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|---|---|--|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2012</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
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|  |  |   |  |
|--|--|---|--|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>                |   |  |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |  |   |  |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |  |
|  | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) _____                                  |  |
| <b>B</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). |  |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                       |   |  |
| <b>D</b> 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) |   |  |

|  |   |   |   |
|--|---|---|---|
| <b>Part II</b>   | <b>Basic Plan Information</b> —enter all requested information      |   |   |
| <b>1a</b> Name of plan<br><u>COMMUNITY LIVING 401(K) RETIREMENT PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>  |   |
|  | <b>1c</b> Effective date of plan                                    | <u>07/01/1998</u>   |   |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>COMMUNITY LIVING</u><br><br><u>C/O 1440 N. 16TH AVENUE SUITE 2<br/>YAKIMA, WA 98907-2700</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>91-0854445</u> | <b>2c</b> Sponsor's telephone number<br><u>509-966-1998</u> | <b>2d</b> Business code (see instructions)<br><u>623000</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.

|  |   |            |  |
|--|---|------------|--|
| <b>SIGN HERE</b>   | Filed with authorized/valid electronic signature. | 10/09/2013 | LINDA SHOOT  |
|  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>   |   |            |  |
|  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>   |   |            |  |
|  | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |   |            | Preparer's telephone number (optional)                       |
|  |   |            |  |

|  |  |     |
|--|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address  | <b>3b</b> Administrator's EIN              |     |
|  | <b>3c</b> Administrator's telephone number |     |
|  |  |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name  | <b>4b</b> EIN                              |     |
|  | <b>4c</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>                                   | 248 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a</b> Active participants.....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... |  |     |
|  | <b>6a</b>                                  | 237 |
|  | <b>6b</b>                                  | 0   |
|  | <b>6c</b>                                  | 16  |
|  | <b>6d</b>                                  | 253 |
|  | <b>6e</b>                                  | 0   |
|  | <b>6f</b>                                  | 253 |
|  | <b>6g</b>                                  | 152 |
| <b>6h</b>  | 6  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....   | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (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)

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)        |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)      |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input type="checkbox"/> <b>A</b> (Insurance Information)                   |
|  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) |
|  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)      |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         |

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>SCHEDULE C</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p> | <p><b>Service Provider Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2012</b></p> <hr/> <p><b>This Form is Open to Public Inspection.</b></p> |
|---|---|---|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><u>COMMUNITY LIVING 401(K) RETIREMENT PLAN</u></p>                  | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><u>001</u></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><u>COMMUNITY LIVING</u></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><u>91-0854445</u></p> |                   |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

THE HARTFORD RETIREMENT SERVICESLLC

26-1589907

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

ROYAL ALLIANCE ASSOCIATES

93-0987232

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

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

RELIANCE TRUST COMPANY

58-1428634

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

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

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

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

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**(b)** Enter name and EIN or address of person who provided you disclosures 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)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>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.

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





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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>COMMUNITY LIVING 401(K) RETIREMENT PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COMMUNITY LIVING</b> | <b>D</b> Employer Identification Number (EIN)<br><b>91-0854445</b> |            |

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| <b>Assets</b>   |                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|---|-----------------|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                              |                        |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    |                              |                        |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                              |                        |
| <b>(3)</b> Other.....   | <b>1b(3)</b>    |                              |                        |
| <b>c</b> General investments:   |                 |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 1073                         | 281                    |
| <b>(2)</b> U.S. Government securities.....  | <b>1c(2)</b>    |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                              |                        |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                              |                        |
| <b>(B)</b> All other.....   | <b>1c(3)(B)</b> |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                              |                        |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                              |                        |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                              |                        |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    | 103731                       | 111564                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 1822933                      | 1723155                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                              |                        |
| <b>(15)</b> Other .....   | <b>1c(15)</b>   |                              |                        |

| 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    | 1927737               | 1835000         |

**Liabilities**

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

**Net Assets**

|   |    |         |         |
|---|----|---------|---------|
| l Net assets (subtract line 1k from line 1f)..... | 1l | 1927737 | 1835000 |
|---|----|---------|---------|

