

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; 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:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC RETIREMENT PLAN	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1988</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1988			
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan 01/01/1988							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED 1776 EASTCHESTER ROAD SUITE 225 BRONX, NY 10461	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 13-4168021</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 718-292-1705</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 624100</td> </tr> </table>	2b Employer Identification Number (EIN) 13-4168021		2c Plan Sponsor's telephone number 718-292-1705		2d Business code (see instructions) 624100	
2b Employer Identification Number (EIN) 13-4168021							
2c Plan Sponsor's telephone number 718-292-1705							
2d Business code (see instructions) 624100							

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.	10/15/2015	KEVIN MEADE
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 230
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 202 6a(2) 179 6b 0 6c 9 6d 188 6e 3 6f 191 6g 189 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 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) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED	D Employer Identification Number (EIN) 13-4168021

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

PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	613953	191	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
861	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

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ATTN COMMISSIONS DEPT
4250 VETERANS MEMORIAL
HOLBROOK, NY 11741-4000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
861	0		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	0
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. 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 ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b Balance at the end of the previous year.....	7b	328251
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c Additions: (1) Contributions deposited during the year.....	7c(1)	26572	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	4772	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)	27673	
▶ OUTSIDE INVESTMENT TRANSFER			

(6) Total additions.....	7c(6)	59017
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d Total of balance and additions (add lines 7b and 7c(6))	7d	387268
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11632	
(2) Administration charge made by carrier	7e(2)	80	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions.....	7e(5)	11712
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	375556
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED	D Employer Identification Number (EIN) 13-4168021	

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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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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	5661	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMERICAN PORTFOLIOS FINANCIAL SERVI

11-3018002

(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	INSURANCE REP/BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8427	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
AMERICAN PORTFOLIOS FINANCIAL SERVI	55	8427

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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>COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED</u>	D Employer Identification Number (EIN) <u>13-4168021</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	9897	14398
	(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)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3332501	3500039
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	328251	375556
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3670649	3889993

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3670649	3889993
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	229778	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		229778

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)		
(F) Other	2b(1)(F)	4772	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4772

(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)	51541	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		51541

(3) Rents	2b(3)		0
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(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)		0
(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)		136115
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		422206

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	197200	
(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)		197200
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	5662	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5662
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		202862

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		219344
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: CORNICK GARBER & SANDLER, LLP

(2) EIN: 13-2620561

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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	
e Was this plan covered by a fidelity bond?	X		1000000
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	
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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED		D Employer Identification Number (EIN) 13-4168021
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2012

Independent Auditors' Report

**The Trustees of
Community Resource Center for the Developmentally
Disabled, Inc. Retirement Trust
Bronx, New York**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC. RETIREMENT TRUST, which comprise the statements of net assets available for benefits as at December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 investment assets held by Principal Trust Company, which has been certified by them, as custodian of the Plan, as of and for the periods indicated herein, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

(Continued)

Independent Auditors' Report**-2-**

**The Trustees of
Community Resource Center for the Developmentally
Disabled, Inc. Retirement Trust
Bronx, New York**

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 audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held at end of year as at December 31, 2014 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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


CERTIFIED PUBLIC ACCOUNTANTS

**New York, New York
October 14, 2015**

**COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	As at December 31,	
	2014	2013
Investments at fair value:		
Mutual funds	\$ 3,500,039	\$ 3,332,501
Guaranteed investment contract	375,556	328,251
 Total investments	3,875,595	3,660,752
Contributions receivable	14,398	9,897
NET ASSETS AVAILABLE FOR BENEFITS	\$ 3,889,993	\$ 3,670,649

The notes to financial statements are made a part hereof.

**COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST****STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****FOR THE YEAR ENDED DECEMBER 31, 2014****Changes to net assets attributed to:****Investment income:**

Net increase in fair value of investments	\$	136,115
Dividends		51,541
Interest from guaranteed investment contract		<u>4,772</u>

Net investment gain		192,428
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Employer contributions		229,778
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Less:

Benefits paid to participants	\$	(197,200)	
Administrative expenses		<u>(5,662)</u>	<u>(202,862)</u>

NET INCREASE		219,344
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Net assets available for benefits - January 1, 2014		<u>3,670,649</u>
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NET ASSETS AVAILABLE FOR BENEFITS - DECEMBER 31, 2014		<u>\$ 3,889,993</u>
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The notes to financial statements are made a part hereof.

