Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
KARPINSKI ENGINEERING, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

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)
KARPINSKI ENGINEERING, INC.

3135 EUCLID AVENUE
CLEVELAND, OH 44115-2531

2b Employer Identification Number (EIN) 34-1391481

2c Plan Sponsor's telephone number 216-391-3700

2d Business code (see instructions) 541330

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.	10/14/2016	KENNETH BORAH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor KARPINSKI ENGINEERING, INC. 3135 EUCLID AVENUE CLEVELAND, OH 44115-2531	**3b** Administrator's EIN 34-1391481 **3c** Administrator's telephone number 216-391-3700
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN **4c** PN

5	Total number of participants at the beginning of the plan year	**5**	129
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)**	112
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	108
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	135
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	135
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	124
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
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:
2A 2E 2F 2G 2J 2K 3D

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

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

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

a Pension Schedules

(1)	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)	☐	0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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 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
KARPINSKI ENGINEERING, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KARPINSKI ENGINEERING, INC.

D Employer Identification Number (EIN)
34-1391481

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS

04-2647786

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

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

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

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

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	24808	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	11048	Yes [X] No [ ]	Yes [ ] No [X]	0	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
FIDELITY INVESTMENTS	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INTL STK-BOSTON 52-2269240	PO BOX 8480 BOSTON, MA 02266	0.10%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM VALUE ADV I-BOSTON FINANCIAL	330 W. 9TH ST. KANSAS CITY, MO 66160	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS BOND INST- BOSTON FINANCIAL	P.O. BOX 8480 BOSTON, MA 02266	0.20%

Part I Service Provider Information (continued)

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

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

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

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

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METWEST TOT RTN BD I-BNY MELLON INV	P.O. BOX 9793 PROVIDENCE, RI 02940	0.10%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRU/J NAT RESRCS Z-PRUDENTIAL 22-3703799	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOUCHSTN SC INST GR-BNY MELLON PO BOX 9793 PROVIDENCE, RI 02940	0.07%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WASATCH SM CAP GRTH-UMB FUND SERV 39-1657495	0.40%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
1ST EAGLE OVERSEAS A-DST SYSTEMS 43-1581814	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRU/J MID CAP GR Z-PRUDENTIAL 22-3703799	0.25%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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
KARPINSKI ENGINEERING, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KARPINSKI ENGINEERING, INC.

D Employer Identification Number (EIN)
34-1391481

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: UNIONBOND & TRUST COMPANY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	358767

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
KARPINSKI ENGINEERING, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KARPINSKI ENGINEERING, INC.

D Employer Identification Number (EIN)
34-1391481

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)	50000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	67210	66324
(9) Value of interest in common/collective trusts	1c(9)	167663	358767
(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)	7725768	7921862
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	8010641	8346953
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	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8010641	8346953

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)	73736	
(B) Participants	2a(1)(B)	659514	
(C) Others (including rollovers)	2a(1)(C)	1278	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		734528
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)	2977	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2977
(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)	324271	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		324271
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2620
(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)		-583972
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		480424
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	108257	
(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)		108257
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)	35855	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		35855
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		144112
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		336312
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: D'AMORE TATMAN GROUP, LLC **(2)** EIN: 34-3904516

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			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 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.**	**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
KARPINSKI ENGINEERING, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KARPINSKI ENGINEERING, INC.

D Employer Identification Number (EIN)
34-1391481

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** 0

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

EIN(s): 04-2647786 _____

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: 0.0% 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

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Financial Statements

December 31, 2015 and 2014

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

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D'AMORE TATMANGROUP LLC
Certified Public Accountants & Business Advisors

Independent Auditor's Report

To the Plan Administrator and Board of Trustees for the
Karpinski Engineering, Inc. Employees' Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Karpinski Engineering, Inc. Employees' Profit Sharing Plan and Trust, 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

3659 Green Road, Suite 124 • Beachwood, Ohio 44122 • 216.378.1550 • fax: 216.378.1988 • www.dtgroup.net

Other Matter - Supplemental Schedule

The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

D'Amore Tatman Group LLC

Cleveland, Ohio
October 12, 2016

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
Assets:		
Receivables:		
Employer discretionary contribution	$ -	$ 50,000
Notes receivable from participants	66,324	67,210
Total receivables	66,324	117,210
Investments, at fair value:		
Mutual funds	7,921,862	7,725,768
Common/collective trusts	358,767	167,663
Total investments	8,280,629	7,893,431
Net assets available for benefits	$ 8,346,953	$ 8,010,641

