

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>TOWARD INDEPENDENCE, INC. 403(B) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TOWARD INDEPENDENCE, INC.</u> <u>81 EAST MAIN STREET</u> <u>XENIA, OH 45385</u>	1c Effective date of plan <u>04/01/1996</u>	
	2b Employer Identification Number (EIN) <u>31-0856399</u>	
	2c Sponsor's telephone number <u>937-376-3996</u>	
	2d Business code (see instructions) <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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/22/2014	MARK SCHLATER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	274
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	264
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits.....		6c	13
d Subtotal. Add lines 6a , 6b , and 6c		6d	279
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	279
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	167
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	84
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TOWARD INDEPENDENCE, INC. 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TOWARD INDEPENDENCE, INC.</u>	D Employer Identification Number (EIN) <u>31-0856399</u>

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

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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)

FIFTH THIRD BANK RETIREMENT SERVICE

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	21746	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>TOWARD INDEPENDENCE, INC. 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TOWARD INDEPENDENCE, INC.</u>	D Employer Identification Number (EIN) <u>31-0856399</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIFTH THIRD BANK STABLE VALUE FUND

b Name of sponsor of entity listed in (a): FIFTH THIRD BANK

c EIN-PN <u>31-6317828-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIFTH THIRD BANK EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): FIFTH THIRD BANK

c EIN-PN <u>30-0194096-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>381038</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>TOWARD INDEPENDENCE, INC. 403(B) RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TOWARD INDEPENDENCE, INC.</u>		D Employer Identification Number (EIN) <u>31-0856399</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	379449	381038
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1290773	1586579
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1670222	1967617

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1670222	1967617
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	86065	
(B) Participants	2a(1)(B)	50236	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		136301

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	72772	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		72772

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		87121
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		192954
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		489148

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	170007	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		170007
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	21746	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		21746
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		191753

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		297395
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: MCMANUS DOSEN AND CO.

(2) EIN: 34-1639529

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		150000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan TOWARD INDEPENDENCE, INC. 403(B) RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TOWARD INDEPENDENCE, INC.				D Employer Identification Number (EIN) 31-0856399	
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	0
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): 20-3691658					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
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					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2013 v. 130118					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

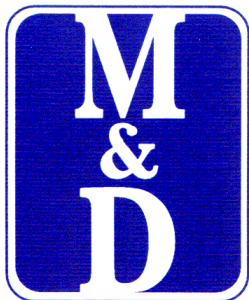


FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2013



McMANUS, DOSEN & CO.
Certified Public Accountants



McMANUS, DOSEN & CO.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

TO THE BOARD OF TRUSTEES
TOWARD INDEPENDENCE, INC.

We have audited the accompanying financial statements of Toward Independence, Inc. (a nonprofit corporation), which comprise the statements of financial position as of December 31, 2013 and the related statements of activities, functional expenses, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements. The prior year summarized comparative information has been derived from the Agency's 2012 financial statements and, in our report dated March 15, 2013, we expressed an unqualified opinion on those 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Toward Independence, Inc. as of December 31, 2013 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

McManus, Dosen & Co.

McMANUS, DOSEN & CO.

March 25, 2014

TOWARD INDEPENDENCE, INC.**STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2013**