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of Plan

General

The Plan was established effective January 1, 1988 as a defined contribution plan that provides retirement benefits for all employees of COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, Inc. (the "Company"), who had attained one year of service; attained 21 years of age; and, completed 1,000 hours of service. Upon eligibility, participants can enter the Plan on January 1st or July 1st. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

All contributions are discretionary at the Company's option and allocated to provide the top-heavy minimum contributions to each person who was an active participant at any time during the Plan year under the Plan provisions. Subject to the overall permitted disparity limits, discretionary contributions and forfeitures, if applicable, are allocated using annual pay for the allocation year based on an integrated formula to automatically satisfy certain nondiscrimination tests required by the Internal Revenue Service. A discretionary contribution was made to the Plan for 2014.

Forfeited Amounts

Forfeited balances of terminated participant's non-vested accounts are to be used first for the restoration of participant's accounts, if they rejoin the Company within a specified period, then to offset plan expenses and finally as an additional contribution by the Company, and allocated in the same manner as employer contributions discussed above. For the year ended December 31, 2014, forfeited non-vested accounts totaled \$5,972. As at December 31, 2014 and 2013, unallocated prior period forfeited non-vested accounts totaled \$1,461 and \$2,267, respectively.

Operating Expenses

Certain expenses of maintaining the Plan have been paid by the Company. Certain recordkeeping expenses are charged directly to the participant's account and are included in administrative expenses on the statement of changes in net assets available for benefits.

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

-2-

NOTE A - Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the direct amount of the Company's contributions and plan earnings and reduced by administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The statement of net assets available for benefits at December 31, 2014 includes approximately \$169,600 of accounts of vested participants who have terminated service or are no longer eligible for contributions.

Vesting

The Company's discretionary contribution, plus the earnings thereon, vest according to the schedule below. However, upon the participant reaching age 65, or upon death or permanent disability, all amounts are immediately vested.

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Investment Options

The Company's contributions are participant directed. The Plan currently provides investments in a guaranteed investment contract and in certain mutual funds, which are offered by Principal Trust Company using various sub-advisors including UBS Global Assets Management, Principal Global Investors, Columbus Circle Investors, Goldman Sachs Asset Management, Turner Investment Partners, Mellon Capital Management, Jacobs Levy Equity Management, AllianceBernstein LP, Edge Asset Management, Inc., BlackRock Financial Management, Inc. and Principal Real Estate Investors. These investments offered through the Plan are held by and certified as to completeness and accuracy by Principal Trust Company, the custodian of the Plan.

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

-3-

NOTE A - Description of Plan (Continued)

Investment Options (Continued)

Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Withdrawals

Withdrawals of all vested amounts may be made after a participant attains age 65 or the participant's age on the date five years after the January 1st on or before the date the participant entered the plan, whichever is later.

Payment of Benefits

On termination of service due to death, disability or retirement, if the participant's account is greater than an amount specified by the U.S. Department of Labor (DOL) (currently \$5,000), the participant may elect to receive payment of his vested account balance in either a lump sum or an installment basis over a specified number of years. For vested account balances less than the amount specified by the DOL but above \$1,000, the plan administrator is required to rollover those amounts into an IRA if not elected to be distributed in a lump sum by the participant or rolled over into another retirement plan or an IRA of their choice. Those vested balances below \$1,000 will be distributed in a lump sum directly to the participant.

Termination of Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts. However, their accounts will be held under the Plan and continue to be adjusted for investment gains and losses until distributed.

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

-4-

NOTE B - Summary of Significant Accounting Policies

Valuation of Investments

The Plan's investments are stated at fair value per the Financial Accounting Standards Board codification. Shares of mutual funds are valued by the custodian of the Plan at the net asset value of shares held by the Plan at year end based on quoted market values. The fair value of investment in the Principal Fixed Income Guaranteed Option equals contract value less surrender charges on contract termination. (See Note G).

Tax Status

The Internal Revenue Service has issued a determination dated March 31, 2008 stating that a prototype plan from which the Plan was derived meets the requirements of Section 401(a) of the Internal Revenue Code (IRC) qualifying for tax exempt status.

Therefore, a specific determination letter for the Plan has not been applied for or obtained. Although the plan has been amended since receiving the determination, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Use of Estimates and Subsequent Events

The preparation of financial statements in conformity with generally accepted accounting principles may require the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. The Plan has considered subsequent events occurring through October 14, 2015, the date the financial statements were available for issuance, in evaluating its estimates and in the preparation of its financial statements.