The accompanying notes are an integral part of these financial statements

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2015 and 2014

	2015	2014
Additions to net assets attributed to:		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	$ (581,352)	$ 89,647
Interest	2,977	3,645
Dividends	324,271	261,245
Total investment (loss) income	(254,104)	354,537
Contributions:		
Employers	73,736	157,632
Participants	659,514	618,866
Rollovers	1,278	-
Total contributions	734,528	776,498
Total additions	480,424	1,131,035
Deductions from net assets attributed to:		
Administrative fees	35,855	33,989
Benefits paid to participants	108,257	163,871
Total deductions	144,112	197,860
Net increase	336,312	933,175
Net assets available for benefits - beginning of year	8,010,641	7,077,466
Net assets available for benefits - end of year	$ 8,346,953	$ 8,010,641

The accompanying notes are an integral part of these financial statements

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of Plan

The following description of the Karpinski Engineering, Inc. Employees' Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan agreement and its amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Karpinski Engineering, Inc. Employees are eligible to participate in the plan on the first day of each plan quarter coincident upon reaching the age of twenty-one and completing two months of eligibility service. The Plan is a single employer plan and it is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may elect to defer a percentage of their compensation up to the maximum amount allowable under Code Section 402(g) and 415 of the Internal Revenue Code, as defined in the Plan. Participants direct the investment of all contributions into various investment options offered by the Plan. The Company may make discretionary matching employer contributions on behalf of each participant. The Company also has the option of making an additional discretionary profit sharing contribution. The Company elected to make discretionary profit sharing contributions of $-0- and $50,000 for the years ending December 31, 2015 and 2014, respectively.

Participant Accounts

Each participant's account is credited with contributions as well as allocations of the Company's matching and discretionary profit sharing contributions along with Plan earnings. Allocations are based on compensation or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary profit sharing contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after 5 years of service. In addition, participants are 100% vested upon normal retirement age, death, or the date they become disabled, as defined in the Plan.

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of Plan - Continued

The graduated vesting schedule with respect to the Company's matching and profit sharing contributions are as follows:

Years of Service	Vesting Percentage
Less than one 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested interest of their account balance. Loan repayment terms may not exceed 5 years except for the purchase of a primary residence. A participant may only have one loan outstanding at a time with repayments made on a monthly basis through payroll deductions. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.25%, which commensurate with local prevailing rates as determined by the Plan Administrator. As of December 31, 2015 and 2014, the interest rate charged on outstanding loans was the prime rate plus 1.0%.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to 100% of his or her account in a lump-sum amount. Benefits will be automatically distributed if his or her account balance is $1,000 or less. All distributions in excess of $1,000 require participant consent. For termination of service due to other reasons, a participant receives the value of the vested interest in his or her account as a lump-sum distribution.

The Plan allows for hardship withdrawals from a participant's elective deferral account less accumulated earnings and his or her vested interest in the matching and discretionary profit sharing contribution accounts. The Plan also allows for in service withdrawals which are restricted to a participant's matching and discretionary profit sharing contribution account after 60 months of participation in the Plan as well as all vested account balances at age 59 1/2.

Benefits are recorded when paid.

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of Plan - Continued

Operating Expenses

Third party administrative and audit fees of the Plan are paid by the plan sponsor.

Forfeitures

Forfeited balances of non-vested accounts are first used to reduce Company contributions and second to pay reasonable Plan expenses. At December 31, 2015 and 2014, forfeited non-vested accounts totaled $1,774 and $5,724, respectively, and were used to reduce employer contributions for the years then ended.

Note 2: Summary of Significant Accounting Policies

Management Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Method of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account. Delinquent participant loans are reclassified as distributions based on terms of the Plan document. As of December 31, 2015 and 2014, no allowance for credit losses has been recorded.

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 date. See Note 3 for discussion of fair value measurements. Purchases and sales are recorded on a settlement date basis. Interest and dividends are recorded on a cash basis. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 3: 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 determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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 3 inputs were used only when Level 1 or Level 2 inputs were not available.

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.

Level 2 Fair Value Measurements:

The fair value of the Plan's investment in the common/collective trusts is equal to the number of participation units owned by the Plan at year-end times the unit value of the participation units.

Level 3 Fair Value Measurements.

There were no Level 3 assets held by the Plan at year-end.

