

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 <div style="font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CLEVELAND SOCIETY FOR THE BLIND 401(K) RETIREMENT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1997</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE CLEVELAND SOCIETY FOR THE BLIND</u> <u>1909 EAST 101ST STREET</u> <u>CLEVELAND, OH 44106-8696</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0714652</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-658-4557</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624310</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714652</u>	2c Plan Sponsor's telephone number <u>216-658-4557</u>	2d Business code (see instructions) <u>624310</u>	
2b Employer Identification Number (EIN) <u>34-0714652</u>					
2c Plan Sponsor's telephone number <u>216-658-4557</u>					
2d Business code (see instructions) <u>624310</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	KEVIN KRENCISZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	198
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)	132
a(2) Total number of active participants at the end of the plan year		6a(2)	132
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	47
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	179
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	179
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	154
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 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) ☒ 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) ☒ <u>2</u> A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan CLEVELAND SOCIETY FOR THE BLIND 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND SOCIETY FOR THE BLIND		
D Employer Identification Number (EIN) 34-0714652		

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
GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	370996-01	37	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
394	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
LPL FINANCIAL LLC 1100 SUPERIOR AVE STE 1350 CLEVELAND, OH 44114

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
394			3

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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** 616880**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 455837(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 7255(4) Transferred from separate account **7c(4)** 6080480(5) Other (specify below) **7c(5)** 4644▶ **LOAN PAYMENTS**(6) Total additions **7c(6)** 6548216**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 6548216**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 4004(2) Administration charge made by carrier **7e(2)** 5(3) Transferred to separate account **7e(3)** 5927327(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 5931336**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 616880

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)	0
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)	0
(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)	0
(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 <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

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

A Name of plan CLEVELAND SOCIETY FOR THE BLIND 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND SOCIETY FOR THE BLIND	D Employer Identification Number (EIN) 34-0714652	

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

UNITED OF OMAHA

(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
47-0322111	69868	15305	0	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
0	9779

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

LPL FINANCIAL **9785 TOWNE CENTRE DRIVE**
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9779	SERV. FEES	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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
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	1030820
c	Additions: (1) Contributions deposited during the year	7c(1)	370010
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	5615
	(4) Transferred from separate account	7c(4)	6552994
	(5) Other (specify below)	7c(5)	0
	(6) Total additions	7c(6)	6928619
d	Total of balance and additions (add lines 7b and 7c(6))	7d	7959439
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6417559
	(2) Administration charge made by carrier	7e(2)	0
	(3) Transferred to separate account	7e(3)	1541880
	(4) Other (specify below)	7e(4)	0
	(5) Total deductions	7e(5)	7959439
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(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)	0
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)	0
(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)	0
(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 CLEVELAND SOCIETY FOR THE BLIND 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CLEVELAND SOCIETY FOR THE BLIND	D Employer Identification Number (EIN) 34-0714652

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

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)

STADION MONEY MANAGEMENT

1061 CLIFF DAWSON ROAD
WATKINSVILLE, GA 30677

58-2099805

(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?
26 50	INVESTMENT ADVISER	13597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL LLC

PO BOX 509026
SAN DIEGO, CA 92150-9026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	3153	Yes ☐ No ☒

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	2538	Yes ☒ No ☐	Yes ☒ No ☐	0	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
LPL FINANCIAL LLC	55	3153
(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
MUTUAL OF OMAHA	49	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.
STADION MONEY MANAGEMENT 1061 CLIFF DAWSON ROAD WATKINSVILLE, GA 30677	1-60 BASIS POINTS(0.01%-0.60%) OF THE ANNUAL STADION MANAGEMENT FEE.	
58-2099805		
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
(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:

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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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>CLEVELAND SOCIETY FOR THE BLIND 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CLEVELAND SOCIETY FOR THE BLIND</u>	D Employer Identification Number (EIN) <u>34-0714652</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	156372	82923
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	67978
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	4832507	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	4941852
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1030820	616880
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6019699	5709633

