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| 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;">2015</div> This Form is Open to Public Inspection |
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| | |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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) | |

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| Part II | Basic Plan Information —enter all requested information | | |
| 1a Name of plan <u>COMMUNITY RESOURCE CENTER 403(B) PLAN</u> | 1b Three-digit plan number (PN) ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED</u> <div style="display: flex; justify-content: space-between;"> <div>1776 EASTCHESTER RD STE 225 BRONX, NY 10461-2335</div> <div>1776 EASTCHESTER RD STE 225 BRONX, NY 10461-2335</div> </div> | | 1c Effective date of plan <u>03/24/1995</u> | |
| | | 2b Employer Identification Number (EIN) <u>27-3079904</u> | |
| | | 2c Plan Sponsor's telephone number <u>718-292-1705</u> | |
| | | 2d Business code (see instructions) <u>624100</u> | |

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

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

| | | | |
|---|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2016 | KEVIN MEADE |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2016 | KEVIN MEADE |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) | | | Preparer's telephone number |

| | |
|--|---|
| 3a Plan administrator's name and address <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 | 5 249 |
| 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) 240 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) 234 |
| b Retired or separated participants receiving benefits..... | 6b |
| c Other retired or separated participants entitled to future benefits..... | 6c 12 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d 246 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e 2 |
| f Total. Add lines 6d and 6e | 6f 248 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g 176 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h 0 |
| 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: 2F 2G 2L 2M 2T | |
| 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) |

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
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| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2015 This Form is Open to Public Inspection |
|---|---|---|

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

| | |
|---|---|
| A Name of plan COMMUNITY RESOURCE CENTER 403(B) PLAN | B Three-digit plan number (PN) ▶ 002 |
| 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) 27-3079904 |

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

1 Coverage Information:

(a) Name of insurance carrier
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 | 248 | 01/01/2015 | 12/31/2015 |

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

| | |
|---|------------------------------------|
| (a) Total amount of commissions paid 379 | (b) Total amount of fees paid 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

AMERICAN PORTFOLIOS FINANCIAL SERVI
ATTN KRISTEN LEE
4250 VETERANS MEMORIAL
HOLBROOK, NY 11741-4020

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 379 | 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.

(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 | 152182 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 17186 |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | 1934 |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| ▶ | | |
| (6) Total additions | 7c(6) | 19120 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 171302 |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 23327 |
| (2) Administration charge made by carrier | 7e(2) | 151 |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| ▶ | | |
| (5) Total deductions | 7e(5) | 23478 |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f | 147824 |

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. ▶

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| 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 |
| | | 2015 |
| | | This Form is Open to Public Inspection. |

| | | |
|---|---|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 | | |
| A Name of plan COMMUNITY RESOURCE CENTER 403(B) PLAN | B Three-digit plan number (PN) ▶ | 002 |
| | | |
| 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) 27-3079904 | |

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| 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 37 50 64 | CONTRACT ADMINISTRATOR | 3039 | 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)

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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? |
|------------------------|---|--|--|--|---|--|
| 49 55 | OTHER SERVICES | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 5789 | 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 | 49 55 | 5789 |

| (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 |
|--|-------------------------------|---|
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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. | OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection |
|--|--|---|

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

| | |
|--|---|
| A Name of plan <u>COMMUNITY RESOURCE CENTER 403(B) 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>COMMUNITY RESOURCE CENTER FOR THE DEVELOPMENTALLY DISABLED</u> | D Employer Identification Number (EIN) <u>27-3079904</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) | 12452 | 10418 |
| | (2) Participant contributions | 1b(2) | | |
| | (3) Other..... | 1b(3) | | |
| c | General investments: | | | |
| | (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| | (2) U.S. Government securities..... | 1c(2) | | |
| | (3) Corporate debt instruments (other than employer securities): | | | |
| | (A) Preferred | 1c(3)(A) | | |
| | (B) All other..... | 1c(3)(B) | | |
| | (4) Corporate stocks (other than employer securities): | | | |
| | (A) Preferred | 1c(4)(A) | | |
| | (B) Common | 1c(4)(B) | | |
| | (5) Partnership/joint venture interests | 1c(5) | | |
| | (6) Real estate (other than employer real property) | 1c(6) | | |
| | (7) Loans (other than to participants) | 1c(7) | | |
| | (8) Participant loans | 1c(8) | 14809 | 5361 |
| | (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) | 2284520 | 2118292 |
| | (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 152182 | 147824 |
| | (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 | 2463963 | 2281895 |

