

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	EMPLOYEE RETIREMENT SECURITY PLAN OF THE ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128		1b Three-digit plan number (PN) ▶ <u>002</u>
			1c Effective date of plan <u>01/01/1991</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128		
	2b Employer Identification Number (EIN) <u>34-0714766</u>		
	2c Plan Sponsor's telephone number <u>216-292-9700</u>		
	2d Business code (see instructions) <u>624100</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	SCOTT PEPLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) JEFFREY R. SPENCER, CPA CIUNI & PANICHI, INC. 25201 CHAGRIN BLVD., SUITE 200 BEACHWOOD, OH 44122			Preparer's telephone number (optional) 216-831-7171

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
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).		5 173	
a(1) Total number of active participants at the beginning of the plan year		6a(1) 101	
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	
c Other retired or separated participants entitled to future benefits.....		6c 69	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 177	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f 177	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 147	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
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: 2L			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ 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		b General Schedules	
(1) ☐ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ A (Insurance Information) 2	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan EMPLOYEE RETIREMENT SECURITY PLAN OF THE ACHIEVEMENT CENTER FOR CHILDREN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ACHIEVEMENT CENTER FOR CHILDREN	D Employer Identification Number (EIN) 34-0714766

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

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE8125	100	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4130	0

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

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

NFP INSURANCE SERVICES, INC. 1250 S CAPITAL OF TEXAS HWY
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4130			3

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

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

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	183727
5 Current value of plan's interest under this contract in separate accounts at year end	5	1555098

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	160911
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c Additions: (1) Contributions deposited during the year	7c(1)	133405	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	6645	
(4) Transferred from separate account.....	7c(4)	7026	
(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	147076
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d Total of balance and additions (add lines 7b and 7c(6))	7d	307987
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1369	
(2) Administration charge made by carrier	7e(2)	1350	
(3) Transferred to separate account.....	7e(3)	121541	
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	124260
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	183727
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan EMPLOYEE RETIREMENT SECURITY PLAN OF THE ACHIEVEMENT CENTER FOR CHILDREN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ACHIEVEMENT CENTER FOR CHILDREN	D Employer Identification Number (EIN) 34-0714766	

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

(a) Name of insurance carrier

VOYA RETIREMENT INSURANCE AND ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE8124	120	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
6799	0

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

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

NFP INSURANCE SERVICES, INC. 1250 S CAPITAL OF TEXAS HWY
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6799			3

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

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

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	344198
5 Current value of plan's interest under this contract in separate accounts at year end	5	2513744

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	246747
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c Additions: (1) Contributions deposited during the year	7c(1)	212925	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	10422	
(4) Transferred from separate account.....	7c(4)	115326	
(5) Other (specify below)	7c(5)	7972	
▶ VARIOUS			

(6) Total additions.....	7c(6)	346645
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d Total of balance and additions (add lines 7b and 7c(6))	7d	593392
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	40470
(2) Administration charge made by carrier	7e(2)	2006
(3) Transferred to separate account.....	7e(3)	203018
(4) Other (specify below)	7e(4)	3700

▶ **VARIOUS**

(5) Total deductions.....	7e(5)	249194
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	344198
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan EMPLOYEE RETIREMENT SECURITY PLAN OF THE ACHIEVEMENT CENTER FOR CHILDREN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ACHIEVEMENT CENTER FOR CHILDREN	D Employer Identification Number (EIN) 34-0714766

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(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

(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)

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65 66		0	Yes ☒ No ☐	Yes ☒ No ☐	595	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>EMPLOYEE RETIREMENT SECURITY PLAN OF THE ACHIEVEMENT CENTER FOR CHILDREN</u>	B Three-digit plan number (PN) ► <u>002</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ACHIEVEMENT CENTER FOR CHILDREN</u>	D Employer Identification Number (EIN) <u>34-0714766</u>	

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: <u>SEPARATE ACCOUNTS</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY CO</u>		
c EIN-PN <u>71-0294708-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4068842</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>EMPLOYEE RETIREMENT SECURITY PLAN OF THE ACHIEVEMENT CENTER FOR CHILDREN</u>	B Three-digit plan number (PN) ► <u>002</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACHIEVEMENT CENTER FOR CHILDREN</u>	D Employer Identification Number (EIN) <u>34-0714766</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	9112
	(2) Participant contributions.....	1b(2)	17956	9565
	(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)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	3642573	4068842
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	407658	527925
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4068187	4615444

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4068187	4615444
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	222037	
(B) Participants	2a(1)(B)	139122	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		361159

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)	427	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		427

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	17404	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		17404

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		223871
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		602861

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	52529	
(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)		52529
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)	3075	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3075
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		55604

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		547257
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: CIUNI & PANICHI, INC.