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6019699	5709633
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	110597	
(B) Participants	2a(1)(B)	298056	
(C) Others (including rollovers)	2a(1)(C)	93971	
(2) Noncash contributions	2a(2)	0	502624
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	646	
(F) Other	2b(1)(F)	7969	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8615
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	128426	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		128426
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		179052
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-92747
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		725970

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	999731	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		999731
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		17886
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	4722	
(3) Investment advisory and management fees.....	2i(3)	13697	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18419
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1036036

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-310066
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: **BARNES WELDING CPAS, INC**

(2) EIN: **34-1463411**

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		936
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.	X		
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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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>CLEVELAND SOCIETY FOR THE BLIND 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CLEVELAND SOCIETY FOR THE BLIND</u>	D Employer Identification Number (EIN) <u>34-0714652</u>

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	<u>0</u>
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): <u>20-3691708</u> <u>75-3182674</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**CLEVELAND SOCIETY FOR THE BLIND
401(K) RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2014 AND 2013
AND YEAR ENDED DECEMBER 31, 2014**

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Trustees of
Cleveland Society for the Blind 401(k)
Retirement Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cleveland Society for the Blind 401(k) Retirement Plan (the Plan), which comprise the statements of net assets available for benefits 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

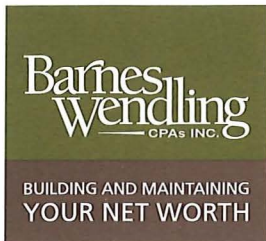
Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation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

Auditors' 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by United of Omaha Life Insurance Company, the record keeper of the Plan as agent for MG Trust Company, LLC; Great-West Trust Company, LLC; and Great-West Life & Annuity Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company held the Plan's investment assets and executed investment transactions from August 15, 2014 to December 31, 2014, and that MG Trust Company, LLC held the Plan's investment assets and executed investment transactions as of December 31, 2013 and for the period January 1, 2014 to August 14, 2014. The plan administrator has obtained certifications from the trustees and agent for the trustee 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 trustees and agent for trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter

The supplemental schedules as listed in the table of contents as of and for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees and agent for 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Wendling CPAs

Cleveland, Ohio
October 12, 2015

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2014	2013
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 4,941,852	\$ -0-
Pooled separate accounts	-0-	4,832,507
Guaranteed investment contracts	594,342	1,044,927
	<u>5,536,194</u>	<u>5,877,434</u>
Receivables:		
Employer contributions receivable	82,923	156,372
Notes receivable from participants	67,978	-0-
	<u>150,901</u>	<u>156,372</u>
Net assets available for benefits, at fair value	5,687,095	6,033,806
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>22,538</u>	<u>(14,107)</u>
Net assets available for benefits	<u>\$ 5,709,633</u>	<u>\$ 6,019,699</u>

See Notes to Financial Statements

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2014

Net additions to (deductions from) net assets attributed to:

Investment income (expenses):

Net appreciation in fair value of investments	\$ 86,305
Interest and dividends	136,395
	<u>222,700</u>
Investment expenses	<u>(13,697)</u>

\$ 209,003
646

Interest income on notes receivable from participants

Contributions:

Participant	392,027
Employer	<u>110,597</u>

502,624

Total additions

712,273

Deductions from net assets attributed to:

Benefits paid to participants	1,017,617
Administrative expenses	<u>4,722</u>

1,022,339

Net increase

(310,066)

Net assets available for benefits:

Beginning of year 6,019,699

End of year \$ 5,709,633

See Notes to Financial Statements

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE A - DESCRIPTION OF PLAN

The following description of Cleveland Society for the Blind 401(k) Retirement Plan (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 Cleveland Society for the Blind (the Society and Plan Administrator) who are at least 21 years old. Effective August 15, 2014, the Plan was restated. The restated Plan requires employees to complete 60 days of service to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is sponsored and administered by the Society.