Liabilities

| | | | |
|---|-----------|---|-------|
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | 11300 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 0 | 11300 |

Net Assets

| | | | |
|---|-----------|---------|---------|
| l Net assets (subtract line 1k from line 1f) | 1l | 2463963 | 2270595 |
|---|-----------|---------|---------|

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) | | |
| (B) Participants | 2a(1)(B) | 236719 | |
| (C) Others (including rollovers) | 2a(1)(C) | 4860 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 241579 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | 518 | |
| (F) Other | 2b(1)(F) | 396 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 914 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 13276 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 13276 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -65932 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 189837 |

Expenses**e** Benefit payment and payments to provide benefits:

| | | | |
|---|--------------|--------|--------|
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 380166 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 380166 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 3039 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 3039 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 383205 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -193368 |
| 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: CORNICK, GARBER AND 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:

| | Yes | No | N/A | Amount |
|--|-----|-------------------------------------|-----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | <input checked="" type="checkbox"/> | | |
| 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.) | | <input checked="" type="checkbox"/> | | |

| | Yes | No | N/A | Amount |
|---|-----|----|-----|---------|
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | 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. | | X | | |
| o Did the plan trust incur unrelated business taxable income? | | | X | |
| p Were in-service distributions made during the plan year? | | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

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

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

| | | | | | |
|---|--|--|--|--|-----|
| SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | | Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | | OMB No. 1210-0110 2015 This Form is Open to Public Inspection. | |
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 | | | | | |
| A Name of plan COMMUNITY RESOURCE CENTER 403(B) PLAN | | | | B Three-digit plan number (PN) ▶ | 002 |
| 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) 27-3079904 | |
| 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 | 28 |
| 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) 2015 v. 150123 | |

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. <input type="checkbox"/> | | |

| | |
|----------------|---|
| 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 <input type="checkbox"/> |
| 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: <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |
| | c What duration measure was used to calculate line 19(b)? <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____ |

| | |
|-----------------|---------------------------------|
| Part VII | IRS Compliance Questions |
|-----------------|---------------------------------|

| | | |
|--|--|--|
| 20a Is the plan a 401(k) plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test |
| 20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | <input type="checkbox"/> Ratio percentage test | <input type="checkbox"/> Average benefit test |
| 21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22a Has the plan been timely amended for all required tax law changes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes). | | |
| 22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. | | |
| 22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____. | | |
| 23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**COMMUNITY RESOURCE CENTER
403(b) PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

**YEARS ENDED DECEMBER 31, 2015
AND 2014**

Independent Auditor's Report

**The Trustees of
Community Resource Center 403(b) Plan
Bronx, New York**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Community Resource Center 403(b) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 E, which was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

In addition, because of the inadequacies in the plan's prior year's records, we were unable to perform auditing procedures with respect to individual participant account balances accumulated from inception of the plan or to satisfy us as to the basis on which participants' equity is stated as of December 31, 2015 and 2014 or the propriety of the distributions to participants who terminated and withdrew from the Plan during the years then ended.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, 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.

Emphasis of Matter

As discussed in Note B to the financial statements, the plan adopted new accounting guidance related to the investments. Prior year disclosures have been revised to reflect the retrospective application of adopting these changes in accounting.

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2015 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 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.