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 3: Fair Value Measurements - Continued

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair market value as of December 31, 2015 and 2014:

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices In Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2015			
Mutual funds	$ 7,921,862	$ 7,921,862	$ -
Common/collective trusts	358,767	-	358,767
Total assets at fair value	$ 8,280,629	$ 7,921,862	$ 358,767
December 31, 2014			
Mutual funds	$ 7,725,768	$ 7,725,768	$ -
Common/collective trusts	167,663	-	167,663
Total assets at fair value	$ 7,893,431	$ 7,725,768	$ 167,663

Note 4: Investments

Investments that represent 5 percent or more of the Plan's net assets are as follows:

	2015	2014
Vanguard Total Stock Market Index Fund Admiral Shares	$ 980,959	$ 937,972
Strategic Allocation Portfolio TOPS TM Target 2035I	764,416	712,824
Strategic Allocation Portfolio TOPS TM Target 2045I	733,520	644,614
Strategic Allocation TOPS TM Growth Portfolio	629,477	586,344
Touchstone Sands Capital Institutional Growth Fund	601,808	611,644
Strategic Allocation Portfolio TOPS TM Target 2025I	584,223	538,488
Strategic Allocation TOPS TM Aggressive Growth Portfolio	430,229	-
Strategic Allocation TOPS TM Conservative Portfolio	419,014	408,059
Target Small Capitalization Value Portfolio Fund Class T	-	440,157

During 2015 and 2014, the Plan's investments, including investments bought, sold, and held during the year (depreciated) appreciated in value by (581,352) and $89,647, respectively, as follows:

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 4: Investments - Continued

	2015	2014
Mutual funds	$ (583,972)	$ 88,020
Common/collective trusts	2,620	1,627
Net (depreciation) appreciation in fair value	$ (581,352)	$ 89,647

Note 5: Party-In-Interest Transactions

Plan assets at December 31, 2015 and 2014, are held in a separate trust by Fidelity Management Trust Company, the trustee of the Plan. In addition, Fidelity Management Trust Company provided the recordkeeping and contract administrative services for the years ending December 31, 2015 and 2014. Accordingly, the investments qualify as party-in-interest transactions. See the accompanying supplemental schedule.

Contract administrative service expense paid by the Plan amounted to $35,855 and $33,989 for the years ended December 31, 2015 and 2014, respectively.

Note 6: Information Prepared and Certified by the Trustees

	2015	2014
Investments, at fair value:		
Mutual funds	$ 7,921,862	$ 7,725,768
Common collective trusts	358,767	167,663
Investment (loss) gain	(581,352)	89,647
Dividends	324,271	261,245

Note 7: Plan Termination

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

Note 8: Tax Status

The Internal Revenue Service has determined by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since, 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, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan Administrator believes the Plan is no longer subject to income tax examinations for the years prior to 2012.

Note 9: Plan Amendments

Effective March 17, 2015, the Plan was amended to adopt a new plan document in order to comply with the Internal Revenue Service required amendments, regulatory changes and other enhancements.

Effective December 28, 2015, the Plan was amended to allow terminated employees who are eligible to receive a distribution, the option of taking partial distributions.

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 certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 11: Date of Managements Review

Subsequent events have been evaluated by management through October 12, 2016 which is the date the financial statements were available to be issued.

KARPINSKI ENGINEERING, INC. EMPLOYEES PROFIT SHARING PLAN & TRUST
Schedule of Assets Held for Investment Purposes Schedule H Item 4i
EIN 34-1391481
IRS Plan #001
As of Plan Year Ended December 31, 2015