Contributions

Prior to August 15, 2014, participants could elect to defer a percentage of their compensation, as defined by the Plan on a pre-tax basis, up to the maximum contribution allowable by law. Effective August 15, 2014, the restated Plan also allows participants to elect to defer a percentage of their compensation as defined by the Plan on an after-tax basis, up to the maximum contribution allowable by law. Employees who become eligible to participate but do not enroll or decline participation in the Plan are automatically enrolled to defer 3% of their compensation as defined by the Plan on a pre-tax basis. The Plan provides for a discretionary employer matching contribution which was 25% of the first 6% of compensation that a participant contributed to the Plan for the year ended December 31, 2014. The Plan also provides for a discretionary employer qualified non-elective contribution. A discretionary profit sharing contribution may be made by the employer annually to employees who have completed one year of service. The Society elected to make profit sharing contributions totaling \$82,923 for the year ended December 31, 2014. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (IRC). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the calendar year.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of (a) the Society's contributions and (b) Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based upon participant's account earnings or account balances, as defined. The benefit to which a participant is entitled to receive is the benefit that can be provided from the participant's vested account.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Society's contribution portion of their accounts is based on years of credited service. A participant is 100% vested after five years of credited service.

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, subject to certain Department of Labor and Internal Revenue Service (IRS) requirements. Notes receivable range from 1 to 5 years. The notes receivable are secured by the balance in the participant's account. The interest rate on notes receivable was 4.25% at December 31, 2014. Principal and interest are paid ratably through bi-weekly payroll deductions.

Payment of Benefits

Prior to August 15, 2014, upon termination of service, a participant could elect to receive a lump sum distribution or partial payments from his or her account balance. Effective with the restatement of the Plan on August 15, 2014, a participant may elect to receive a lump sum distribution or installment payments from his or her account balance. Distributions are made as soon as practical and are based on the participant's account valuation on the date of distribution. If the vested benefits credited to a participant's account are \$1,000 or less at the time of the termination, the entire account will be distributed. In the event of a mandatory distribution of amounts greater than \$1,000 but not exceeding \$5,000, the entire amount will be distributed in the form of a direct rollover to an individual retirement account as designated by the Plan Administrator.

Active participants may make hardship withdrawals of their account balances, subject to Plan provisions. A participant who receives a distribution on account of hardship is prohibited from making deferrals for six months after receipt of the distribution.

Forfeitures

Prior to August 15, 2014, forfeited nonvested amounts could be used to reduce future employer contributions. Effective with the restatement of the Plan on August 15, 2014, forfeited nonvested amounts may be used to reduce future employer contributions or pay Plan expenses. Unallocated forfeiture balances as of December 31, 2014 and 2013 were \$5,060 and \$8,299, respectively. In 2014, employer contributions were reduced by \$20,726 from forfeited nonvested accounts.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using 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 Plan's investment contracts with Great-West Life & Annuity Insurance Company (GW) and United of Omaha Life Insurance Company (United of Omaha) are considered to be fully benefit-responsive. The contracts are included in the statement of net assets available for benefits at fair value as well as an adjustment from fair value to contract value. The statement of changes in net assets available for benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

Investment Valuation

The Plan's investments are recorded at fair value based upon the last traded or current bid prices in active markets. Where there are no readily available last traded or current bid prices, fair value is determined as discussed in Note D.

Investment Income Recognition

Purchases and sales of securities are recorded on a trade date basis. Gains and losses on securities transactions are determined using the average cost method. Interest income is recorded daily on the cash basis. Dividends are recorded on the ex-dividend date.

Contributions

Participant contributions are recorded and credited to each participant's account as received by the recordkeeper from the Society. Any contributions attributable to the Plan year but not received by the last day of the Plan year are recorded as a receivable.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Society and are excluded from these financial statements. Investment related expenses are included in investment income.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Society adopted a prototype non-standardized profit sharing plan with cash or deferred arrangement which received a favorable opinion letter from the IRS on March 31, 2008, which stated that the form of the Plan is designed in accordance with applicable sections of the IRC. The Plan has since been amended; however, the Plan Administrator believes the Plan is currently designed and being operated in compliance with applicable requirements of the IRC and therefore believes the Plan qualifies and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

Use of Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through October 12, 2015, the date which the financial statements were available to be issued.