**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 |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 25531      |           |
| (B) Participants .....   | 2a(1)(B) | 110142     |           |
| (C) Others (including rollovers).....  | 2a(1)(C) |            |           |
| (2) Noncash contributions .....  | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                  | 2a(3)    |            | 135673    |
| <b>b Earnings on investments:</b>  |          |            |           |
| (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) | 6245       |           |
| (F) Other .....  | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F) .....                                     | 2b(1)(G) |            |           |
| (2) Dividends: (A) Preferred stock.....  |          |            |           |
| (B) Common stock .....   | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) | 26943      |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D) |            |           |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          |          |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                       | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C) |            |           |
|  |          |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....                   |          |            |           |
| (B) Other .....  | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                             | <b>2b(6)</b>  |            |           |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                             | <b>2b(7)</b>  |            |           |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                     | <b>2b(8)</b>  |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                           | <b>2b(9)</b>  |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | <b>2b(10)</b> |            | 183841    |
| <b>c</b> Other income.....  | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | <b>2d</b>     |            | 352702    |

**Expenses**

|  |              |        |        |
|--|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....     | <b>2e(1)</b> | 445439 |        |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                       | <b>2e(2)</b> |        |        |
| <b>(3)</b> Other .....   | <b>2e(3)</b> |        |        |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....         | <b>2e(4)</b> |        | 445439 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....   | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                       | <b>2i(1)</b> |        |        |
| <b>(2)</b> Contract administrator fees .....   | <b>2i(2)</b> |        |        |
| <b>(3)</b> Investment advisory and management fees .....                                   | <b>2i(3)</b> |        |        |
| <b>(4)</b> Other .....   | <b>2i(4)</b> |        |        |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....  | <b>2i(5)</b> |        | 0      |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 445439 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -92737 |
| <b>l</b> Transfers of assets:   |              |  |        |
| <b>(1)</b> To this plan.....  | <b>2l(1)</b> |  |        |
| <b>(2)</b> From this plan .....   | <b>2l(2)</b> |  |        |

**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: CLIFTONLARSONALLEN

**(2)** EIN: 41-0746749

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |
| <b>4b</b> |     | X  |        |

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....  | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....  |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....  | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....   |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                     |     |    |        |

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

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

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

**Part V Trust Information (optional)**

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|  |  |   |
|--|--|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>COMMUNITY LIVING 401(K) RETIREMENT PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶                                | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMUNITY LIVING</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>91-0854445</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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..... 

|          |          |
|----------|----------|
| <b>1</b> | <u>0</u> |
|----------|----------|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-3215605

**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..... 

|          |  |
|----------|--|
| <b>3</b> |  |
|----------|--|

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

|   |            |  |
|---|------------|--|
| <b>a</b> The current year .....   | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                           | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|  |            |  |
|--|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

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

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

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



**COMMUNITY LIVING 401(K) RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION**

**YEARS ENDED DECEMBER 31, 2012 AND 2011**

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
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CliftonLarsonAllen

CliftonLarsonAllen LLP  
CLAcconnect.com

## INDEPENDENT AUDITORS' REPORT

Plan Administrator  
Community Living 401(k) Retirement Plan  
Yakima, Washington

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Community Living 401(k) Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditors' Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the custodian is complete and accurate.

### ***Disclaimer of Opinion***

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

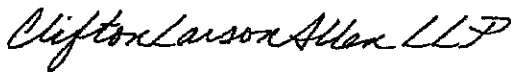
Plan Administrator  
Community Living 401(k) Retirement Plan

***Other Matter***

The supplemental schedule of assets (held at end of year) as of December 31, 2012, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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