<u>ASSETS</u>	<u>2013</u>	<u>2012</u>	<u>LIABILITIES AND NET ASSETS</u>	<u>2013</u>	<u>2012</u>
CURRENT ASSETS:			CURRENT LIABILITIES:		
Cash and cash equivalents (Notes 2 and 11).	\$ 399,616	\$ 727,682	Accounts payable.	\$ 101,706	\$ 139,883
Program support receivable (Note 11).	1,481,526	1,191,835	Current portion of long-term debt (Note 6).	130,952	56,974
Prepaid expenses.	94,280	94,068	Accrued expenses:		
Total current assets	<u>1,975,422</u>	<u>2,013,585</u>	Payroll and related taxes.	462,384	448,209
PROPERTY (Notes 2 and 6):			Accrued vacation	130,100	133,753
Land and land improvements	128,875	128,875	Accrued retirement	-	86,065
Building and improvements	2,121,757	2,024,545	Accrued ODHS facility assessment	53,699	53,494
Equipment	472,193	472,193	Resident funds held	<u>37,776</u>	<u>37,229</u>
Vehicles.	663,723	618,751	Total current liabilities.	<u>916,617</u>	<u>955,607</u>
Furniture and fixtures.	62,398	55,546	LONG TERM DEBT (Note 5 and 6).	<u>228,864</u>	<u>333,224</u>
Total.	3,448,946	3,299,910	NET ASSETS (Note 2):		
Less accumulated depreciation and amortization	<u>1,781,887</u>	<u>1,739,441</u>	Unrestricted:		
Property, net.	<u>1,667,059</u>	<u>1,560,469</u>	Board designated.	2,736,223	2,540,982
OTHER ASSETS:			Undesignated.	2,487,016	2,285,690
Investments (Notes 2, 3 and 4).	2,737,150	2,542,099	Temporarily restricted (Note 12).	<u>11,625</u>	<u>775</u>
Deposits	714	125	Total net assets.	<u>5,234,864</u>	<u>4,827,447</u>
Total other assets	<u>2,737,864</u>	<u>2,542,224</u>			
TOTAL ASSETS.	<u>\$ 6,380,345</u>	<u>\$ 6,116,278</u>	TOTAL LIABILITIES AND NET ASSETS.	<u>\$ 6,380,345</u>	<u>\$ 6,116,278</u>

The accompanying notes are an integral part of these financial statements.

TOWARD INDEPENDENCE, INC.**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2013**

	2013	2012
REVENUE AND SUPPORT:		
Program services (Notes 7 and 11).	\$ 9,644,511	\$ 9,664,071
Investment income (Note 3).	52,919	114,353
Fundraising, net (Note 8).	42,928	41,932
Contributions and grants (Note 12).	16,128	39,076
Total revenue and support	<u>9,756,486</u>	<u>9,859,432</u>
EXPENSES:		
Program services:		
Group homes.	7,149,144	7,043,273
Supported Living.	1,113,256	1,185,004
Management and general.	1,229,939	1,093,273
Special resident expenses.	33,511	26,496
Total expenses.	<u>9,525,850</u>	<u>9,348,046</u>
SURPLUS FROM OPERATIONS.	<u>230,636</u>	<u>511,386</u>
OTHER INCOME:		
Gain of disposal of property.	10,386	-
Workers compensation refund.	166,395	-
Rental income.	-	3,290
Other income.	<u>176,781</u>	<u>3,290</u>
NET SURPLUS.	<u>\$ 407,417</u>	<u>\$ 514,676</u>

The accompanying notes are an integral part of these financial statements.

TOWARD INDEPENDENCE, INC.