NOTE C - CERTIFICATION AND FAIR VALUE MEASUREMENTS

Investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2014 and 2013, and net appreciation in the fair value of investments, interest, and dividends for the year ended December 31, 2014 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustees and the record keeper of the Plan as agent for the trustee.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE C - CERTIFICATION AND FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investments are 100% participant-directed and are held by MG Trust Company, LLC as of December 31, 2013 and for the period January 1, 2014 to August 14, 2014, and Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company from August 15, 2014 to December 31, 2014. The fair value of investments that represent five percent or more of the Plan's net assets are as follows:

	December 31,	
	2014	2013
Guaranteed Investment Contracts:		
Great-West Life & Annuity Insurance Company		
Guaranteed Interest Fund	\$ 594,342	
United of Omaha Life Insurance Company		
Guaranteed Investment Account		\$1,044,927
Mutual Funds:		
Vanguard Target Retirement 2020 Fund Investor	575,497	
Vanguard Target Retirement 2025 Fund Investor	572,354	
Vanguard Target Retirement 2030 Fund Investor	299,757	
United of Omaha Life Insurance Company		
Pooled Separate Accounts:		
Mutual Directions 4 - Moderately Aggressive		342,695
Stadion Moderate Growth Portfolio		658,020
Stadion Balanced Portfolio		474,726
Stadion Conservative Portfolio		336,459
PIMCO Total Return Fund		368,368

During 2014, the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated (depreciated) in value by \$86,305 as follows:

Pooled separate accounts	\$ 179,052
Mutual funds	(92,747)
	<u>\$ 86,305</u>

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE D - FAIR VALUE MEASUREMENTS

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 (exit price) and establishes a fair value hierarchy based upon the inputs used to measure fair value. The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2014 are summarized below:

	<u>Level 1</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:			
Blend	\$3,019,084		\$3,019,084
Fixed income	817,381		817,381
Growth	777,322		777,322
Value	<u>328,065</u>		<u>328,065</u>
Total mutual funds	4,941,852		4,941,852
Guaranteed investment contract		\$ 594,342	<u>594,342</u>
	<u>\$4,941,852</u>	<u>\$ 594,342</u>	<u>\$5,536,194</u>

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investments accounted for at fair value as of December 31, 2013 are summarized below:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:			
Balanced	\$2,409,569		\$2,409,569
Blended	304,162		304,162
Fixed income	714,131		714,131
Growth	584,807		584,807
International	329,791		329,791
Real Estate	33,680		33,680
Value	<u>456,367</u>		<u>456,367</u>
Total pooled separate accounts	4,832,507		4,832,507
Guaranteed investment contract		<u>\$1,044,927</u>	<u>1,044,927</u>
	<u>\$4,832,507</u>	<u>\$1,044,927</u>	<u>\$5,877,434</u>

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

Mutual funds are valued at the net asset value of the shares held by the Plan at year end, as reported on the active markets in which the investments are traded.

Pooled separate accounts are valued at the net asset value of shares held by the Plan at year end. The net asset value, as provided by the record keeper of the Plan as agent for the trustee, is used as a practical expedient to estimate fair value. Net asset value is based on quoted market prices of the underlying investments net of insurance company fees and expenses. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The United of Omaha guaranteed investment contract at December 31, 2013 is valued by discounting the cash flows using a discount rate that represents the interest rate that would be credited on accounts of similar duration (Note E). 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 Plan Administrator evaluates a variety of factors including review of existing contracts, economic conditions, and industry and market developments. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing market data (for example, swap curve rate).

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The GW guaranteed investment contract (Note E) is valued at liquidation value, which approximates fair value. Liquidation value represents contract value less the market value adjustment that would have applied if the contract was terminated as of the end of the Plan year. The market value adjustment is derived considering such factors as the three year treasury constant maturity rate as published by the United States Federal Reserve on the later of the contract date or the last business day of the week two years prior to the calculation date, and on the last business day of the week prior to the calculation date. Quantitative information about significant unobservable inputs is not readily available. Because the participants transact at contract value, liquidation value, which approximates fair value, is determined annually for financial statement reporting purposes only.