CERTIFIED PUBLIC ACCOUNTANTS

New York, New York
October 11, 2016

COMMUNITY RESOURCE CENTER 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|--|---------------------|--------------|
| | 2015 | 2014 |
| <u>ASSETS</u> | | |
| Investments: | | |
| Mutual funds at fair value | \$ 2,118,292 | \$ 2,284,520 |
| Principal Fixed Income Guaranteed Option at contract value | 147,824 | 152,182 |
| Total investments | 2,266,116 | 2,436,702 |
| Contributions receivable from participants | 10,418 | 12,452 |
| Participant loans | 5,361 | 14,809 |
| TOTAL ASSETS | 2,281,895 | 2,463,963 |
| <u>LIABILITIES</u> | | |
| Excess contributions payable | 11,300 | - |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 2,270,595 | \$ 2,463,963 |

See accompanying notes.

COMMUNITY RESOURCE CENTER 403(b) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2015

Additions:

| | |
|--|-----------------|
| Investment income (loss): | |
| Net depreciation in fair value of mutual funds | \$ (65,932) |
| Dividends | 13,276 |
| Interest from guaranteed investment contract | 396 |
| | <u>(52,260)</u> |

| | |
|-----------------------------------|------------|
| Interest from participants' loans | <u>518</u> |
|-----------------------------------|------------|

Contributions:

| | |
|----------------------------|----------------|
| Participants | 236,719 |
| Rollovers from other plans | 4,860 |
| | <u>241,579</u> |

| | |
|------------------------|-----------------------|
| Total additions | <u>189,837</u> |
|------------------------|-----------------------|

Deductions:

| | |
|-------------------------------|----------------|
| Benefits paid to participants | 380,166 |
| Administrative expenses | 3,039 |
| | <u>383,205</u> |

| | |
|-------------------------|-----------------------|
| Total deductions | <u>383,205</u> |
|-------------------------|-----------------------|

| | |
|---------------------|------------------|
| NET DECREASE | (193,368) |
|---------------------|------------------|

| | |
|--|-------------------------|
| Net assets available for benefits - January 1, 2015 | <u>2,463,963</u> |
|--|-------------------------|

| | |
|--|-----------------------------------|
| NET ASSETS AVAILABLE FOR BENEFITS - DECEMBER 31, 2015 | <u><u>\$ 2,270,595</u></u> |
|--|-----------------------------------|

See accompanying notes.

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of Plan

The following description of the Community Resource Center 403(b) 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 was established effective March 24, 1995 as a defined contribution 403(b) plan that provides retirement benefits for all employees of Community Resource Center for the Developmentally Disabled, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Eligible participants may contribute up to 100% percent of their annual compensation subject to the maximum allowable under the Internal Revenue Code. Compensation subject to employee contributions excludes bonuses, sick time payouts, payment of benefit day accruals in lieu of time off and accrued time paid at separation from employment due to resignation, termination or death. Participants may also contribute amounts representing distributions from other qualified defined benefit or contributions plans (rollovers). The Company may elect to make a discretionary contribution to the Plan, to be allocated to each person who was an active participant at any time during the Plan year and who has at least 1,000 hours of service during the latest accrual service period ending on or before the last day of the Plan year. No discretionary contribution was made to the Plan for 2015.

Participant Accounts

Each participant's account is credited with the participant's contribution and earnings and allocations of the Company's discretionary contribution. Forfeited balances of terminated participants' non-vested accounts are used to offset the Company's first contribution made after the forfeiture is determined. As of December 31, 2015, all active and terminated participant balances are 100% vested. The statement of net assets available for benefits at December 31, 2015 includes approximately \$262,000 of accounts of vested participants who have terminated service or are no longer actively contributing to the Plan but remain in the Plan.

Vesting

Participants are immediately vested in their contribution and the earnings thereon. 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.

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of Plan (Continued)

Vesting (Continued)

| <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% |

Participant Loans

Through September 9, 2011 participants were allowed to borrow up to 50% of their account balance limited to a maximum loan of \$50,000. The loans terms ranged from 1-5 years; however, if the loan was for the purchase of a principal residence a longer repayment term was permitted. Loans were evidenced by a negotiable promissory note, secured by the balance of the participant's account and bear interest at the prime rate plus 2% as of the date of the loan. Interest at December 31, 2015 is 5.25%. Principal and interest on outstanding loans is paid ratably through bi-weekly payroll deductions. Outstanding participant loans are at their unpaid principal balance, plus any accrued but unpaid interest.