(2) EIN: 34-1322309

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

Independent Auditor's Report

To the Trustees
Employee Retirement Security Plan of
the Achievement Centers for Children

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Employee Retirement Security Plan of the Achievement Centers for Children (the "Plan"), which comprise the statements of net assets available for benefits of as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note 3, which was certified by Voya Retirement Insurance and Annuity Company, formerly ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the custodian is complete and accurate.

To the Trustees
Employee Retirement Security Plan of
the Achievement Centers for Children

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's (DOL) 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 this supplemental schedule.

Report on Form and Content in Compliance with the 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ciuri & Panichi, Inc.

Cleveland, Ohio
September 22, 2015

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Pooled separate accounts	\$ 4,068,842	\$ 3,642,573
Guaranteed investment contracts	<u>527,925</u>	<u>407,658</u>
Total investments, at fair value	4,596,767	4,050,231
Receivables:		
Employer contribution	9,112	-
Employee contribution	5,717	-
Notes receivable from participants	<u>3,848</u>	<u>17,956</u>
Total receivables	<u>18,677</u>	<u>17,956</u>
Net assets available for benefits	\$ <u><u>4,615,444</u></u>	\$ <u><u>4,068,187</u></u>

The accompanying notes are an integral part of these financial statements

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2014

Additions:

Investment income:

Net appreciation in fair value of investments \$ 241,275

Interest income on notes receivable from participants 427

Contributions:

Participants 139,122

Employer 222,037

Total contributions 361,159

Total additions 602,861

Deductions:

Benefits paid to participants 52,529

Administrative expenses 3,075

Total deductions 55,604

Net increase 547,257

Net assets available for benefits:

Beginning of year 4,068,187

End of year \$ 4,615,444

The accompanying notes are an integral part of these financial statements

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 1: Description of Plan

The following description of the Employee Retirement Security Plan of the Achievement Centers for Children (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of Achievement Centers for Children (the “Organization”) except employees who normally work less than 20 hours per week and students performing services for the Organization whose compensation is not subject to wages under the Federal Insurance Contributions Act (“FICA”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Trustees are responsible for oversight of the Plan, determining the appropriateness of the Plan’s investment offerings, monitoring investment performance, and report to the Finance Committee of the Organization.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Organization contributes to the participants’ accounts as follows: 6% of compensation for employees in their 3rd or 4th year of service; 7% of compensation for employees in their 5th through 9th year of service; and 8% of compensation thereafter. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations.

Participant Accounts

Each participant’s account is credited with the participant’s contributions and employer contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, 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 vested immediately in their contributions and employer contributions plus actual earnings thereon.

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 1: Description of Plan (continued)

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 account balance. The loans are secured by the balance in the participant's account. The loan interest rate is determined by the custodian monthly and is set at the Moody's Corporate Bond Yield Average less the Monthly Average Corporates, as published by Moody's Investors Service, Inc., for the calendar month ending two months before the date on which the new loan interest rate is effective. Annually, on the anniversary of the loan effective date, the rate is adjusted if the current rate is an increase or decrease of 0.5% or greater. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, a qualified joint and survivor annuity, a life annuity, or a systematic distribution. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits are required to present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. No material difference existed between fair market value and contract value at December 31, 2014 and 2013. The statement of changes in net assets available for benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

Basis of Presentation

The Plan follows authoritative guidance issued by the Financial Accounting Standards Board ("FASB") which established the FASB Accounting Standards Codification ("ASC") as the single source of authoritative accounting principles generally accepted in the United States of America.

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 2: Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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 5 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through September 22, 2015, the date the financial statements were available to be issued.

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 3: Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2014 and 2013, and net appreciation in fair value of investments and interest for the year ended December 31, 2014, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Voya Retirement Insurance and Annuity Company ("Voya"), formerly ING Life Insurance and Annuity Company (the custodian of the Plan).

