity of Issue | (c) Description of Investment | | | (e) Value |
|---|---|---|---|---|---|
| | **Cash:** | | | | |
| | Great-West | Cash | | | $ 9,088 |
| | | | | | 9,088 |
| | **Mutual Funds:** | | | | |
| * | Great-West | Great-West Lifetime 2015 Fund II T1 | 15,020.7653 | Shares | 190,163 |
| * | Great-West | Great-West Lifetime 2025 Fund II T1 | 22,025.2356 | Shares | 304,389 |
| * | Great-West | Great-West Lifetime 2035 Fund II T1 | 2,773.6989 | Shares | 42,049 |
| * | Great-West | Great-West Lifetime 2045 Fund II T1 | 7,052.2331 | Shares | 109,239 |
| * | Great-West | Great-West Lifetime 2055 Fund II T1 | 182.6415 | Shares | 2,836 |
| * | Great-West | Great-West Conservative Profile II Fund I | 6,129.4725 | Shares | 47,932 |
| * | Great-West | Great-West Moderate Profile II Fund I | 16,848.4006 | Shares | 116,422 |
| * | Great-West | Great-West Aggressive Profile II Fund I | 29,162.1875 | Shares | 193,637 |
| | Great-West | American Funds Europacific Growth R3 | 6,460.0786 | Shares | 287,473 |
| | Great-West | Invesco Small Cap Value A | 3,509.5309 | Shares | 56,574 |
| | Great-West | Lord Abbett Value Opportunities A | 3,046.5840 | Shares | 53,772 |
| | Great-West | American Funds Fundamental Invs R3 | 958.1548 | Shares | 48,483 |
| | Great-West | American Funds Growth Fund of Amer. R3 | 2,872.0322 | Shares | 116,662 |
| | Great-West | Invesco Growth & Income A | 15,026.1216 | Shares | 354,166 |
| | Great-West | Janus Forty S | 12,885.4146 | Shares | 365,044 |
| | Great-West | Oppenheimer International Bond Fund A | 3,013.9457 | Shares | 16,637 |
| | Great-West | Pimco Total Return Admin | 9,105.8453 | Shares | 91,696 |
| | | | | | 2,397,174 |
| | **Unallocated Insurance Contracts:** | | | | |
| * | Great-West | Key Guaranteed Portfolio Fund | | | 466,013 |
| | | | | | 466,013 |
| | **Notes Receivable from Participants** | | | | |
| | | Notes Receivable from Participants at rates of 3.25% | Mature 2016-2019 | | 120,877 |
| | | | | | 120,877 |
| | TOTAL ASSETS (HELD AT END OF YEAR) | | | | $ 2,993,152 |

* Party-In-Interest

See the accompanying notes to financial statements.

F.S. LOPKE CONTRACTING, INC. 401(k) PLAN
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2015

| | (a) Identity of Issue, Borrower, Lessor, or Similar Party | (b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (c) Cost of Acquisitions | (d) Proceeds of Dispositions |
|---|---|---|---|---|
| * | Great-West | Great-West Lifetime 2015 Fund II T1 | $ 12,505 | $ 3,666 |
| * | Great-West | Great-West Lifetime 2025 Fund II T1 | 20,611 | 1,713 |
| * | Great-West | Great-West Lifetime 2035 Fund II T1 | 10,107 | 2,322 |
| * | Great-West | Great-West Lifetime 2045 Fund II T1 | 6,319 | 464 |
| * | Great-West | Great-West Lifetime 2055 Fund II T1 | 2,027 | 712 |
| * | Great-West | Great-West Conservative Profile II Fund I | 6,287 | 10,485 |
| * | Great-West | Great-West Moderate Profile II Fund I | 12,119 | 29,951 |
| * | Great-West | Great-West Aggressive Profile II Fund I | 20,418 | 49,489 |
| | Great-West | American Funds Europacific Growth R3 | 42,001 | 18,388 |
| | Great-West | Invesco Small Cap Value A | 7,720 | 1,155 |
| | Great-West | Lord Abbett Value Opportunities A | 9,813 | 810 |
| | Great-West | American Funds Fundamental Invs R3 | 6,796 | 473 |
| | Great-West | American Funds Growth Fund of Amer. R3 | 12,016 | 738 |
| | Great-West | Invesco Growth & Income A | 31,726 | 58,662 |
| | Great-West | Janus Forty S | 38,594 | 63,448 |
| | Great-West | Oppenheimer International Bond Fund A | 3,445 | 415 |
| | Great-West | Pimco Total Return Admin | 15,876 | 15,479 |
| * | Great-West | Key Guaranteed Portfolio Fund | 33,066 | 41,541 |
| | | | $ 291,446 | $ 299,911 |