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2013**

	/ ----- 2013 ----- \					2012
	Group Homes	Supported Living	Total Program Services	Management and General	Total Expenses	Total Expenses
Salaries and wages	\$ 4,531,551	\$ 897,333	\$ 5,428,884	\$ 639,874	\$ 6,068,758	\$ 5,925,926
Payroll taxes and employee benefits	1,188,952	200,111	1,389,063	148,441	1,537,504	1,590,348
Total salaries and related expenses.	5,720,503	1,097,444	6,817,947	788,315	7,606,262	7,516,274
Workshop fees.	236,275	-	236,275	-	236,275	271,124
ODHS facility assessment.	214,386	-	214,386	-	214,386	212,338
Food.	203,109	-	203,109	-	203,109	216,675
Rent.	189,453	-	189,453	-	189,453	188,572
Contract labor and professional services.	37,709	17	37,726	76,534	114,260	79,186
Travel.	87,607	13,824	101,431	7,889	109,320	107,766
Consumer expenses and supplies.	96,929	-	96,929	10,437	107,366	79,797
Utilities	83,975	-	83,975	15,644	99,619	101,515
Repairs and maintenance.	55,966	180	56,146	28,757	84,903	86,195
Insurance.	29,331	-	29,331	40,930	70,261	69,449
Communications.	28,867	1,523	30,390	36,410	66,800	52,313
Professional development.	792	-	792	57,421	58,213	42,471
Dues and subscriptions.	2,112	-	2,112	42,821	44,933	41,707
Office supplies.	5,762	268	6,030	31,723	37,753	36,080
Housekeeping supplies.	32,746	-	32,746	475	33,221	27,693
Automobile.	27,014	-	27,014	1,780	28,794	34,874
Advertising.	1,927	-	1,927	22,190	24,117	16,943
Equipment leases.	4,565	-	4,565	6,932	11,497	9,823
Interest	1,989	-	1,989	8,817	10,806	14,536
Dietary supplies	10,339	-	10,339	-	10,339	8,544
Laundry and linen.	9,709	-	9,709	-	9,709	7,070
Taxes.	-	-	-	(697)	(697)	1,594
Total expenses before depreciation	7,081,065	1,113,256	8,194,321	1,176,378	9,370,699	9,222,539
Depreciation	68,079	-	68,079	53,561	121,640	99,011
Total expenses	<u>\$ 7,149,144</u>	<u>\$ 1,113,256</u>	<u>\$ 8,262,400</u>	<u>\$ 1,229,939</u>	<u>\$ 9,492,339</u>	<u>\$ 9,321,550</u>
2012 Total expenses	<u>\$ 7,043,273</u>	<u>\$ 1,185,004</u>	<u>\$ 8,228,277</u>	<u>\$ 1,093,273</u>	<u>\$ 9,321,550</u>	

The accompanying notes are an integral part of these financial statements.

TOWARD INDEPENDENCE, INC.

**STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2013**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
BALANCE AT DECEMBER 31, 2011.	\$ 4,310,271	\$ 2,500	\$ 4,312,771
NET SURPLUS (DEFICIT) (Note 12).	<u>516,401</u>	<u>(1,725)</u>	<u>514,676</u>
BALANCE AT DECEMBER 31, 2012.	4,826,672	775	4,827,447
NET SURPLUS (Note 12).	<u>396,567</u>	<u>10,850</u>	<u>407,417</u>
BALANCE AT DECEMBER 31, 2013.	<u><u>\$ 5,223,239</u></u>	<u><u>\$ 11,625</u></u>	<u><u>\$ 5,234,864</u></u>

The accompanying notes are an integral part of these financial statements.

TOWARD INDEPENDENCE, INC.**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2013**

	<u>2013</u>	<u>2012</u>
CASH FLOW FROM OPERATING ACTIVITIES:		
Net surplus.	\$ 407,417	\$ 514,676
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization.	121,640	99,011
Realized loss (gain on investments)	11,223	(40,410)
Unrealized gain on investments	(8,309)	(5,336)
Gain on disposal of property	(10,386)	-
Decrease (Increase) in operating assets:		
Accounts receivable	(289,691)	(309,569)
Prepaid expenses.	(212)	447
Deposits.	(589)	-
Increase (Decrease) in operating liabilities:		
Accounts payable.	(38,179)	38,303
Accrued expenses.	(75,338)	73,939
Resident funds held	547	(499)
Net cash provided by operating activities.	<u>118,123</u>	<u>370,562</u>
CASH FLOW FROM INVESTING ACTIVITIES:		
Acquisition of property	(228,229)	(430,757)
Proceeds from sale of property	10,386	-
Proceeds from sale of investments	1,023,160	1,403,597
Purchase of investments.	<u>(1,221,124)</u>	<u>(2,155,841)</u>
Net cash used in investing activities.	<u>(415,807)</u>	<u>(1,183,001)</u>
CASH FLOW FROM FINANCING ACTIVITIES:		
Proceeds from long-term debt.	-	191,521
Principal payments on long-term debt.	<u>(30,382)</u>	<u>(58,710)</u>
Net cash provided by (used in) financing activities.	<u>(30,382)</u>	<u>132,811</u>
NET DECREASE IN CASH.	(328,066)	(679,628)
CASH AT BEGINNING OF YEAR	<u>727,682</u>	<u>1,407,310</u>
CASH AT END OF YEAR	<u>\$ 399,616</u>	<u>\$ 727,682</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Cash paid for interest during the year	<u>\$ 10,806</u>	<u>\$ 14,536</u>