Note 4: Investments (Unaudited)

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

	<u>2014</u>	<u>2013</u>
Voya Growth and Income Port I	\$ 283,666	\$ 252,529
ING Intermediate Bond Port I	**	211,646
Fidelity VIP Contrafund Port I	**	232,537
Voya Fixed Account	481,581	375,677

**Does not represent 5% or more of Plan's net assets at December 31.

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$241,275, which is attributable to the shares of pooled separate accounts.

Note 5: Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 5: Fair Value Measurements (continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

Pooled separate accounts: Valued at the net asset value ("NAV") of units held by the Plan at year-end, which is provided by the administrator of the accounts. The NAV, as provided by the administrator of the accounts, is used as a practical expedient to estimate fair value. The NAV is based on the value of the underlying investments held in the accounts, minus its liabilities, and then divided by the number of units outstanding.

Guaranteed investment contracts: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer (see Note 6). Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Trustees evaluate a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, guaranteed interest rate, surrender charge, and maturity date) while others are substantiated utilizing available market data (for example, discount rate).

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 5: Fair Value Measurements (continued)

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Insurance company pooled separate accounts:				
Large-Cap Equity	\$ -	\$ 1,526,632	\$ -	\$ 1,526,632
Bond Funds	-	621,902	-	621,902
Global Funds	-	632,854	-	632,854
Allocation Funds	-	353,609	-	353,609
Mid-Cap Equity	-	520,587	-	520,587
Small-Cap Equity	-	221,144	-	221,144
Other Funds	-	60,500	-	60,500
Cash Equivalents	-	60,140	-	60,140
Target Date Funds	-	71,474	-	71,474
Guaranteed investment contracts	<u>-</u>	<u>-</u>	<u>527,925</u>	<u>527,925</u>
	\$ <u>-</u>	\$ <u>4,068,842</u>	\$ <u>527,925</u>	\$ <u>4,596,767</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Insurance company pooled separate accounts:				
Large-Cap Equity	\$ -	\$ 1,335,708	\$ -	\$ 1,335,708
Bond Funds	-	514,052	-	514,052
Global Funds	-	628,306	-	628,306
Allocation Funds	-	353,385	-	353,385
Mid-Cap Equity	-	457,302	-	457,302
Small-Cap Equity	-	170,792	-	170,792
Other Funds	-	74,072	-	74,072
Cash Equivalents	-	56,874	-	56,874
Target Date Funds	-	52,082	-	52,082
Guaranteed investment contracts	<u>-</u>	<u>-</u>	<u>407,658</u>	<u>407,658</u>
	\$ <u>-</u>	\$ <u>3,642,573</u>	\$ <u>407,658</u>	\$ <u>4,050,231</u>

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 5: Fair Value Measurements (continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

	<u>Guaranteed Investment Contracts</u>
Balance, January 1, 2014	\$ 407,658
Purchases	476,652
Interest	17,067
Sales	<u>(373,452)</u>
Balance, December 31, 2014	\$ <u>527,925</u>

Unrealized gains from the guaranteed investment contract are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2014 .

<u>Investment</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Values</u>	<u>Weighted Average</u>
Guaranteed Investment Contracts	\$ 527,925	Discounted Cash Flow	Guaranteed Interest Rate Daily Actuarial Charge Administrative Charge Surrender Charge	4.00% 1.25% 0.25% 0% - 5.00%	4.00%

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2013.

<u>Investment</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Values</u>	<u>Weighted Average</u>
Guaranteed Investment Contracts	\$ 407,658	Discounted Cash Flow	Guaranteed Interest Rate Daily Actuarial Charge Administrative Charge Surrender Charge	4.00% 1.25% 0.25% 0% - 5.00%	4.00%

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 6: Investment Contracts with Insurance Company

On January 1, 1991, the Plan entered into fully benefit-responsive guaranteed investment contracts with Voya. Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the statements of net assets available for benefits at fair value. At December 31, 2014 and 2013, fair value did not materially differ from contract value. Contract value, as reported to the Plan by Voya, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contracts at December 31, 2014 and 2013 was \$527,925 and \$407,658, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a semi-annual basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date.