**CliftonLarsonAllen LLP**

Yakima, Washington  
September, 24 2013

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2012 AND 2011**

| <b>ASSETS</b>                             | 2012         | 2011         |
|---|--------------|--------------|
| <b>INVESTMENTS</b> (at Fair Value)        |              |              |
| Interest Bearing Cash                     | \$ 280       | \$ 1,073     |
| Mutual Funds                              | 1,723,156    | 1,822,933    |
| Total Investments                         | 1,723,436    | 1,824,006    |
| <b>NOTES RECEIVABLE FROM PARTICIPANTS</b> | 111,564      | 103,731      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>  | \$ 1,835,000 | \$ 1,927,737 |

*See accompanying Notes to Financial Statements.*

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2012 AND 2011**

|  | 2012         | 2011         |
|--|--------------|--------------|
| <b>ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS<br/>AVAILABLE FOR BENEFITS ATTRIBUTED TO:</b> |              |              |
| <b>INVESTMENT INCOME (LOSS)</b>  |              |              |
| Dividend Income  | \$ 26,944    | \$ 28,680    |
| Net Appreciation (Depreciation) in Fair Value of Investments                               | 183,841      | (53,630)     |
| Total Investment Income (Loss)   | 210,785      | (24,950)     |
| <b>INTEREST ON NOTES RECEIVABLE FROM PARTICIPANTS</b>                                      | 6,245        | 5,376        |
| <b>CONTRIBUTIONS</b>   |              |              |
| Salary Deferral  | 110,142      | 121,757      |
| Discretionary Matching   | 25,530       | 29,676       |
| Total Contributions  | 135,672      | 151,433      |
| Total Additions to Net Assets Available for Benefits                                       | 352,702      | 131,859      |
| <b>BENEFITS PAID TO PARTICIPANTS</b>   | (445,439)    | (74,618)     |
| <b>NET (DECREASE) INCREASE</b>   | (92,737)     | 57,241       |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>   |              |              |
| Beginning of Year  | 1,927,737    | 1,870,496    |
| End of Year  | \$ 1,835,000 | \$ 1,927,737 |

*See accompanying Notes to Financial Statements.*

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**NOTE 1 DESCRIPTION OF THE PLAN**

The following description of Community Living 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan originally effective July 1, 1998. The Plan has been amended and restated throughout the years to comply with tax legislation and most recently restated January 1, 2009, and most recently amended effective September 26, 2012. The Plan covers substantially all employees of Community Living (the Organization) except for nonresident aliens and those employees whose retirement benefits are the subject of collective bargaining. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

To be eligible to participate in the salary deferral portion of the Plan and receive discretionary Organization matching contributions, an employee must attain age 21 and perform 1,000 hours of service or complete 12 months of consecutive service. In order to receive an allocation of the discretionary profit-sharing contribution, the participant must meet the previously stated eligibility requirements, work 1,000 hours during the Plan year, and also be employed on the last day of the Plan year. A participant may enter the Plan on the entry date coinciding with or next following the completion of the eligibility requirements. Entry dates into the Plan are January 1 and July 1.

**Contributions**

Each year, participants may contribute a percentage of pre-tax annual compensation, as defined in the Plan. The Organization, at its discretion, may make matching contributions and profit-sharing contributions to the participant's individual accounts. For the years ended December 31, 2012 and 2011, the discretionary matching contribution was 25 percent of each participant's salary deferral contributions. There were no discretionary profit-sharing contributions for the years ended December 31, 2012 and 2011.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans or conduit IRAs. Participants direct the investment of contributions into various mutual funds as investment options for participants. Contributions are subject to limitations.

**Participant Accounts**

Each participant's individual account is credited with salary deferral contributions, Organization discretionary matching and discretionary profit-sharing contributions, and an allocation of Plan earnings and losses. Allocations are based on participant earnings or account balances as defined. Income is allocated daily based on the shares in the participant's account.

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Vesting**

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Organization's discretionary matching and profit-sharing contribution portion of their accounts, plus actual earnings thereon, is based on years of credited service. A participant is 100 percent vested after five years of credited service. A participant is fully vested upon reaching normal retirement age, death, or permanent disability.

**Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Principal and interest is paid ratably through payroll deductions. Note terms are up to five years, except for notes to fund the purchase of a principal residence, for which the note may be repaid over a reasonable period that may exceed five years. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. At December 31, 2012 and 2011, interest rates ranged from 5.25 percent to 10.25 percent.

**Payment of Benefits**

Upon termination of service, death, disability, or retirement (age 65), the participant will receive the value of the vested interest in his or her account in the form of a lump-sum distribution. The Plan allows for in-service distributions, subject to Plan provisions, if a participant reaches age 59½ and has been a participant of the Plan for at least five years. Hardship distributions are not allowed. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent.

**Forfeited Accounts**

Forfeited nonvested accounts are used to reduce future Organization contributions. Forfeited nonvested accounts as of December 31, 2012 and 2011 totaled \$280 and \$1,073, respectively. There was \$2,005 of forfeitures used to reduce the Organization's contributions for the year ended December 31, 2012. There were no forfeitures used to reduce the Organization's contributions for the year ended December 31, 2011.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimated.



**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Fair Value Measurements**

Financial Accounting Standards Board *Accounting Standards Codification* 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

*Level 2:* Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2012 and 2011.

**Investment Valuation and Income Recognition**

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Mutual funds are valued as the net asset value of shares held by the Plan at year-end. Investments in cash are valued based on cost, which approximates fair value in a noninflationary economy and is protected by the Federal Deposit Insurance Corporation.

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Investment Valuation and Income Recognition (Continued)**

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Purchases and sales 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

**Benefit Payments**

Benefits are recorded when paid.

**Administrative Expenses**

The Organization pays all administrative expenses on behalf of the Plan.

**Subsequent Events**

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September, 24 2013, the date the financial statements were available to be issued.

**NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION**

Reliance Trust Company, the custodian of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of notes receivable from participants and investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2012 and 2011, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2012.

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**NOTE 4 FAIR VALUE OF INVESTMENTS**

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

|                                 | 2012                |             |             |                     |
|---------------------------------|---------------------|-------------|-------------|---------------------|
|                                 | Level 1             | Level 2     | Level 3     | Total               |
| Interest Bearing Cash           | \$ 280              | \$ -        | \$ -        | \$ 280              |
| Mutual Funds:                   |                     |             |             |                     |
| Conservative Allocation Funds   | 77,436              | -           | -           | 77,436              |
| Fixed Fund                      | 97,745              | -           | -           | 97,745              |
| Foreign Large Blend Funds       | 104,989             | -           | -           | 104,989             |
| Foreign Large Value Fund        | 577                 | -           | -           | 577                 |
| Short Government Fund           | 47,457              | -           | -           | 47,457              |
| Intermediate Term Bond Fund     | 145,533             | -           | -           | 145,533             |
| Large Blend Fund                | 14,259              | -           | -           | 14,259              |
| Large Growth Funds              | 882,023             | -           | -           | 882,023             |
| Moderate Allocation Fund        | 326,656             | -           | -           | 326,656             |
| Small Blend Fund                | 19,449              | -           | -           | 19,449              |
| World Allocation Fund           | 3,110               | -           | -           | 3,110               |
| World Stock Fund                | 3,922               | -           | -           | 3,922               |
| Total Mutual Funds              | <u>1,723,156</u>    | <u>-</u>    | <u>-</u>    | <u>1,723,156</u>    |
| Total Investments at Fair Value | <u>\$ 1,723,436</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,723,436</u> |