Investment Options

All contributions to the Plan are participant directed. The Plan currently provides investments in a guaranteed investment contract and in certain mutual funds.

Withdrawals

Withdrawals of all vested amounts may be made after a participant attains 59 ½ years of age or if the withdrawal is for reason of hardship (as defined).

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.

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

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.

Changes in Accounting Principles

In July 2015, FASB issued ASU No. 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient (consensuses of the FASB Emerging Issues Task Force).

Part III is not applicable to the Plan. Part I of this ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of this ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements should be provided by general type of plan asset.

The amendments in FASB ASU No. 2015-12 are effective for fiscal years beginning after December 15, 2015. Parts I and II are to be applied retrospectively and early adoption is permitted. The Plan's management has elected to early adopt Part I and II and the adoption is reflected retrospectively in these financial statements.

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end and are based on quoted market values. See Note C for discussion of fair value measurements.

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

Excess Contributions Payable

During 2010 through 2015, the Company failed to exclude bonuses and sick time payouts to certain employees from compensation that are subject to calculation of employee contributions. Under the IRS Employee Plans Compliance Resolution System ("EPCRS"), the Plan decided to use the self-correction option and distribute the excess contributions to the effected participants with excess contributions more than \$100, as allowed under EPCRS.

Amounts payable to participants totaling \$11,300 for the year ended December 31, 2015 for contributions in excess of amounts in accordance with the Plan's provisions are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan have been paid by the Company. Loan administration fees as well as certain other 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. Investment related expenses are included in net depreciation of value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2016, the date the financial statements were available to be issued.

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3: Inputs that are unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value:

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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds of \$2,118,292 and \$2,284,520 at December 31, 2015 and 2014, respectively held by the Plan are deemed to be actively traded and considered as Level 1 investments.

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

Principal Fixed Income Guaranteed Option is a single group annuity contract issued by Principal Life Insurance Company ("the issuer"). This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

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

Principal Fixed Income Guaranteed Option is a traditional guaranteed investment contract (GIC) issued by Principal Life Insurance Company. The issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting interest rate of the contract is based on a formula agreed upon with the issuer, as defined in the contract agreement, but cannot be less than zero. Such interest rates are reviewed and reset on semi-annual basis.

The composite crediting rate history for the contract, net of 0.65% of plan level administrative and recordkeeping expenses ranged from 1.35% to 1.20% and was 1.20% and 1.35% as of December 31, 2015 and 2014, respectively. The composite crediting rate history for the contract before 0.65% of plan level administrative and recordkeeping expenses is as follows:

| Time period | Interest rate credited to participants |
|----------------------------------|---|
| December 1, 2013 – May 31, 2015 | 2.00% |
| June 1, 2015 – November 30, 2015 | 1.90% |
| December 1, 2015 – May 31, 2016 | 1.85% |

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. However, certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Examples of such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. In the event that the Plan Sponsor terminates the contract and requests an immediate payout, the contract payout would be subject to a 5% termination fee.

The plan administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

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

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

NOTE E - Certification by the Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (the "Trustee"):

| | <u>2015</u> | <u>2014</u> |
|--|--------------|--------------|
| Statements of Net Assets Available for Benefits: | | |
| Investments at fair value | \$ 2,118,292 | \$ 2,284,520 |
| Investments at contract value | 147,824 | 152,182 |
| Participant loans | 5,361 | 14,809 |
| Statement of Changes in Net Assets Available for Benefits: | | |
| Net depreciation in fair value of mutual funds | \$ (65,932) | |
| Dividends | 13,276 | |
| Interest from guaranteed investment contract | 396 | |
| Interest from participants' loans | 518 | |

NOTE F - Related Party and Party-In-Interest Transactions

Certain plan investments are managed and (or) offered by the Trustee or its affiliates. Also, Principal Life Insurance Company provides recordkeeping services to the Plan and to the mutual funds, including mutual funds provided by an affiliate of Trustee. 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 and recordkeeping services are netted against net appreciation in fair value of investments. Based on information provided by the Trustee, these annualized fees range from approximately 0.65% to 2.10% of net investment activity during the Plan year.