The methods described above and on the previous page may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 as of the reporting date.

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

	United of Omaha Guaranteed Investment Contract	GW Guaranteed Investment Contract
Fair value, beginning of year	\$1,044,927	\$ -0-
Unrealized losses	(14,107)	(22,538)
Purchases	38,680	630,912
Sales	(1,069,500)	(14,032)
Fair value, end of year	<u>\$ -0-</u>	<u>\$ 594,342</u>

The amount of net losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date is \$22,538. Unrealized gains and losses from the guaranteed investment contracts are not included in the statement of changes in net assets available for benefits as the contracts are recorded at contract value for purposes of the net assets available for benefits.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

Quantitative Information and Significant Unobservable Inputs Used in Level 3 Fair Value Measurements at December 31, 2013

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 the values to those inputs:

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Guaranteed Investment Account	\$1,044,927	Discounted Cash Flow	Current New Money Declared Rates	0 - 2.54%	0.2215%
			Maturity Date	11/30/15 - 11/30/18	

NOTE E - INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan has an investment contract with GW under which contributions from the Plan are maintained in GW's general account. Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance at contract value within a timeframe of 30 days. Contract value of the investments represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. There are no reserves against contract value for credit risk of the contract issuer or otherwise. If the Plan Administrator terminates the contract, a market value adjustment may apply. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value are probable of occurring. At December 31, 2014, the market value adjustment that would have been applied if the contract was terminated as of that date was a reduction of contract value of \$22,538.

There is no minimum crediting rate under the contract. Interest rates are reviewed on a quarterly basis for resetting. The net average yield on the contract was 1.45% for 2014. When establishing interest rates for the contract, GW considers many factors, including the earnings of the underlying assets in GW's entire medium-long term new portfolio compared to the minimum interest crediting rate as stated in the contract and prevailing market conditions. The repayment of principal and interest credited to participants in the Plan is a financial obligation of GW.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE E - INVESTMENT CONTRACTS WITH INSURANCE COMPANIES (CONTINUED)

The Plan had an investment contract with United of Omaha under which contributions from the Plan were maintained in United of Omaha's general account. Participants could ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance at contract value within a timeframe of 60 days. Contract value of the investment represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. There were no reserves against contract value for credit risk of the contract issuer or otherwise.

There was no minimum crediting rate under the contract. Interest crediting rates were reviewed on a monthly basis for resetting. The net average yield and crediting interest rates on the contract were both 0.87% for new funds and renewal funds invested in 2013. When establishing interest rates for the contract, United of Omaha considered many factors, including current market conditions and the quality of assets available for purchase to support United of Omaha's liability under the contract. The repayment of principal and interest credited to participants in the Plan was a financial obligation of United of Omaha. There were no events that allowed the issuer to terminate the contract and which required the Plan Administrator to settle at an amount different than contract value.

NOTE F - POOLED SEPARATE ACCOUNTS

The Plan had investments in United of Omaha pooled separate accounts at December 31, 2013. Participants who invested in BlackRock High Yield Bond Portfolio who redeemed, transferred, or exchanged amounts from this account were required to wait 60 calendar days before transferring or exchanging any amount back into the account. There were no restrictions on transfers or withdrawals from other pooled separate accounts. The investment strategies of the pooled separate accounts of the Plan are as follows:

Mutual Directions 1 - Conservative seeks to provide stability of income, with some exposure to stocks for capital appreciation, while attempting to minimize overall risk over the long term by investing in stable value, bond, and stock funds.

Mutual Directions 2 - Moderately Conservative seeks to provide income with the potential for some growth of capital over the long-term by investing 35% of assets in stocks and 65% of assets in bonds.

Mutual Directions 3 - Moderate seeks capital appreciation and income over the long-term, by investing 60% of assets in stocks and 40% of assets in bonds.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE F - POOLED SEPARATE ACCOUNTS (CONTINUED)

Mutual Directions 4 - Moderately Aggressive seeks long-term capital appreciation with some opportunity for income by investing 80% of assets in stocks and 20% of assets in bonds.