|                                 | 2011                |             |             |                     |
|---------------------------------|---------------------|-------------|-------------|---------------------|
|                                 | Level 1             | Level 2     | Level 3     | Total               |
| Interest Bearing Cash           | \$ 1,073            | \$ -        | \$ -        | \$ 1,073            |
| Mutual Funds:                   |                     |             |             |                     |
| Conservative Allocation Funds   | 73,465              | -           | -           | 73,465              |
| Fixed Fund                      | 415,760             | -           | -           | 415,760             |
| Foreign Large Blend Funds       | 96,768              | -           | -           | 96,768              |
| Foreign Large Value Fund        | 362                 | -           | -           | 362                 |
| Short Government Fund           | 40,459              | -           | -           | 40,459              |
| Intermediate Term Bond Fund     | 138,312             | -           | -           | 138,312             |
| Large Blend Fund                | 12,709              | -           | -           | 12,709              |
| Large Growth Funds              | 754,885             | -           | -           | 754,885             |
| Moderate Allocation Fund        | 267,498             | -           | -           | 267,498             |
| Small Blend Fund                | 17,945              | -           | -           | 17,945              |
| World Allocation Fund           | 2,102               | -           | -           | 2,102               |
| World Stock Fund                | 2,668               | -           | -           | 2,668               |
| Total Mutual Funds              | <u>1,822,933</u>    | <u>-</u>    | <u>-</u>    | <u>1,822,933</u>    |
| Total Investments at Fair Value | <u>\$ 1,824,006</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,824,006</u> |

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**NOTE 5 INVESTMENTS**

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

|  | 2012       | 2011       |
|--|------------|------------|
| MFS Growth Allocation Fund R2            | \$ 455,925 | \$ 374,734 |
| MFS Fixed Fund                           | 97,745     | 415,760    |
| MFS Moderate Allocation Fund R2          | 326,656    | 267,498    |
| MFS Aggressive Growth Allocation Fund R2 | 209,967    | 165,572    |
| AM Funds Growth Fund of America R3       | 163,751    | 152,728    |
| MFS Bond Fund R2                         | 145,533    | 138,312    |
| MFS Global Equity Fund R2                | 97,430     | *          |

\* Does not represent 5 percent of net assets available for benefits

During 2012 and 2011, the Plan's investments at estimated fair value (including gains and losses on investments bought and sold as well as held during the year) in mutual funds appreciated (depreciated) by \$183,841 and \$(53,630), respectively.

**NOTE 6 RISKS AND UNCERTAINTIES**

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

**NOTE 7 PLAN TERMINATION**

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

**NOTE 8 PLAN TAX STATUS**

The Organization adopted a Prototype Defined Contribution Plan with a deferral arrangement which received a favorable determination letter from the Internal Revenue Service (IRS) on March 31, 2008, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving the prototype determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**COMMUNITY LIVING 401(K) RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**NOTE 8 PLAN TAX STATUS (CONTINUED)**

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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

**NOTE 9 PARTY-IN-INTEREST TRANSACTIONS**

Plan investments include mutual funds that are managed by Reliance Trust Company. Reliance Trust Company is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions.

**COMMUNITY LIVING 401(K) RETIREMENT PLAN**  
**E.I.N. 91-0854445 PLAN NO. 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2012**

| (a)               | (b)                       | (c)  | (d)           | (e)                 |
|-------------------|---------------------------|--|---------------|---------------------|
| Identity of Issue | Description of Investment | Cost**   | Current Value |                     |
| *                 | Reliance Trust Company    | Interest Bearing Cash                              | \$ 280        | \$ 280              |
|                   |                           | <b>Mutual Funds</b>                                |               |                     |
|                   | MFS Investment Management | MFS Growth Allocation Fund R2                      | **            | 455,925             |
|                   | MFS Investment Management | MFS Fixed Fund                                     | **            | 97,745              |
|                   | MFS Investment Management | MFS Moderate Allocation Fund R2                    | **            | 326,656             |
|                   | MFS Investment Management | MFS Aggressive Growth Allocation Fund R2           | **            | 209,967             |
|                   | American Funds            | AM Funds Growth Fund of America R3                 | **            | 163,751             |
|                   | MFS Investment Management | MFS Bond Fund R2                                   | **            | 145,533             |
|                   | MFS Investment Management | MFS Global Equity Fund R2                          | **            | 97,430              |
|                   | MFS Investment Management | MFS Emerging Growth Fund R3                        | **            | 61,013              |
|                   | MFS Investment Management | MFS Conservative Allocation R2                     | **            | 52,380              |
|                   | MFS Investment Management | MFS Government Securities Fund R2                  | **            | 47,457              |
|                   | Lord Abbett               | Lord Abbett Small Cap Blend Fund P                 | **            | 19,449              |
|                   | Davis                     | Davis New York Venture Fund R                      | **            | 14,259              |
|                   | Franklin Templeton        | Franklin Income Fund R                             | **            | 16,423              |
|                   | Thornburg                 | Thornburg International Value Fund R3              | **            | 6,154               |
|                   | MFS Investment Management | MFS Global Total Return Fund R2                    | **            | 3,110               |
|                   | American Funds            | American Funds EuroPacific R2                      | **            | 1,405               |
|                   | T. Rowe Price             | T. Rowe Price Intl Gr & Inc Fund R                 | **            | 577                 |
|                   | Franklin Templeton        | Mutual Global Discovery Fund R                     | **            | 3,922               |
|                   |                           | Total Mutual Funds                                 |               | <u>1,723,156</u>    |
| *                 | Participants              | Participant Loans<br>Interest Rates 5.25% - 10.25% |               | <u>111,564</u>      |
|                   |                           | Total Assets Held at Year-End                      |               | <u>\$ 1,835,000</u> |