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE G - 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.

NOTE H - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Because of 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.

NOTE I - Tax Status

The Plan is designed through a prototype plan sponsored by Principal Financial Group to qualify under Section 403(b) of the Internal Revenue Code ("Code"). The prototype plan has received an opinion letter, dated May 1, 2014, from the Internal Revenue Service ("IRS") stated that the prototype plan is qualified and the related trust is tax- exempt. The prototype plan opinion letter has been relied upon by this Plan. The prototype sponsor as well as the Plan's sponsor believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to business income tax.

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, as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

As described in Note B to the financial statements, The Plan is using the self-correction option under EPCRS to refund certain employee's deferrals over \$100 taken during 2010 through 2015 from compensation excludable from the calculation of employee contributions. However, EPCRS prescribes that significant errors should be fixed by the end of the second plan year following the plan year for which the error occurred to be eligible for self-correction procedure under EPCRS. Considering the percentage of plan assets involved in the error relative to total plan assets, as well as other factors (such as the number of participants affected relative

COMMUNITY RESOURCE CENTER 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE I - Tax Status (Continued)

to the total number of participants, correction within a reasonable time after discovery, etc.), management believes that the Plan can self-correct this error, even though it involves years beyond the two year limitation for self-correction.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COMMUNITY RESOURCE CENTER 403(b) PLAN

EMPLOYER IDENTIFICATION NUMBER 27-3079904, PLAN NUMBER 002

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

DECEMBER 31, 2015

| (a) | (b) | (c) | (d) | (e) |
|-----|--|---|--------|------------------|
| | Identity of Issue, Borrower Lessor or Similar 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 | | \$ 147,824 |
| * | Principal Funds Inc. (Mutual Funds) | Principal SmallCap S&P 600 Index R1 Fund | | 412 |
| * | " | Principal LargeCap S&P 500 Index R1 Fund | | 877 |
| * | " | Principal International Emerging Markets R1 Fund | | 1,000 |
| * | " | Principal SmallCap Blend R1 Fund | | 3,384 |
| * | " | Principal LargeCap Growth R1 Fund | | 3,899 |
| * | " | Principal Lifetime 2060 R1 Fund | | 4,225 |
| * | " | Principal Equity Income R1 Fund | | 6,632 |
| * | " | Principal MidCap Growth R1 Fund | | 9,424 |
| * | " | Principal Real Estate Securituues R1 Fund | | 10,424 |
| * | " | Principal MidCap Blend R1 Fund | | 10,627 |
| * | " | Principal Lifetime 2055 R1 Fund | | 14,728 |
| * | " | Principal Inflation Protection R1 Fund | | 17,903 |
| * | " | Principal SmallCap Growth I R1 Fund | | 19,360 |
| * | " | Principal Government & High Quality Bond R1 Fund | | 24,848 |
| * | " | Principal Cap Appreciation R1 Fund | | 30,056 |
| * | " | Principal Lifetime 2045 R1 Fund | | 44,658 |
| * | " | Principal Diversified International R1 Fund | | 49,381 |
| * | " | Principal Lifetime 2050 R1 Fund | | 51,022 |
| * | " | Principal SAM Conservative Balanced R1 Portfolio | | 51,956 |
| * | " | Principal SAM Strategic Growth R1 Portfolio | | 99,675 |
| * | " | Principal Lifetime 2010 R1 Fund | | 122,486 |
| * | " | Principal Lifetime 2040 R1 Fund | | 133,408 |