The accompanying notes are an integral part of these financial statements.

TOWARD INDEPENDENCE, INC.

NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2013

1. NATURE OF OPERATIONS

Toward Independence, Inc. (the "Organization") was organized in 1975 as a non-stock, non-profit corporation under the laws of the State of Ohio. Its primary purpose is to assist people with developmental disabilities to live the fullest life possible by providing individualized services in a variety of community settings. The Organization currently provides services in Greene, Montgomery, and Hamilton counties in Ohio.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting principles and practices of the Organization are set forth to facilitate the understanding of data presented in the financial statements.

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with Accounting Principles and Reporting Practices for Certain Non-Profit Organizations, hence revenues are recognized when earned rather than when received and expenses when incurred rather than paid.

Cash and Cash Equivalents: Cash and cash equivalents consist of interest bearing deposits and short-term investments with original maturities of three months or less.

Property and Equipment: Property and equipment purchased with a life of more than a year and costing \$500 or more is capitalized at cost. Expenditures of lesser amounts are expensed in the year of purchase. Donated property is stated at its estimated fair market value at the date of contribution. Depreciation is computed using the straight-line method over the estimated useful lives of the respective assets, which range from 20 to 40 years for buildings and 3 to 7 years for all other assets.

Investments: Investments consist primarily of assets invested in money markets, marketable equity, and debt securities. The Association accounts for investments in accordance with FASB ASC 958-320 and subsections. This standard requires that investments in equity securities with readily determinable fair values and all investments in debt securities be measured at fair value in the statement of financial position. Fair value of marketable equity and debt securities is based on quoted market prices. The realized and unrealized gain or loss on investments is reflected in the Statement of Changes in Net Assets as an increase or decrease to unrestricted net assets unless a donor or law temporarily or permanently restrict their use.

Net Assets: Net assets are classified as unrestricted, temporarily restricted, or permanently restricted depending on limitations placed on the net assets by donors. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending upon the nature of the restriction. There were no permanently restricted net assets at December 31, 2013.

Support: Support is recorded in the year received and earned and is considered to be available for general use unless specifically restricted by the donor or the governing board. Contributions received that are restricted for future periods or are restricted by the donor for specific purposes are reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in

temporarily restricted or permanently restricted net assets depending upon the nature of the restriction. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, restricted net assets are reclassified to unrestricted net assets and are reported in the statements of activities and changes in net assets as net assets released from restrictions. Investment income on restricted assets follows donor restrictions, if any. Support, in a form other than cash, is recorded at the estimated market value at the date of receipt.

Use of Estimates: In preparing financial statements in conformity with generally accepted accounting principles, management makes estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

3. INVESTMENTS

Investments at December 31, 2013 and 2012 consisted of funds held in government securities, corporate bonds, secured index fund fixed annuity contracts, interest bearing certificates of deposit with original maturities of three months or more, and an ownership interest in Community Resource Endeavors & Support Technology Network (CREST) which is a resource for individuals with developmental disabilities. The annuities have a total face value of \$510,000 and \$350,000 at December 31, 2013 and 2012, respectively, and are indexed to changes in the S&P 500 Index. The contract guarantees that the cash surrender value will not be less than 100% of the face value, less any withdrawals, accumulated at an annual effective interest rate of 3% per year, less premium taxes and surrender charges, if any.