\* Designates party-in-interest

\*\* Cost omitted for participant directed investments

**COMMUNITY LIVING 401(K) RETIREMENT PLAN**  
**E.I.N. 91-0854445 PLAN NO. 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2012**

| (a)               | (b)                       | (c)  | (d)    | (e)                        |
|-------------------|---------------------------|--|--------|----------------------------|
| Identify of Issue | Description of Investment |  | Cost** | Current Value              |
| *                 | Reliance Trust Company    | Interest Bearing Cash                              | \$ 280 | \$ 280                     |
|                   |                           | <b><u>Mutual Funds</u></b>                         |        |                            |
|                   | MFS Investment Management | MFS Growth Allocation Fund R2                      | **     | 455,925                    |
|                   | MFS Investment Management | MFS Fixed Fund                                     | **     | 97,745                     |
|                   | MFS Investment Management | MFS Moderate Allocation Fund R2                    | **     | 326,656                    |
|                   | MFS Investment Management | MFS Aggressive Growth Allocation Fund R2           | **     | 209,967                    |
|                   | American Funds            | AM Funds Growth Fund of America R3                 | **     | 163,751                    |
|                   | MFS Investment Management | MFS Bond Fund R2                                   | **     | 145,533                    |
|                   | MFS Investment Management | MFS Global Equity Fund R2                          | **     | 97,430                     |
|                   | MFS Investment Management | MFS Emerging Growth Fund R3                        | **     | 61,013                     |
|                   | MFS Investment Management | MFS Conservative Allocation R2                     | **     | 52,380                     |
|                   | MFS Investment Management | MFS Government Securities Fund R2                  | **     | 47,457                     |
|                   | Lord Abbett               | Lord Abbett Small Cap Blend Fund P                 | **     | 19,449                     |
|                   | Davis                     | Davis New York Venture Fund R                      | **     | 14,259                     |
|                   | Franklin Templeton        | Franklin Income Fund R                             | **     | 16,423                     |
|                   | Thornburg                 | Thornburg International Value Fund R3              | **     | 6,154                      |
|                   | MFS Investment Management | MFS Global Total Return Fund R2                    | **     | 3,110                      |
|                   | American Funds            | American Funds EuroPacific R2                      | **     | 1,405                      |
|                   | T. Rowe Price             | T. Rowe Price Intl Gr & Inc Fund R                 | **     | 577                        |
|                   | Franklin Templeton        | Mutual Global Discovery Fund R                     | **     | 3,922                      |
|                   |                           | Total Mutual Funds                                 |        | <u>1,723,156</u>           |
| *                 | Participants              | Participant Loans<br>Interest Rates 5.25% - 10.25% |        | <u>111,564</u>             |
|                   |                           | Total Assets Held at Year-End                      |        | <u><u>\$ 1,835,000</u></u> |

\* Designates party-in-interest

\*\* Cost omitted for participant directed investments