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

-5-

NOTE C - Investments

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of the end of the plan year, as certified by the custodian of the Plan:

	December 31,	
	2014	2013
Principal Lifetime 2030 R1 Fund	\$ 209,105	\$ 235,837
Principal Lifetime 2010 R1 Fund	273,143	255,738
Principal Lifetime 2035 R1 Fund	288,130	267,014
Principal MidCap Value I R1 Fund	315,142	275,138
Principal Lifetime 2040 R1 Fund	299,196	276,656
Principal Fixed Income Guaranteed Option	375,556	328,251
Principal Lifetime 2015 R1 Fund	309,439	335,531
Principal Lifetime 2025 R1 Fund	395,115	367,671
Principal Lifetime 2020 R1 Fund	584,517	539,993
	<hr/>	<hr/>
Total over 5%	\$ 3,049,343	\$ 2,881,829

NOTE D - Fair Value Measurements

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

The Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 is observable information for similar items in active or inactive markets, and Level 3 inputs are unobservable inputs to be used in situations where markets don't exist or are illiquid. Level 3 has the lowest priority.

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

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

-6-

NOTE D - Fair Value Measurements (Continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission and considered as Level 1 investments.

The guaranteed investment contract (GIC): Is valued at fair value by the insurance company. Fair value is considered contract value less surrender charge that is based on cumulative transfer percentages and advance notice of intent to terminate if a plan terminates its interest in the contract. Contract value is the aggregation of contributions, plus interest, less withdrawals, if any (see Note G). Since GICs cannot be sold, transferred, or assigned externally, there is limited market data to support valuation. The fair value is determined annually for financial statement reporting purposes only. Certain unobservable inputs are assessed through review of contract terms (for example, a surrender charge and composite crediting rate). The best proxy for fair value for plans that intend to maintain the GIC with Principal is an assumed transaction involving plan participants and or plan sponsors. For Principal Fixed Income Guaranteed Option GICs, most participant transactions are executed using contract value without adjustment; therefore, for these types of GICs, the contract value is a good proxy for fair value.

The following summarizes the Plan's fair value measurements in accordance with the provisions of the standard on "Fair Value Measurements":

<i>Assets at Fair Value as of December 31, 2014</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>
			<i>Total</i>
Mutual Funds:			
Large cap	\$ 71,142		\$ 71,142
Fixed income	99,391		99,391
Target date	2,628,531		2,628,531
Balanced allocation	284,736		284,736
Small/Mid cap	394,152		394,152
International equity	22,087		22,087
Total Mutual funds	3,500,039		3,500,039
Guaranteed Investment Contract:			
Principal fixed income guaranteed option		\$ 375,556	375,556
Total	\$ 3,500,039	\$ 375,556	\$ 3,875,595

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

-7-

NOTE D - Fair Value Measurements (Continued)

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large cap	\$ 68,118			\$ 68,118
Fixed income	96,450			96,450
Target date	2,526,028			2,526,028
Balanced allocation	258,424			258,424
Small/Mid cap	362,655			362,655
International equity	20,826			20,826
Total Mutual funds	3,332,501			3,332,501
Guaranteed Investment Contracts:				
Principal fixed income				
guaranteed option			\$ 328,251	328,251
Total	\$ 3,332,501		\$ 328,251	\$ 3,660,752

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

	Guaranteed Investment Contract
Year Ended December 31, 2014	<i>Level 3</i>
Balance, beginning of year	\$ 328,251
Total gains or losses (realized/unrealized):	
Recognized in statement of changes in net assets	4,772
Purchases	54,245
Sales	(11,712)
Balance, end of year	\$ 375,556

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

-8-

NOTE D - Fair Value Measurements (Continued)

The following table represents the quantitative information about significant unobservable inputs used in Level 3 fair value measurements.

Type	Predominant Valuation Method	Significant Unobservable Input	Range of Values
Principal Fixed Income Guaranteed Option	Discontinuation Value	Composite crediting rate	2.00%-2.10%
		Surrender charge	0%-5%

NOTE E - Party-In-Interest Transactions

Certain plan investments are offered by Principal Financial Services, a member of Principal Financial Group. Therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. Fees paid by the Plan for investment management services are netted against net appreciation in fair value of investments. Based on information provided by the custodian, these annualized fees range from approximately .15% to .85% of net investment activity during the Plan year.

NOTE F - Certification by the Custodian

Principal Trust Company has certified as to the completeness and accuracy of the investments of the Plan as of December 31, 2014 and for the year then ended 2013. The certification covers the related investment income, including interest and dividends and the appreciation or depreciation in the quoted market value of investments.