The average yields earned by the guaranteed investment contracts are as follows:

	<u>2014</u>	<u>2013</u>
Average yields – Voya Fixed Account:		
Based on actual earnings	4.00%	4.00%
Based on interest rate credited to participants	4.00%	4.00%
Average yields – Voya Fixed Plus Account:		
Based on actual earnings	3.00%	3.00%
Based on interest rate credited to participants	3.00%	3.00%

Employee Retirement Security Plan of the Achievement Centers for Children

Notes to Financial Statements

December 31, 2014 and 2013

Note 7: Related-Party Transactions and Party In Interest Transactions

Certain Plan investments are shares of pooled separate accounts and guaranteed investment contracts managed by Voya. Voya is the custodian and record-keeper as defined by the Plan, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments.

Voya provides certain administrative services to the Plan pursuant to an agreement between the Company and Voya. Voya receives revenue from mutual fund and collective trust fund service providers for services Voya provides to the funds. This revenue is used to offset certain amounts owed to Voya for its administrative services to the Plan.

If the revenue received by Voya from such mutual fund or collective trust fund service providers exceeds the amount owed under the agreement, Voya remits the excess to the Plan's trust at least annually. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2014 there were no excess amounts. The Plan or Plan Sponsor may make a payment to Voya for administrative expenses not covered by revenue sharing.

Note 8: Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 9: Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code ("Code"). The terms of the Plan have been prepared to conform with the sample language provided by the IRS. The Plan Administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions and as of December 31, 2014 is undergoing an IRS examination for the Plan year ended December 31, 2013. As of the opinion date, a closing letter from the IRS has not been received relating to this examination; however, it is anticipated that the Organization will need to contribute funds to the Plan for past contribution periods and will have to pay the IRS penalties thereto. The amount of contributions and penalties is uncertain and subject to negotiation with the IRS. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Notes to Financial Statements

December 31, 2014 and 2013

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 the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Supplemental Schedule (Unaudited)

**EIN: 34-0714766
Plan No. 002
December 31, 2014**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	VOYA Growth and Income Port I	\$ 283,666
*	Voya Retirement Insurance and Annuity Company	VOYA Money Market Portfolio I	60,140
*	Voya Retirement Insurance and Annuity Company	VOYA Intermediate Bond Port I	218,286
*	Voya Retirement Insurance and Annuity Company	VOYA Balanced Portfolio I	83,758
*	Voya Retirement Insurance and Annuity Company	VOYA Strategic Alloc Moderate Port I	1,268
*	Voya Retirement Insurance and Annuity Company	VOYA Strategic Alloc Conserv Port I	5,821
*	Voya Retirement Insurance and Annuity Company	VOYA Index Plus LargeCap Portfolio I	14,660
*	Voya Retirement Insurance and Annuity Company	VOYA Small Company Portfolio I	7,443
*	Voya Retirement Insurance and Annuity Company	VOYA Index Plus SmallCap Portfolio I	59,569
*	Voya Retirement Insurance and Annuity Company	VOYA Index Plus MidCap Portfolio I	64,975
*	Voya Retirement Insurance and Annuity Company	Franklin Small Cap Value VIP Fund 2	17,864
*	Voya Retirement Insurance and Annuity Company	Lord Abbett Ser Fd Md Cp Stk Prt Vc	4,081
*	Voya Retirement Insurance and Annuity Company	Invesco V.I. Core Equity Fund SI	37,625
*	Voya Retirement Insurance and Annuity Company	VOYA SmallCap Opportunities Prt I	7,055
*	Voya Retirement Insurance and Annuity Company	VOYA MidCap Opportunities Port I	131,521
*	Voya Retirement Insurance and Annuity Company	Calvert VP SRI Balanced Portfolio	53,935
*	Voya Retirement Insurance and Annuity Company	Fidelity VIP Overseas Portfolio I	5,472

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Supplemental Schedule (Unaudited) (continued)