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost	(E) Current Value
*	Fidelity Management Trust Company	Prudential Jennison Mid Cap Growth Fund Class Z		$ 236,342
*	Fidelity Management Trust Company	Prudential Jennison Natural Resources Fund Class Z		19,125
*	Fidelity Management Trust Company	JPMorgan Value Advantage Fund Institutional Class Shares		128,089
*	Fidelity Management Trust Company	Oppenheimer Developing Markets Fund Class Y		102,333
*	Fidelity Management Trust Company	Touchstone Sands Capital Institutional Growth Fund		601,808
*	Fidelity Management Trust Company	PIMCO Emerging Markets Bond Fund Institutional Class		174,327
*	Fidelity Management Trust Company	PIMCO Real Return Fund Institutional Class		4,614
*	Fidelity Management Trust Company	Wasatch Small Cap Growth Fund		86,186
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Conservative Portfolio		419,014
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Income and Growth Portfolio		90,708
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Balanced Portfolio		23,426
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Moderate Growth Portfolio		92,584
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Growth Porfolio		629,477
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Aggressive Growth Portfolio		430,229
*	Fidelity Management Trust Company	Strategic Allocation Porfolio TOPSTM Target 2015 I		26,547
*	Fidelity Management Trust Company	Strategic Allocation Porfolio TOPSTM Target 2025 I		584,223
*	Fidelity Management Trust Company	Strategic Allocation Porfolio TOPSTM Target 2035 I		764,416
*	Fidelity Management Trust Company	Strategic Allocation Porfolio TOPSTM Target 2045 I		733,520
*	Fidelity Management Trust Company	Vanguard Equity-Income Fund Admiral Shares		183,777
*	Fidelity Management Trust Company	Vanguard Small-Cap Index Fund Admiral Shares		57,709
*	Fidelity Management Trust Company	Vanguard Total Stock Market Index Fund Admiral Shares		980,959
*	Fidelity Management Trust Company	Vanguard Mid-Cap Index Fund Admiral Shares		70,651
*	Fidelity Management Trust Company	First Eagle Overseas Fund Class A		37,892
*	Fidelity Management Trust Company	Dodge & Cox International Stock Fund		232,830
*	Fidelity Management Trust Company	Loomis Sayles Bond Fund Institutional Class		289,063
*	Fidelity Management Trust Company	Target Small Capitalization Value Portfolio Fund Class T		396,227
*	Fidelity Management Trust Company	Oppenheimer International Growth Fund Class Y		243,761
*	Fidelity Management Trust Company	E.I.I. Global Property Fund Class Institutional		120,937
*	Fidelity Management Trust Company	Morley Stable Value Fund		358,767
*	Fidelity Management Trust Company	Metropolitan West Total Return Bond Fund Class Institutional		161,088
*	Participant Loans	4.25% - 9.25%		66,324
	Total			$ 8,346,953

See independent auditor's report

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	2015	2014
Assets:		
Receivables:		
Employer discretionary contribution	$ -	$ 50,000
Notes receivable from participants	66,324	67,210
Total receivables	66,324	117,210
Investments, at fair value:		
Mutual funds	7,921,862	7,725,768
Common/collective trusts	358,767	167,663
Total investments	8,280,629	7,893,431
Net assets available for benefits	$ 8,346,953	$ 8,010,641

The accompanying notes are an integral part of these financial statements

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2015 and 2014

	2015	2014
Additions to net assets attributed to:		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	$ (581,352)	$ 89,647
Interest	2,977	3,645
Dividends	324,271	261,245
Total investment (loss) income	(254,104)	354,537
Contributions:		
Employers	73,736	157,632
Participants	659,514	618,866
Rollovers	1,278	-
Total contributions	734,528	776,498
Total additions	480,424	1,131,035
Deductions from net assets attributed to:		
Administrative fees	35,855	33,989
Benefits paid to participants	108,257	163,871
Total deductions	144,112	197,860
Net increase	336,312	933,175
Net assets available for benefits - beginning of year	8,010,641	7,077,466
Net assets available for benefits - end of year	$ 8,346,953	$ 8,010,641

The accompanying notes are an integral part of these financial statements

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of Plan

The following description of the Karpinski Engineering, Inc. Employees' Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan agreement and its amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Karpinski Engineering, Inc. Employees are eligible to participate in the plan on the first day of each plan quarter coincident upon reaching the age of twenty-one and completing two months of eligibility service. The Plan is a single employer plan and it is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may elect to defer a percentage of their compensation up to the maximum amount allowable under Code Section 402(g) and 415 of the Internal Revenue Code, as defined in the Plan. Participants direct the investment of all contributions into various investment options offered by the Plan. The Company may make discretionary matching employer contributions on behalf of each participant. The Company also has the option of making an additional discretionary profit sharing contribution. The Company elected to make discretionary profit sharing contributions of $-0- and $50,000 for the years ending December 31, 2015 and 2014, respectively.

Participant Accounts

Each participant's account is credited with contributions as well as allocations of the Company's matching and discretionary profit sharing contributions along with Plan earnings. Allocations are based on compensation or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary profit sharing contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after 5 years of service. In addition, participants are 100% vested upon normal retirement age, death, or the date they become disabled, as defined in the Plan.