NOTE G - Investment in Fully Benefit-Responsive Guaranteed Investment Contract

Principal Fixed Income Guaranteed Option is a benefit-responsive single group annuity contract issued by Principal Life Insurance Company with a fixed rate of interest. Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE
DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

NOTES TO FINANCIAL STATEMENTS

-9-

**NOTE G - Investment in Fully Benefit-Responsive Guaranteed Investment Contract
(Continued)**

Under the terms of the existing contract, the composite crediting rate is currently reset on a semiannual basis and represents the guaranteed minimum interest rate. Changes in future interest crediting rates will not affect the amount reported as an adjustment from fair value to contract value on the statements of net assets available for benefits for the portion of net assets attributable to fully benefit-responsive investment contracts. The Composite Crediting Rate history for the contract, net of 0.65% of plan level administrative and recordkeeping expenses being deducted ranged from 1.45% to 1.35% and was 1.35% as of December 31, 2014 and 2013:

Time period	Interest rate credited to participants
December 1, 2011 – May 31, 2013	2.10%
June 1, 2013 – November 30, 2013	2.00%
December 1, 2013 – November 31, 2014	2.00%
December 1, 2014 – May 31, 2015	2.00%

The average yield earned by the Plan based on the actual performance is calculated by dividing the annualized earnings after plan-level recordkeeping expenses credited to participants of all fully benefit-responsive investment contracts by the fair value of all fully benefit-responsive investment contracts and was 1.35% for the years ended on December 31, 2014 and 2013.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statements of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. However, at December 31, 2014 and 2013 the fair and contract values were the same. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events may limit the ability of the plan sponsor and/or plan participants to transact at contract value with Principal Trust Company. Examples of these events would include (but would not be limited to) premature termination of this contract and termination of the retirement plan. In these examples, the contract value could be reduced by any applicable surrender charges upon distribution of contract's funds.

**COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

EMPLOYER IDENTIFICATION NUMBER 13-4168021, PLAN NUMBER 001

SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

AS AT DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Single Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	Cost**	Current Value
*	Principal Life Insurance Company	Principal Fixed Income Guaranteed Option	\$	375,556
*	Principal Funds Inc (Mutual Funds)	Principal SAM Balanced R1 Portfolio		649
*	"	Principal SmallCap Blend R1 Fund		3,219
*	"	Principal Real Estate Securities R1 Fund		6,404
*	"	Principal Diversified International R1 Fund		9,318
*	"	Principal MidCap Growth R1 Fund		6,650
*	"	Principal SmallCap S&P 600 Index R1 Fund		10,482
*	"	Principal International Emerging Markets R1 Fund		12,769
*	"	Principal Equity Income R1 Fund		15,039
*	"	Principal MidCap Blend R1 Fund		11,321
*	"	Principal SmallCap Growth I R1 Fund		15,739
*	"	Principal Government & High Quality Bond R1 Fund		17,567
*	"	Principal Lifetime 2055 R1 Fund		30,723
*	"	Principal LargeCap Growth R1 Fund		30,563
*	"	Principal Capital Appreciation R1 Fund		25,540
*	"	Principal MidCap Growth III R1 Fund		25,195
*	"	Principal SAM Conservative Growth R1 Portfolio		74,548
*	"	Principal Inflation Protection R1 Fund		81,824
*	"	Principal SAM Conservative Balanced R1 Portfolio		98,362
*	"	Principal SAM Strategic Growth R1 Portfolio		111,177
*	"	Principal Lifetime 2050 R1 Fund		112,424
*	"	Principal Lifetime 2045 R1 Fund		126,739

(Continued)

**COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

EMPLOYER IDENTIFICATION NUMBER 13-4168021, PLAN NUMBER 001

SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

AS AT DECEMBER 31, 2014

-2-

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Single Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	Cost**	Current Value
*	Principal Funds Inc (Mutual Funds)	Principal Lifetime 2030 R1 Fund		\$ 209,105
*	"	Principal Lifetime 2010 R1 Fund		273,143
*	"	Principal Lifetime 2035 R1 Fund		288,130
*	"	Principal MidCap Value I R1 Fund		315,142
*	"	Principal Lifetime 2040 R1 Fund		299,196
*	"	Principal Lifetime 2015 R1 Fund		309,439
*	"	Principal Lifetime 2025 R1 Fund		395,115
		Principal Lifetime 2020 R1 Fund		584,517
	Total			\$ 3,875,595

* Indicates party-in-interest to the Plan.

** Historical cost is not required as all investments are participant directed.

**COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST**

EMPLOYER IDENTIFICATION NUMBER 13-4168021, PLAN NUMBER 001

SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

AS AT DECEMBER 31, 2014

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(Continued)

COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED, INC.
RETIREMENT TRUST

EMPLOYER IDENTIFICATION NUMBER 13-4168021, PLAN NUMBER 001

SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

AS AT DECEMBER 31, 2014

-2-

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower Lessor or Single Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	Cost**	Current Value
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*	"	Principal Lifetime 2015 R1 Fund		309,439
*	"	Principal Lifetime 2025 R1 Fund		395,115
		Principal Lifetime 2020 R1 Fund		584,517
		Total		\$ 3,875,595

* Indicates party-in-interest to the Plan.

** Historical cost is not required as all investments are participant directed.