Mutual Directions 5 - Aggressive seeks maximum capital appreciation over the long- term by investing in stocks of domestic and international companies.

Bond Index Fund seeks an investment return that approximates as closely as practicable the performance of the Barclays Capital U.S. Government/Credit Bond Index over the long term by constructing a similar portfolio.

Stock Market Index Fund seeks an investment return that approximates as closely as practicable the performance of the S&P 500 Index over the long term by investing in similar stocks.

T. Rowe Price Growth Stock Fund seeks long-term growth of capital through investment in stocks by investing at least 80% of net assets in the common stocks of a diversified group of growth companies.

Value Stock Index Fund seeks an investment return that approximates as closely as practicable the performance of the Russell 1000 Value Index over the long term by constructing a similar portfolio.

Growth Stock Index Fund seeks an investment return that approximates as closely as practicable the performance of the Russell 1000 Growth Index over the long term by constructing a similar portfolio.

International Stock Index Fund seeks an investment return that approximates as closely as practicable the performance of the MSCI Emerging Markets Index over the long term by investing in similar securities.

AllianzGI NFJ Dividend Value Fund seeks long-term growth of capital and income by investing at least 80% of assets in common stocks and other equity securities of companies that pay or are expected to pay dividends.

Cohen & Steers Institutional Realty Shares seeks total return through investment in real estate securities.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE F - POOLED SEPARATE ACCOUNTS (CONTINUED)

Oppenheimer Global Fund seeks capital appreciation by investing mainly in common stocks of U.S. and foreign companies without limit in any country, including countries with developed or emerging markets.

William Blair Small-Mid Cap Growth I Fund seeks long-term capital appreciation by investing at least 80% of its net assets in stocks of small and medium capitalized companies.

AllianceBernstein Discovery Value Fund seeks long-term growth of capital by investing primarily in a diversified portfolio of equity securities of small to mid capitalization U.S. companies.

Target Small Capitalization Value Portfolio seeks above-average capital appreciation by investing at least 80% of investable assets in common stocks of small companies with market capitalizations comparable to those in the Russell 2000 Value Index.

Small Cap Stock Index Fund seeks an investment return that approximates as closely as practicable the performance of the Russell 2000 Index over the long term by investing in similar securities.

PIMCO Total Return Fund seeks maximum total return by investing at least 65% of total assets in a diversified portfolio of fixed-income instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements.

Mid Cap Stock Index Fund seeks an investment return that approximates as closely as practicable the performance of the S&P MidCap 400 Index over the long term by investing in similar securities.

Harbor International Fund seeks long-term total return, principally from growth of capital, by investing no less than 65% of assets primarily in common and preferred stocks of foreign companies that have market capitalizations in excess of \$1 billion, including those located in emerging market countries.

Lord Abbett Developing Growth Fund seeks long-term growth of capital by investing in the common stocks of companies with above-average, long-term growth potential.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE F - POOLED SEPARATE ACCOUNTS (CONTINUED)

Stadion Growth Portfolio, Stadion Moderate Growth Portfolio, Stadion Balanced Portfolio, Stadion Conservative Portfolio, and Stadion Capital Preservation Portfolio seek a total return consisting of long-term growth of capital and current income by investing in fixed income investments, stable value positions, and equity positions according to an asset allocation strategy designed for investors having an investment time horizon comparable to that of the fund.

Wells Fargo Advantage Emerging Markets Equity Fund seeks long-term capital appreciation by investing at least 80% of its net assets in emerging market equity securities.

TIPS Index Fund seeks an investment return that approximates as closely as practicable the performance of the Barclays U.S. Treasury Inflation Protected Securities Index over the long term by constructing a similar portfolio.

BlackRock High Yield Bond Portfolio seeks to maximize total return, consistent with income generation and prudent investment management by investing primarily in non-investment grade bonds with maturities of ten years or less.