The investments held at December 31, 2013 consisted of the following:

<u>Description</u>	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Appreciation</u>
Government securities	\$ 1,078,632	\$ 1,057,813	\$ (20,819)
Corporate bonds	619,982	611,444	(8,538)
Money market funds	36,947	36,947	-
Equity Securities	377,933	464,775	86,842
Fixed annuity contract	565,244	565,244	-
CREST ownership interest	927	927	-
Totals	<u>\$ 2,679,665</u>	<u>\$ 2,737,150</u>	<u>\$ 57,485</u>

The investments held at December 31, 2012 consisted of the following:

<u>Description</u>	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Appreciation</u>
Government securities	\$ 1,141,616	\$ 1,170,011	\$ 28,395
Corporate bonds	686,471	705,800	19,329
Money market funds	44,068	44,068	-
Equity Securities	207,220	228,205	20,985
Fixed annuity contract	392,899	392,899	-
CREST ownership interest	1,116	1,116	-
Totals	<u>\$ 2,473,390</u>	<u>\$ 2,542,099</u>	<u>\$ 68,709</u>

Investment return for the years ended December 31, 2013 and 2012 consisted of the following:

	<u>2013</u>	<u>2012</u>
Interest	\$ 45,743	\$ 64,489
Dividends	10,070	4,069
Net realized gain	8,309	40,410
Net unrealized gain (loss)	<u>(11,223)</u>	<u>5,336</u>
Investment return	52,899	114,304
Interest income on operating cash	<u>20</u>	<u>49</u>
Total investment income	<u><u>\$ 52,919</u></u>	<u><u>\$ 114,353</u></u>

4. SUMMARY OF FAIR VALUE EXPOSURE

ASC 820-10 and subsections defines fair value for financial reporting, establishes a framework for measuring fair value, and requires additional disclosure about the use of fair value measurements in an effort to make measurements of fair value more consistent and comparable. ASC 820-10 defines fair value as the amount that would be received from the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants, i.e. an exit price. To estimate the exit price, a three-tier hierarchy is used to prioritize the inputs:

Level 1: Quoted prices in active markets for identical securities.

Level 2: Other significant observable inputs including quoted prices of similar securities, interest rates, prepayment spreads, and credit risks.

Level 3: Significant unobservable inputs including an Organization's own assumptions in determining the fair value of investments.

Fair values of assets and liabilities measured on a nonrecurring basis at December 31, 2013 are as follows:

<u>Description</u>	<u>Fair Value Measurements Using</u>			
	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Government securities	\$ 1,057,813	\$ 1,057,813	\$ -	\$ -
Corporate bonds	611,444	611,444	-	-
Money market funds	36,947	36,947	-	-
Equity Securities	464,775	464,775		
Fixed annuity contract	565,244	-	565,244	-
CREST	927	-	927	-
Totals	<u><u>\$ 2,737,150</u></u>	<u><u>\$ 2,170,979</u></u>	<u><u>\$ 566,171</u></u>	<u><u>\$ -</u></u>

5. XENIA DOWNTOWN FAÇADE LOAN PROJECT

During 2012, the Organization elected to undertake a building renovation project to its administrative office building. Funds made available through the city of Xenia and the State of Ohio paid for the majority of the renovations. The City of Xenia has committed up to \$320,000 to fund the project. The funds are derived from two separate loans from the City – one of which is a non-interest-bearing loan payable over ten years; the other is a ten-year deferred forgivable loan for \$260,000. See Note 6 for balance and repayment obligations.