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of Plan - Continued

The graduated vesting schedule with respect to the Company's matching and profit sharing contributions are as follows:

Years of Service	Vesting Percentage
Less than one 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested interest of their account balance. Loan repayment terms may not exceed 5 years except for the purchase of a primary residence. A participant may only have one loan outstanding at a time with repayments made on a monthly basis through payroll deductions. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.25%, which commensurate with local prevailing rates as determined by the Plan Administrator. As of December 31, 2015 and 2014, the interest rate charged on outstanding loans was the prime rate plus 1.0%.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to 100% of his or her account in a lump-sum amount. Benefits will be automatically distributed if his or her account balance is $1,000 or less. All distributions in excess of $1,000 require participant consent. For termination of service due to other reasons, a participant receives the value of the vested interest in his or her account as a lump-sum distribution.

The Plan allows for hardship withdrawals from a participant's elective deferral account less accumulated earnings and his or her vested interest in the matching and discretionary profit sharing contribution accounts. The Plan also allows for in service withdrawals which are restricted to a participant's matching and discretionary profit sharing contribution account after 60 months of participation in the Plan as well as all vested account balances at age 59 1/2.

Benefits are recorded when paid.

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of Plan - Continued

Operating Expenses

Third party administrative and audit fees of the Plan are paid by the plan sponsor.

Forfeitures

Forfeited balances of non-vested accounts are first used to reduce Company contributions and second to pay reasonable Plan expenses. At December 31, 2015 and 2014, forfeited non-vested accounts totaled $1,774 and $5,724, respectively, and were used to reduce employer contributions for the years then ended.

Note 2: Summary of Significant Accounting Policies

Management Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Method of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account. Delinquent participant loans are reclassified as distributions based on terms of the Plan document. As of December 31, 2015 and 2014, no allowance for credit losses has been recorded.

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 date. See Note 3 for discussion of fair value measurements. Purchases and sales are recorded on a settlement date basis. Interest and dividends are recorded on a cash basis. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 3: 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 determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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 3 inputs were used only when Level 1 or Level 2 inputs were not available.

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.

Level 2 Fair Value Measurements:

The fair value of the Plan's investment in the common/collective trusts is equal to the number of participation units owned by the Plan at year-end times the unit value of the participation units.

Level 3 Fair Value Measurements.

There were no Level 3 assets held by the Plan at year-end.

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 3: Fair Value Measurements - Continued

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair market value as of December 31, 2015 and 2014:

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices In Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2015			
Mutual funds	$ 7,921,862	$ 7,921,862	$ -
Common/collective trusts	358,767	-	358,767
Total assets at fair value	$ 8,280,629	$ 7,921,862	$ 358,767
December 31, 2014			
Mutual funds	$ 7,725,768	$ 7,725,768	$ -
Common/collective trusts	167,663	-	167,663
Total assets at fair value	$ 7,893,431	$ 7,725,768	$ 167,663

Note 4: Investments

Investments that represent 5 percent or more of the Plan's net assets are as follows:

	2015	2014
Vanguard Total Stock Market Index Fund Admiral Shares	$ 980,959	$ 937,972
Strategic Allocation Portfolio TOPS TM Target 2035I	764,416	712,824
Strategic Allocation Portfolio TOPS TM Target 2045I	733,520	644,614
Strategic Allocation TOPS TM Growth Portfolio	629,477	586,344
Touchstone Sands Capital Institutional Growth Fund	601,808	611,644
Strategic Allocation Portfolio TOPS TM Target 2025I	584,223	538,488
Strategic Allocation TOPS TM Aggressive Growth Portfolio	430,229	-
Strategic Allocation TOPS TM Conservative Portfolio	419,014	408,059
Target Small Capitalization Value Portfolio Fund Class T	-	440,157

During 2015 and 2014, the Plan's investments, including investments bought, sold, and held during the year (depreciated) appreciated in value by (581,352) and $89,647, respectively, as follows:

KARPINSKI ENGINEERING, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2015 and 2014

Note 4: Investments - Continued

	2015	2014
Mutual funds	$ (583,972)	$ 88,020
Common/collective trusts	2,620	1,627
Net (depreciation) appreciation in fair value	$ (581,352)	$ 89,647

Note 5: Party-In-Interest Transactions

Plan assets at December 31, 2015 and 2014, are held in a separate trust by Fidelity Management Trust Company, the trustee of the Plan. In addition, Fidelity Management Trust Company provided the recordkeeping and contract administrative services for the years ending December 31, 2015 and 2014. Accordingly, the investments qualify as party-in-interest transactions. See the accompanying supplemental schedule.