Templeton Global Total Return Fund seeks total investment return consisting of a combination of interest income, capital appreciation, and currency gains by investing primarily in fixed and floating rate debt securities and debt securities and debt obligations of governments, government-related, or corporate issuers worldwide.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Society 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 percent vested in their total participant account balance.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013 and Year Ended December 31, 2014

NOTE H - RISK 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 statement of net assets available for benefits.

NOTE I - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest transactions include the investment in funds of the record keeper and trustees and related dividend income and interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

NOTE J - DELINQUENT PARTICIPANT CONTRIBUTIONS

As required by ERISA Section 2510.3-102, the Plan Administrator is required to segregate employee contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages. The Society did not remit to the Plan's record keeper as agent for the trustee employee contributions totaling \$936 during 2012 in accordance with ERISA. The employee contributions and lost earnings were remitted to the Plan on September 26, 2013.

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2014

EIN - 34-0714652

Plan Number - 002

Participant Contributions Transferred Late to Plan	<u>Total that Constitutes Nonexempt Prohibited Transactions</u>			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☐				
<u>\$ 936</u>	<u>\$ -</u>	<u>\$ 936</u>	<u>\$ -</u>	<u>\$ -</u>

CLEVELAND SOCIETY FOR THE BLIND

401(K) RETIREMENT PLAN

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

December 31, 2013

EIN - 34-0714652

Plan Number - 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Guaranteed Investment Contract				
* Great-West Life & Annuity Insurance Company Guaranteed Interest Fund	Guaranteed Investment Contract	** \$	616,880	
Mutual Funds				
Vanguard Target Retirement Income Fund Investor	Mutual Fund	**	249,174	
Vanguard Target Retirement 2010 Fund Investor	Mutual Fund	**	271,491	
Vanguard Target Retirement 2015 Fund Investor	Mutual Fund	**	280,466	
Vanguard Target Retirement 2020 Fund Investor	Mutual Fund	**	575,497	
Vanguard Target Retirement 2025 Fund Investor	Mutual Fund	**	572,354	
Vanguard Target Retirement 2030 Fund Investor	Mutual Fund	**	299,757	
Vanguard Target Retirement 2035 Fund Investor	Mutual Fund	**	104,198	
Vanguard Target Retirement 2040 Fund Investor	Mutual Fund	**	77,787	
Vanguard Target Retirement 2045 Fund Investor	Mutual Fund	**	22,839	
Vanguard Target Retirement 2050 Fund Investor	Mutual Fund	**	203,672	
Vanguard Target Retirement 2055 Fund Investor	Mutual Fund	**	41,490	
Voya Real Estate Fund W	Mutual Fund	**	71,007	
Vanguard Small Cap Index Admiral Fund	Mutual Fund	**	61,605	
Vanguard Mid Cap Index Admiral Fund	Mutual Fund	**	93,978	
Vanguard 500 Index Admiral Fund	Mutual Fund	**	86,188	
Vanguard Total International Stock Index Admiral Fund	Mutual Fund	**	7,581	
American Funds EuroPacific Growth Fund R6	Mutual Fund	**	178,875	
American Funds New Perspective Fund R6	Mutual Fund	**	22,164	
American Funds New World Fund R6	Mutual Fund	**	171,677	
Oppenheimer Global Fund I	Mutual Fund	**	31,316	
Franklin Small Cap Growth Fund R6	Mutual Fund	**	45,392	
Eaton Vance Atlanta Capital SMID-Cap Fund I	Mutual Fund	**	54,531	
T. Rowe Price Blue Chip Growth Fund	Mutual Fund	**	273,367	
Victory Sycamore Small Company Opportunity Fund I	Mutual Fund	**	87,932	
American Beacon Mid Cap Value institutional Fund	Mutual Fund	**	36,673	
Invesco Comstock Fund R6	Mutual Fund	**	203,460	
Federated Institutional High Yield Bond Fund	Mutual Fund	**	235,327	
Pioneer Strategic Income Fund K	Mutual Fund	**	90,763	
Putnam Income Fund R6	Mutual Fund	**	125,433	
Templeton Global Bond Fund Advisor	Mutual Fund	**	188,729	
Vanguard Inflation-Protected Securities Admiral Fund	Mutual Fund	**	44,810	
Vanguard Intermediate-Term Bond Index Admiral Fund	Mutual Fund	**	132,319	
			4,941,852	
* Participant Loans	4.25%	-0-	67,978	
Total		\$	5,626,710	

* Represents a party in interest to the plan.