6. LONG-TERM DEBT

Long-term debt at December 31, 2013 and 2012 consisted of the following:

	<u>2013</u>	<u>2012</u>
Loan payable to the City of Xenia. Payments commence at the completion of the renovation project and will be due in monthly installments of \$500 with no interest over a 10 year period. The note is collateralized by the property at 81 East Main St., Xenia, Ohio with a net book value of \$1,032,720 at December 31, 2013.	\$ 40,098	\$ 22,900
Deferred forgivable loan payable to City of Xenia. Forgivable over a 10 year period at 10% per year as long as Toward Independence follows all guidelines agreed upon with the City of Xenia. The note is collateralized by the property at 81 East Main St., Xenia, Ohio with a net book value of \$1,032,720 at December 31, 2013. As of December 31, 2013 the Organization was in compliance with all requirements of the loan.	177,885	168,621
Note payable to Key Bank, due in monthly installments of \$258, including interest at 3.24%. The interest rate is adjustable every five years, but will not exceed 2.5% per annum over the bank's prime rate. The loan is due May 2017. The note is collateralized by the property at 2143 Maryland Drive, Xenia, Ohio with a net book value of \$69,662 at December 31, 2013.	10,011	12,729
Note payable to Key Bank, due in monthly installments of \$447, including interest at 5.96%. The interest rate is adjustable, but will not exceed 2.91% per annum over the bank's prime rate. The loan was due April 2013. The note was collateralized by the property at 1841 Pueblo Drive, Xenia, Ohio with a net book value of \$61,198 at December 31, 2013.	-	2,022

Note payable to Key Bank, due in monthly installments of \$1,827 including interest at 4.32% through February 2015. The note is collateralized by two parcels of real property at 212 Chatham and 1620 South lawn in Fairborn, Ohio with a net book value of \$190,033 at December 31, 2013.

24,942 45,303

Note payable to Key Bank, due in monthly installments of \$3,380 including interest at 7.0% through October 2014. The note is collateralized by real property at 81 East Main St., Xenia, Ohio with a net book value of \$1,032,720 at December 31, 2013.

106,880 138,623

Total 359,816 390,198

Less current portion 130,952 56,974

Long-term portion \$ 228,864 \$ 333,224

Minimum debt maturities after December 31, 2013 are as follows:

2014	\$ 130,952
2015	6,588
2016	3,001
2017	<u>1,292</u>
	<u>\$ 141,833</u>

The above table does not include amounts payable to or forgivable by the City of Xenia as the commencement date is unknown.

7. PROGRAM SERVICE REVENUE

A substantial portion of the programmatic revenue is derived from funds provided on behalf of residents under state and county assistance. The continuation of these revenues is dependent upon government policies. Funds received under these programs are based on cost reimbursement principles and are subject to audits that could result in adjustments to revenue. Management believes that adequate provisions have been recorded to meet such contingencies and that no material adjustment to recorded amounts will be necessary.

8. FUNDRAISING

During the year the Organization conducted two major fundraising events. The gross revenues and expenses of these events and other fundraising revenue and expenses are summarized as follows:

For the year ended December 31, 2013:

<u>Event</u>	<u>Revenue</u>	<u>Expense</u>	<u>Net</u>
Walkathon	\$ 29,462	\$ 6,099	\$ 23,363
Holiday mailing	15,945	556	15,389
Other fundraising	<u>4,474</u>	<u>298</u>	<u>4,176</u>
Total	<u>\$ 49,881</u>	<u>\$ 6,953</u>	<u>\$ 42,928</u>

For the year ended December 31, 2012:

<u>Event</u>	<u>Revenue</u>	<u>Expense</u>	<u>Net</u>
Walkathon	\$ 25,809	\$ 6,553	\$ 19,256
Holiday mailing	14,210	387	13,823
Other fundraising	<u>11,661</u>	<u>2,808</u>	<u>8,853</u>
Total	<u>\$ 51,680</u>	<u>\$ 9,748</u>	<u>\$ 41,932</u>