**EIN: 34-0714766
Plan No. 002
December 31, 2014**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	Fidelity VIP Eqty-Income Port I	30,167
*	Voya Retirement Insurance and Annuity Company	Fidelity VIP Growth Portfolio I	142,606
*	Voya Retirement Insurance and Annuity Company	VY TRowePrice Grwth Eqty Port I	154,352
*	Voya Retirement Insurance and Annuity Company	Fidelity VIP Contrafund Port I	190,575
*	Voya Retirement Insurance and Annuity Company	Templeton Global Bond Fund A	121,235
*	Voya Retirement Insurance and Annuity Company	Oppenheimer Developing Markets Fnd A	118,206
*	Voya Retirement Insurance and Annuity Company	WellsFargoAdv Spec Sm Cp Val Fd A	31,021
*	Voya Retirement Insurance and Annuity Company	Pax World Balanced Fund Ind Inv	9,531
*	Voya Retirement Insurance and Annuity Company	VOYA International Value Port I	2,171
*	Voya Retirement Insurance and Annuity Company	VOYA Global Bond Port I	51,347
*	Voya Retirement Insurance and Annuity Company	VOYA Oppenhmr Global Port I	114,288
*	Voya Retirement Insurance and Annuity Company	VOYA JPMorgan Mid Cap Val Port Srv	38,809
*	Voya Retirement Insurance and Annuity Company	VOYA Baron Growth Port Srv	99,361
*	Voya Retirement Insurance and Annuity Company	VOYA Invesco Comstock Port Srv	15,891
*	Voya Retirement Insurance and Annuity Company	VOYA AmCen Sm-Md Cp Val Port Srv	58,284
*	Voya Retirement Insurance and Annuity Company	VOYA TRowePrice Divr MdCp Gr Pt I	104,816
*	Voya Retirement Insurance and Annuity Company	VOYA Invesco Eqty & Inc Port I	70,885

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Supplemental Schedule (Unaudited) (continued)

EIN: 34-0714766

Plan No. 002

December 31, 2014

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	American Funds Growth Fnd R4	196,315
*	Voya Retirement Insurance and Annuity Company	American Funds EuroPacific R4	115,076
*	Voya Retirement Insurance and Annuity Company	VOYA TRowePrice Eqty Income Pt Srv	33,393
*	Voya Retirement Insurance and Annuity Company	VOYA Large Cap Growth Portfolio Inst	60,788
*	Voya Retirement Insurance and Annuity Company	VOYA Solution 2015 Portfolio Srv	16,382
*	Voya Retirement Insurance and Annuity Company	VOYA Solution 2025 Portfolio Srv	29,997
*	Voya Retirement Insurance and Annuity Company	VOYA Solution 2035 Portfolio Srv	4,338
*	Voya Retirement Insurance and Annuity Company	VOYA Solution 2045 Portfolio Srv	14,852
*	Voya Retirement Insurance and Annuity Company	VOYA TRowePrice Captl Apprec Pt Srv	182,346
*	Voya Retirement Insurance and Annuity Company	VOYA Invesco Grw & Inc Port Srv	53,744
*	Voya Retirement Insurance and Annuity Company	American Funds Nw Prspctv R4	15,700
*	Voya Retirement Insurance and Annuity Company	American Funds Wash Mtual R4	222,393
*	Voya Retirement Insurance and Annuity Company	Wanger USA	26,781
*	Voya Retirement Insurance and Annuity Company	Oppenheimer Main St Sm Cap F/VA	7,258
*	Voya Retirement Insurance and Annuity Company	PIMCO VIT Real Return Portfolio Adm	55,868
*	Voya Retirement Insurance and Annuity Company	Pioneer High Yield VCT Portfolio I	636
*	Voya Retirement Insurance and Annuity Company	Amer Cent Infl-Adjust Bond Fnd Inv	20,378

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Supplemental Schedule (Unaudited) (continued)