* Party-In-Interest

See the accompanying notes to financial statements.

F.S. LOPKE CONTRACTING, INC. 401(k) PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H (FORM 5500) - PART IV, LINE 4j
DECEMBER 31, 2015

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date(s) | Net Gain or (Loss) | Transaction Type Code |
|---|---|---|---|---|---|---|---|
| Great-West Trust Company, LLC | Various Securities | | | See Attachment A | | | 4 |

Transaction type codes:

1 - A single transaction within the Plan year in excess of 5% of the current value of the Plan assets.
2 - Any series of transactions with or in conjunction with the same person, involving property other than securities, which amount in the aggregate within the Plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the current value of Plan assets.
3 - Any transaction within the Plan year involving securities of the same issue if within the Plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the Plan assets.
4 - Any transaction within the Plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the Plan year with such person, with respect to securities, exceeds 5% of the current value of Plan assets.

See the accompanying notes to financial statements.

ATTACHMENT A

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)

F.S. Lopke Contracting, Inc. 401(k) Plan
01-JAN-15 to 31-DEC-15



30-JAN-16 17:28:05

| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 3NYKGPF | 4,112.44 | 0.000000 | 30 | (531.90) | 0.000000 | 1 | (531.90) | SERIES |
| 1MX15M1 | 25,028.61 | 1,887.320214 | 153 | (3,666.23) | (261.254370) | 18 | (3,588.41) | SERIES |
| 1MX25M1 | 45,831.18 | 3,144.023106 | 499 | (1,713.32) | (112.556467) | 62 | (1,591.55) | SERIES |
| 1MX35M1 | 13,723.66 | 836.078967 | 304 | (2,321.84) | (134.470079) | 35 | (2,275.36) | SERIES |
| 1MX45M1 | 16,422.06 | 1,005.048313 | 510 | (1,068.85) | (60.864287) | 74 | (954.26) | SERIES |
| 1MX55M1 | 2,216.83 | 130.932659 | 238 | (712.35) | (40.308202) | 28 | (692.84) | SERIES |
| 1PBAXCP | 9,553.23 | 1,161.621010 | 1071 | (21,491.12) | (2,528.957306) | 141 | (21,887.93) | SERIES |
| 1PBAXMP | 23,382.34 | 3,182.230769 | 1243 | (40,201.24) | (5,119.436768) | 150 | (38,204.98) | SERIES |
| 1PBAXAP | 47,786.16 | 6,648.423868 | 1693 | (61,248.58) | (7,619.373319) | 190 | (52,214.65) | SERIES |
| 192AFEP | 60,842.16 | 1,281.914469 | 4089 | (20,121.86) | (413.477121) | 594 | (16,648.16) | SERIES |
| 1VSCAX | 28,651.06 | 1,511.525040 | 1632 | (2,651.79) | (137.523211) | 369 | (2,770.06) | SERIES |
| 1LVOAX | 30,163.18 | 1,536.785183 | 1892 | (2,597.79) | (131.706168) | 352 | (2,635.10) | SERIES |
| 1RFNCX | 15,225.24 | 292.327850 | 1444 | (743.55) | (14.484635) | 216 | (712.91) | SERIES |
| 195AFGF | 47,052.52 | 1,099.432131 | 1474 | (3,727.23) | (85.740960) | 396 | (3,676.87) | SERIES |
| 1ACGIX | 64,080.89 | 2,574.461029 | 4363 | (60,907.39) | (2,284.388757) | 657 | (47,397.32) | SERIES |
| 1JARTX | 88,590.71 | 2,975.353104 | 3377 | (75,013.60) | (2,350.390128) | 367 | (75,864.19) | SERIES |
| 1OIBAX | 4,962.36 | 859.591657 | 1260 | (1,501.73) | (266.300866) | 212 | (1,582.86) | SERIES |
| 1PTRAX | 22,682.12 | 2,156.367835 | 2954 | (16,219.34) | (1,506.076643) | 449 | (16,573.76) | SERIES |
| 1NYKGPF | 34,596.77 | 0.000000 | 2941 | (65,994.19) | 0.000000 | 206 | (65,994.19) | SERIES |