9. LEASE COMMITMENTS

The Organization leases residential properties at their Geier, Manney, and Tehan Homes in Hamilton County, Ohio under an operating lease, which expires December 31, 2014. The rental payments required under this lease are determined by the number of individuals residing in the homes at \$275 per month, per individual. The Organization also leases property at their Bower Home in Hamilton County under an operating lease, which expires June 30, 2014. The rental rate, which is subject to an annual inflation adjustment based on the consumer price index, was approximately \$40,953 and \$40,100 for 2013 and 2012, respectively. The Organization also leases certain office equipment under non-cancellable operating leases that expire in 2018.

The minimum future rental commitments under the preceding agreements having non-cancellable lease terms in excess of one year are as follows:

2014	\$ 189,233
2015	19,944
2016	19,944
2017	19,944
2018	16,620

Rent expense under these agreements and other equipment rentals was approximately \$201,000 and \$198,000 for the years ended December 31, 2013 and 2012, respectively.

10. RETIREMENT PLAN

The organization offers a 403(b) defined contribution retirement plan for all qualified, benefit-eligible employees. Employees become eligible upon reaching the age of 21 and completing six months of employment or one year of service. Annually, the Organization determines a contribution rate to be applied to the compensation of participating employees. For 2013 and 2012, the rate was 0% and 2%, respectively. The employee became 100% vested in the employer's contributions after five years of service. The pension expense under these provisions during 2013 and 2012 was \$0 and \$86,065 respectively.

11. CONCENTRATIONS OF RISK

Cash: The Organization maintains cash at financial institutions in excess of the federally insured limit. This practice does not serve to limit the organization's exposure to the credit risk associated with such excess cash balances. The FASB ASC Section 305-10 identifies such items as a concentration of credit risk requiring disclosure, regardless of the degree of risk. As of December 31, 2013 and 2012, the Organization had \$337,635 and \$593,124 respectively, exposed to this risk.

Funding: Government funding, including Medicaid and facility waivers, constitutes 100% of the 2013 and 2012 program revenue and year-end receivables of the Organization. Continuation of this funding, while likely, is not guaranteed. Management believes the receivables to be fully collectible.

12. RESTRICTED CONTRIBUTIONS

Certain contributions received are restricted for individual residents or specific activities. During 2013, the Organization received \$14,421 in temporarily restricted contributions with \$3,571 being released from restriction. During 2012, the Organization received \$775 in temporarily restricted contributions with \$2,500 being released from restriction.

13. COMPARATIVE TOTALS

The statement of functional expenses includes prior-year summarized comparative information in total but not by function. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2012 from which this summarized information was derived. Certain comparative figures have been restated to conform to the current year's presentation.

14. TAX STATUS

The Internal Revenue Service has issued a determination exempting the Organization from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. This determination letter was issued based on information supplied by the Organization under the assumption that the operations of the Organization will be as stated in its application for exemption. Accordingly, no provision for income taxes is included in these statements.

15. UNCERTAIN TAX POSITIONS

Management has determined that the Project does not have any uncertain tax positions and the associated unrecognized benefits that materially impact the financial statements or related disclosures.

16. RECLASSIFICATION

Certain reclassifications have been made to the 2012 financial statement presentation to correspond to the current's format. Net assets and changes in net assets are unchanged due to these reclassifications.

17. SUBSEQUENT EVENTS

Subsequent events are those events or transactions that occur following the Statement of Financial Position date, but before the financial statement are issued, or are available to be issued. Accounting Standards Codification ("ASC") ASC 855, *Subsequent Events*, requires disclosure regarding the date through which subsequent events have been evaluated and the basis for determining that date. Subsequent events have been evaluated through April 25, 2014, which is the date the financial statement were available to be issued.