**EIN: 34-0714766
Plan No. 002
December 31, 2014**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	American Funds Bond Fd Am R4	1,205
*	Voya Retirement Insurance and Annuity Company	Columbia Mid Cap Value Fund A	8,331
*	Voya Retirement Insurance and Annuity Company	Loomis Sayles Sm Cp Value Fnd Ret	17,298
*	Voya Retirement Insurance and Annuity Company	American Funds Fdmntl Inv R4	14,327
*	Voya Retirement Insurance and Annuity Company	VOYA Large Cap Value Port Inst	27,840
*	Voya Retirement Insurance and Annuity Company	VOYA Columbia Sm Cap Val II Pt Srv	10,723
*	Voya Retirement Insurance and Annuity Company	VOYA Pioneer High Yield Portfolio I	9,595
*	Voya Retirement Insurance and Annuity Company	VOYA Templeton Glbl Growth Port Srv	1,081
*	Voya Retirement Insurance and Annuity Company	Artisan International Fund Inv	8,131
*	Voya Retirement Insurance and Annuity Company	Lazard U.S. Mid Cap Equity Port Opn	68
*	Voya Retirement Insurance and Annuity Company	Wanger International	660
*	Voya Retirement Insurance and Annuity Company	American Funds SMALLCAP R4	19,154
*	Voya Retirement Insurance and Annuity Company	VOYA International Index Port I	6,964
*	Voya Retirement Insurance and Annuity Company	VOYA U.S. Bond Index Portfolio I	76,296
*	Voya Retirement Insurance and Annuity Company	VOYA Russell Sm Cp Index Port I	43,759
*	Voya Retirement Insurance and Annuity Company	VOYA Templeton Foreign Eqty Port I	13,030
*	Voya Retirement Insurance and Annuity Company	VOYA Clarion Global RI Est Prt Inst	22,528

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Supplemental Schedule (Unaudited) (continued)

**EIN: 34-0714766
Plan No. 002
December 31, 2014**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	VOYA Global Resources Port Srv	14,304
*	Voya Retirement Insurance and Annuity Company	VOYA Russell Lrg Cp Val Ind Prt S	4,533
*	Voya Retirement Insurance and Annuity Company	VOYA Russell Lrg Cp Grw Ind Port I	12,672
*	Voya Retirement Insurance and Annuity Company	Invesco V.I. American Francise FD I	1,399
*	Voya Retirement Insurance and Annuity Company	ASTON/Fairpointe Mid Cap Fund N	350
*	Voya Retirement Insurance and Annuity Company	BlackRock Md Cp Val Opport Fnd Inv A	8,846
*	Voya Retirement Insurance and Annuity Company	VOYA Solution 2055 Portfolio Srv	5,905
*	Voya Retirement Insurance and Annuity Company	Amana Income Fund	3,620
*	Voya Retirement Insurance and Annuity Company	Amana Growth Fund Inv	350
*	Voya Retirement Insurance and Annuity Company	VOYA Solution Balanced Port Srv	2,780
*	Voya Retirement Insurance and Annuity Company	VOYA Russell Md Cp Grw Ind Port S	1,145
*	Voya Retirement Insurance and Annuity Company	VY Columbia Contrarian Core PT Srv	10,318
*	Voya Retirement Insurance and Annuity Company	VOYA Multi-Manager Lg Cp Cr Pt Inst	8,564
*	Voya Retirement Insurance and Annuity Company	VOYA Strategic Alloc Growth Port I	3,769
*	Voya Retirement Insurance and Annuity Company	VOYA Aggregate Bond Portfolio Srv	219,579
*	Voya Retirement Insurance and Annuity Company	VOYA JPMorgan Emrg Mkts Eq Port Srv	105
*	Voya Retirement Insurance and Annuity Company	VOYA High Yield Portfolio Srv	14,888

**Employee Retirement Security Plan
of the Achievement Centers for Children**

Supplemental Schedule (Unaudited) (continued)

**EIN: 34-0714766
Plan No. 002
December 31, 2014**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
*	Voya Retirement Insurance and Annuity Company	Neuberger Berman Socially Resp Trst	74
*	Voya Retirement Insurance and Annuity Company	VOYA Russell Lrg Cap Index Port I	2,467
*	Voya Retirement Insurance and Annuity Company	USAA Prec Metals & Minerals Fd Adv	84
*	Voya Retirement Insurance and Annuity Company	Metropolitan West Total Rtn Bd Fd M	5,171
*	Voya Retirement Insurance and Annuity Company	VOYA Fixed Account	481,581
*	Voya Retirement Insurance and Annuity Company	VOYA Fixed Plus Account	33,877
*	Voya Retirement Insurance and Annuity Company	VOYA Short Term GAA	2,741
*	Voya Retirement Insurance and Annuity Company	VOYA Long Term GAA	9,726
*	Notes Receivable from Participants	Participant Loans, 4.23% to 4.27%, (Cost \$0)	3,848

*Indicates a party-in-interest to the Plan