LEGEND

INVESTMENT OPTION:

| | |
|---|---|
| 3NYKGPF | Key Guaranteed Portfolio Fund |
| 1MX25M1 | Great-West Lifetime 2025 Fund II T1 |
| 1MX45M1 | Great-West Lifetime 2045 Fund II T1 |
| 1PBAXCP | Great-West Conserv Profile II Fund I |
| 1PBAXAP | Great-West Aggressive Profile II Fund I |
| 1VSCAX | Invesco Small Cap Value A |
| 1RFNCX | American Funds Fundamental Invs R3 |
| 1ACGIX | Invesco Growth & Income A |
| 1OIBAX | Oppenheimer International Bond Fund A |
| 1NYKGPF | Key Guaranteed Portfolio Fund |
| 1MX15M1 | Great-West Lifetime 2015 Fund II T1 |
| 1MX35M1 | Great-West Lifetime 2035 Fund II T1 |
| 1MX55M1 | Great-West Lifetime 2055 Fund II T1 |
| 1PBAXMP | Great-West Moderate Profile II Fund I |
| 192AFEP | American Funds EuroPacific Gr R3 |
| 1LVOAX | Lord Abbett Value Opportunities A |
| 195AFGF | American Funds Growth Fund of Amer R3 |
| 1JARTX | Janus Forty S |
| 1PTRAX | PIMCO Total Return Admin |

# Schedule H, line 4i
# Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2015** and ending **12/31/2015**

Name of plan
**F.S. LOPKE CONTRACTING, INC. 401(k) PLAN**

Employer Identification Number
**16-1012179**

Three-digit plan number ► **001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Great West Lifetime 2015 Fund | Mutual Fund | | 190,163 |
| | Great West Lifetime 2025 Fund | Mutual Fund | | 304,389 |
| | Great West Lifetime 2035 Fund | Mutual Fund | | 42,049 |
| | Great West Lifetime 2045 Fund | Mutual Fund | | 109,239 |
| | Great West Lifetime 2055 Fund | Mutual Fund | | 2,836 |
| | Great West Con Profile II Fund | Mutual Fund | | 47,932 |
| | Great West Mod Profile II Fund | Mutual Fund | | 116,422 |
| | Great West Agg Profile II Fund | Mutual Fund | | 193,637 |
| | American Funds EuroPacific Gro | Mutual Fund | | 287,473 |
| | Invesco Small Cap Value | Mutual Fund | | 56,574 |
| | Lord Abbett Value Opportunit | Mutual Fund | | 53,772 |
| | American Funds Fundamental Inv | Mutual Fund | | 48,483 |
| | American Funds Gr Fund of Amer | Mutual Fund | | 116,662 |
| | Invesco Growth & Income | Mutual Fund | | 354,166 |
| | Janus Forty S | Mutual Fund | | 365,044 |
| | Oppenheimer Int'l Bond Fund | Mutual Fund | | 16,637 |
| | PIMCO Total Return Admin | Mutual Fund | | 91,696 |
| | First GWL&A Key Guar. Port. | Fixed Annuity Contract 1.20% | | 466,013 |
| | Participant Loans | 3.25% | | 120,877 |
| | Forfeitures | | | 9,088 |

# Schedule H, line 4j
# Schedule of Reportable Transactions.

Name of Employer
F.S. LOPKE CONTRACTING, INC.

Employer identification number
16-1012179

Plan Year 01/01/2015 to 12/31/2015

Three-digit plan number ▶ 001

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase Price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| see Attachment A | from audited financial stmt | | | | | | | |
| | | | | | | | | |
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