ASSETS HELD FOR INVESTMENT PURPOSES

GA

Toward Independence, Inc. 403(b) Retirement Plan
01-JAN-13 to 31-DEC-13

16-JAN-14 05:29:39

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRRCX			2,658.04	3,129.55
1RRTIX			3.89	4.43
1RERCX			26,620.52	28,801.02
1DODFX			235,563.19	255,827.93
1FADIX			112,320.66	136,818.71
1MXCAX			30.55	34.26
1RYTFX			297,659.44	326,002.75
1TR-NHR			91,183.34	113,584.29
1GCMAX			122,938.77	135,872.68
1TEGAX			3,007.59	3,157.78
1RGACX			8,781.92	10,545.30
153CEQC			297,392.75	381,038.48
1TVLAX			18,841.18	21,872.32
1GCFIX			540.82	584.06
1PTTAX			467,224.51	451,484.69
1PVSXX			92,957.77	92,957.77
			1,777,724.94	1,961,716.02
FORFEITURES			5,900.90	5,900.90

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 31-0856399 Plan 001

LEGEND

INVESTMENT OPTION:

1TRRCX	T. Rowe Price Retirement 2030 Fund	1RRTIX	T. Rowe Price Retirement Income R
1RERCX	American Funds EuroPacific Gr R3	1DODFX	Dodge & Cox International Stock
1FADIX	Fidelity Advisor Diversified Intl T	1MXCAX	Touchstone Small Cap Growth A
1RYTFX	Royce Total Return Svc	1TR-NHR	T. Rowe Price New Horizon
1GCMAX	Goldman Sachs Mid Cap Value A	1TEGAX	Touchstone Mid Cap Growth A
1RGACX	American Funds Growth Fund of Amer R3	153CEQC	Fifth Third Bank Equity Index Fund C
1TVLAX	Touchstone Value A	1GCFIX	Goldman Sachs Core Fxd-Inc A
1PTTAX	PIMCO Total Return A	1PVSXX	Federated Prime Value Obligations SS

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

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

ASSETS HELD FOR INVESTMENT PURPOSES

GA

Toward Independence, Inc. 403(b) Retirement Plan
01-JAN-13 to 31-DEC-13

16-JAN-14 05:29:39

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRRCX			2,658.04	3,129.55
1RRTIX			3.89	4.43
1RERCX			26,620.52	28,801.02
1DODFX			235,563.19	255,827.93
1FADIX			112,320.66	136,818.71
1MXCAX			30.55	34.26
1RYTFX			297,659.44	326,002.75
1TR-NHR			91,183.34	113,584.29
1GCMAX			122,938.77	135,872.68
1TEGAX			3,007.59	3,157.78
1RGACX			8,781.92	10,545.30
153CEQC			297,392.75	381,038.48
1TVLAX			18,841.18	21,872.32
1GCFIX			540.82	584.06
1PTTAX			467,224.51	451,484.69
1PVSXX			92,957.77	92,957.77
			1,777,724.94	1,961,716.02
FORFEITURES			5,900.90	5,900.90

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 31-0856399 Plan 001

LEGEND

INVESTMENT OPTION:

1TRRCX	T. Rowe Price Retirement 2030 Fund	1RRTIX	T. Rowe Price Retirement Income R
1RERCX	American Funds EuroPacific Gr R3	1DODFX	Dodge & Cox International Stock
1FADIX	Fidelity Advisor Diversified Intl T	1MXCAX	Touchstone Small Cap Growth A
1RYTFX	Royce Total Return Svc	1TR-NHR	T. Rowe Price New Horizon
1GCMAX	Goldman Sachs Mid Cap Value A	1TEGAX	Touchstone Mid Cap Growth A
1RGACX	American Funds Growth Fund of Amer R3	153CEQC	Fifth Third Bank Equity Index Fund C
1TVLAX	Touchstone Value A	1GCFIX	Goldman Sachs Core Fxd-Inc A
1PTTAX	PIMCO Total Return A	1PVSXX	Federated Prime Value Obligations SS

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

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