COMMUNITY RESOURCE CENTER 403(b) PLAN

EMPLOYER IDENTIFICATION NUMBER 27-3079904, PLAN NUMBER 002

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

DECEMBER 31, 2015

| (a) | (b) | (c) | (d) | (e) |
|-----|--|---|--------|------------------|
| | Identity of Issue, Borrower Lessor or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value | Cost** | Current Value |
| * | Principal Funds Inc. (Mutual Funds) | Principal Lifetime 2015 R1 Fund | | \$ 101,635 |
| * | " | Principal Lifetime 2030 R1 Fund | | 119,097 |
| * | " | Principal Lifetime 2035 R1 Fund | | 161,893 |
| * | " | Principal MidCap Value I R1 Fund | | 257,543 |
| * | " | Principal Lifetime 2025 R1 Fund | | 294,569 |
| * | " | Principal Lifetime 2020 R1 Fund | | 473,170 |
| | | Total investments | | 2,266,116 |
| * | Participant Loans | Interest at 5.25% a year | | 5,361 |
| | | Total | | \$ 2,271,477 |

* Indicates party-in-interest to the Plan.

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

COMMUNITY RESOURCE CENTER 403(b) PLAN

EMPLOYER IDENTIFICATION NUMBER 27-3079904, PLAN NUMBER 002

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

DECEMBER 31, 2015

| (a) | (b) | (c) | (d) | (e) |
|--|-----|---|--------|------------------|
| Identity of Issue, Borrower Lessor or Similar 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 | \$ | 147,824 |
| * Principal Funds Inc. (Mutual Funds) | | Principal SmallCap S&P 600 Index R1 Fund | | 412 |
| * | " | Principal LargeCap S&P 500 Index R1 Fund | | 877 |
| * | " | Principal International Emerging Markets R1 Fund | | 1,000 |
| * | " | Principal SmallCap Blend R1 Fund | | 3,384 |
| * | " | Principal LargeCap Growth R1 Fund | | 3,899 |
| * | " | Principal Lifetime 2060 R1 Fund | | 4,225 |
| * | " | Principal Equity Income R1 Fund | | 6,632 |
| * | " | Principal MidCap Growth R1 Fund | | 9,424 |
| * | " | Principal Real Estate Securities R1 Fund | | 10,424 |
| * | " | Principal MidCap Blend R1 Fund | | 10,627 |
| * | " | Principal Lifetime 2055 R1 Fund | | 14,728 |
| * | " | Principal Inflation Protection R1 Fund | | 17,903 |
| * | " | Principal SmallCap Growth I R1 Fund | | 19,360 |
| * | " | Principal Government & High Quality Bond R1 Fund | | 24,848 |
| * | " | Principal Cap Appreciation R1 Fund | | 30,056 |
| * | " | Principal Lifetime 2045 R1 Fund | | 44,658 |
| * | " | Principal Diversified International R1 Fund | | 49,381 |
| * | " | Principal Lifetime 2050 R1 Fund | | 51,022 |
| * | " | Principal SAM Conservative Balanced R1 Portfolio | | 51,956 |
| * | " | Principal SAM Strategic Growth R1 Portfolio | | 99,675 |
| * | " | Principal Lifetime 2010 R1 Fund | | 122,486 |
| * | " | Principal Lifetime 2040 R1 Fund | | 133,408 |

COMMUNITY RESOURCE CENTER 403(b) PLAN

EMPLOYER IDENTIFICATION NUMBER 27-3079904, PLAN NUMBER 002

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

DECEMBER 31, 2015

| (a) | (b) | (c) | (d) | (e) |
|-----|--|---|--------|------------------|
| | Identity of Issue, Borrower Lessor or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value | Cost** | Current Value |
| * | Principal Funds Inc. (Mutual Funds) | Principal Lifetime 2015 R1 Fund | | \$ 101,635 |
| * | " | Principal Lifetime 2030 R1 Fund | | 119,097 |
| * | " | Principal Lifetime 2035 R1 Fund | | 161,893 |
| * | " | Principal MidCap Value I R1 Fund | | 257,543 |
| * | " | Principal Lifetime 2025 R1 Fund | | 294,569 |
| * | " | Principal Lifetime 2020 R1 Fund | | 473,170 |
| | Total investments | | | 2,266,116 |
| * | Participant Loans | Interest at 5.25% a year | | 5,361 |
| | Total | | | \$ 2,271,477 |

* Indicates party-in-interest to the Plan.

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