** Cost omitted for participant directed investments.

Name of Plan: Cleveland Society for the Blind 401(k) Retirement Plan

Employer Identification No.: ► 34-0714652

Plan year (beginning/ending):▶ 1/1/2014-12/31/2014 **Plan number:**▶ 370996-01

[illegible]

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Cleveland Society for the Blind 401(k) Retirement Plan

01-JAN-14 to 31-DEC-14

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IVTINX			250,129.89	249,173.66
IVTENX			277,027.38	271,490.74
IVTXVX			286,040.63	280,466.25
IVTWNX			582,063.00	575,496.72
IVTTVX			579,288.69	572,354.29
IVTHRX			303,852.90	299,756.80
IVTTHX			105,878.52	104,197.81
IVFORX			79,113.89	77,786.92
IVTIVX			23,244.09	22,838.56
IVFIEX			207,191.93	203,672.37
IVFFVX			42,107.48	41,489.99
IRERGX			189,436.82	178,875.24
IRNPGX			23,692.35	22,163.67
IRNWGX			193,344.35	171,677.07
IOGLIX			33,796.83	31,315.73
IVTIAX			8,222.90	7,583.21
IIREWX			67,364.49	71,006.91
IFSMLX			45,604.19	45,392.36
IVSMAX			60,872.68	61,604.91
IVSOIX			92,062.47	87,931.93
IAACIX			37,386.85	36,672.69
IEISMX			53,678.90	54,530.91
IVIMAX			91,419.06	93,978.41
IICSEFX			205,596.08	203,459.60
ITRBCX			276,901.16	273,367.01
IVFIAX			84,097.41	86,187.60
IFIHBX			242,139.33	235,327.11
ISTRKX			93,243.12	90,762.97
IPINHX			126,951.07	125,433.10
ITGBAX			201,287.13	188,728.92
IVAIPIX			45,601.92	44,809.84
IVBILX			131,441.17	132,318.78
IGWGIF		1.450	609,861.41	611,819.82
			5,649,940.09	5,553,671.90
PARTICIPANT LOANS	VARIOUS	4.250-4.250	67,860.04	67,977.95
FORFEITURES			5,040.76	5,059.95

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Cleveland Society for the Blind 401(k) Retirement Plan

01-JAN-14 to 31-DEC-14

31-JAN-15 10:23:05

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTENX	Vanguard Target Retirement 2010 Inv
1VTXVX	Vanguard Target Retirement 2015 Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIEX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1RERGX	American Funds EuroPacific Gr R6
1RNPGX	American Funds New Perspective R6	1RNWGX	American Funds New World R6
1OGLIX	Oppenheimer Global I	1VTIAX	Vanguard Total Intl Stock Index Admiral
1IREWX	Voya Real Estate W	1FSMLX	Franklin Small Cap Growth R6
1VSMAX	Vanguard Small Cap Index Adm	1VSOIX	Victory Small Company Opportunity I
1AACIX	American Beacon Mid Cap Value Instl	1EISMX	Eaton Vance Atlanta Capital SMID-Cap I
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1ICSEFX	Invesco Comstock R6
1TRBCX	T. Rowe Price Blue Chip Growth	1VFIAX	Vanguard 500 Index Admiral
1FHBBX	Federated Instl High Yield Bond Instl	1STRKX	Pioneer Strategic Income K
1PINHX	Parnam Income R6	1TGBAX	Templeton Global Bond Adv
1VAIPX	Vanguard Inflation-Protected Secs Adm	1VBILX	Vanguard Inter-Term Bond Index Adm
1GW/GIF	Guaranteed Interest Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year