Contract administrative service expense paid by the Plan amounted to $35,855 and $33,989 for the years ended December 31, 2015 and 2014, respectively.

Note 6: Information Prepared and Certified by the Trustees

	2015	2014
Investments, at fair value:		
Mutual funds	$ 7,921,862	$ 7,725,768
Common collective trusts	358,767	167,663
Investment (loss) gain	(581,352)	89,647
Dividends	324,271	261,245

Note 7: Plan Termination

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

Note 8: Tax Status

The Internal Revenue Service has determined by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since, 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, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan Administrator believes the Plan is no longer subject to income tax examinations for the years prior to 2012.

Note 9: Plan Amendments

Effective March 17, 2015, the Plan was amended to adopt a new plan document in order to comply with the Internal Revenue Service required amendments, regulatory changes and other enhancements.

Effective December 28, 2015, the Plan was amended to allow terminated employees who are eligible to receive a distribution, the option of taking partial distributions.

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 certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 11: Date of Managements Review

Subsequent events have been evaluated by management through October 12, 2016 which is the date the financial statements were available to be issued.

KARPINSKI ENGINEERING, INC. EMPLOYEES PROFIT SHARING PLAN & TRUST
Schedule of Assets Held for Investment Purposes Schedule H Item 4i
EIN 34-1391481
IRS Plan #001
As of Plan Year Ended December 31, 2015

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost	(E) Current Value
*	Fidelity Management Trust Company	Prudential Jennison Mid Cap Growth Fund Class Z		$ 236,342
*	Fidelity Management Trust Company	Prudential Jennison Natural Resources Fund Class Z		19,125
*	Fidelity Management Trust Company	JPMorgan Value Advantage Fund Institutional Class Shares		128,089
*	Fidelity Management Trust Company	Oppenheimer Developing Markets Fund Class Y		102,333
*	Fidelity Management Trust Company	Touchstone Sands Capital Institutional Growth Fund		601,808
*	Fidelity Management Trust Company	PIMCO Emerging Markets Bond Fund Institutional Class		174,327
*	Fidelity Management Trust Company	PIMCO Real Return Fund Institutional Class		4,614
*	Fidelity Management Trust Company	Wasatch Small Cap Growth Fund		86,186
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Conservative Portfolio		419,014
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Income and Growth Portfolio		90,708
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Balanced Portfolio		23,426
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Moderate Growth Portfolio		92,584
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Growth Porfolio		629,477
*	Fidelity Management Trust Company	Strategic Allocation TOPS TM Aggressive Growth Portfolio		430,229
*	Fidelity Management Trust Company	Strategic Allocation Porfolio TOPSTM Target 2015 I		26,547
*	Fidelity Management Trust Company	Strategic Allocation Porfolio TOPSTM Target 2025 I		584,223
*	Fidelity Management Trust Company	Strategic Allocation Porfolio TOPSTM Target 2035 I		764,416
*	Fidelity Management Trust Company	Strategic Allocation Porfolio TOPSTM Target 2045 I		733,520
*	Fidelity Management Trust Company	Vanguard Equity-Income Fund Admiral Shares		183,777
*	Fidelity Management Trust Company	Vanguard Small-Cap Index Fund Admiral Shares		57,709
*	Fidelity Management Trust Company	Vanguard Total Stock Market Index Fund Admiral Shares		980,959
*	Fidelity Management Trust Company	Vanguard Mid-Cap Index Fund Admiral Shares		70,651
*	Fidelity Management Trust Company	First Eagle Overseas Fund Class A		37,892
*	Fidelity Management Trust Company	Dodge & Cox International Stock Fund		232,830
*	Fidelity Management Trust Company	Loomis Sayles Bond Fund Institutional Class		289,063
*	Fidelity Management Trust Company	Target Small Capitalization Value Portfolio Fund Class T		396,227
*	Fidelity Management Trust Company	Oppenheimer International Growth Fund Class Y		243,761
*	Fidelity Management Trust Company	E.I.I. Global Property Fund Class Institutional		120,937
*	Fidelity Management Trust Company	Morley Stable Value Fund		358,767
*	Fidelity Management Trust Company	Metropolitan West Total Return Bond Fund Class Institutional		161,088
*	Participant Loans	4.25% - 9.25%		66,324
	Total			$ 8,346,953

See independent auditor's report