

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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), and 6058(a) of the Internal Revenue Code (the Code).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2010</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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 <u>ICD-INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/1957</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>01/01/1957</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>				
<b>1c</b> Effective date of plan <u>01/01/1957</u>					
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ICD-INTERNATIONAL CENTER FOR THE DISABLED</u>  <u>340 EAST 24TH ST</u> <u>NEW YORK, NY 10010-4019</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>13-5562990</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>212-585-6009</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>621498</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>13-5562990</u>	<b>2c</b> Sponsor's telephone number <u>212-585-6009</u>	<b>2d</b> Business code (see instructions) <u>621498</u>	
<b>2b</b> Employer Identification Number (EIN) <u>13-5562990</u>					
<b>2c</b> Sponsor's telephone number <u>212-585-6009</u>					
<b>2d</b> Business code (see instructions) <u>621498</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.	10/14/2011	LES HALPERT
	<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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)  
v.092307.1

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

LES HALPERT

340 EAST 24TH ST  
NEW YORK, NY 10010-4019**3b** Administrator's EIN

13-5562990

**3c** Administrator's telephone number

212-585-6009

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

245

**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**

55

**b** Retired or separated participants receiving benefits.....**6b**

92

**c** Other retired or separated participants entitled to future benefits.....**6c**

93

**d** Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

240

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

1

**f** Total. Add lines **6d** and **6e**.....**6f**

241

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

1

**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 Characteristic Codes in the instructions:

1G 1I 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) ☒ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2010</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
<b>A</b> Name of plan ICD-INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500. ICD-INTERNATIONAL CENTER FOR THE DISABLED		
<b>D</b> Employer Identification Number (EIN) 13-5562990		

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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<b>1</b> Coverage Information:
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<b>(a)</b> Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	13018	241	01/01/2010	12/31/2010

<b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
27983	0

<b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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<b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid NRP FINANCIAL INC PO BOX 998 BRYAN, OH 43506
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27983			3

<b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

---

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

---

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	8848696

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		

(6) Total additions .....	<b>7c(6)</b>	0
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<b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	<b>7d</b>	0
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**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	<b>7e(2)</b>		
	<b>7e(3)</b>		
	<b>7e(4)</b>		

(5) Total deductions .....	<b>7e(5)</b>	0
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<b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	<b>7f</b>	0
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**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received.....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve.....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	
(4) Claims charged.....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees.....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs.....	<b>9c(1)(C)</b>		
(D) Other expenses.....	<b>9c(1)(D)</b>		
(E) Taxes.....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges.....	<b>9c(1)(G)</b>		
(H) Total retention.....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		<b>9d(1)</b>	
(2) Claim reserves.....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<div><div><b>SCHEDULE A</b></div><div><b>(Form 5500)</b></div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div><b>Insurance Information</b></div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ <b>File as an attachment to Form 5500.</b></div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div><b>2010</b></div> <div><b>This Form is Open to Public Inspection</b></div>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
<b>A</b> Name of plan ICD-INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500. ICD-INTERNATIONAL CENTER FOR THE DISABLED		
<b>D</b> Employer Identification Number (EIN) 13-5562990		

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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<b>1</b> Coverage Information:
--------------------------------

<b>(a)</b> Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	6-10944	0	01/01/2010	12/31/2010

<b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
---

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	0

<b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

---

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

---

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

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

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

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

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

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

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

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

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



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	
<b>6</b> Contracts With Allocated Funds:		
<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
<b>7</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
(2) Dividends and credits .....	<b>7c(2)</b>	
(3) Interest credited during the year .....	<b>7c(3)</b>	
(4) Transferred from separate account .....	<b>7c(4)</b>	
(5) Other (specify below) .....	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....	<b>7d</b>	
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account .....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received.....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve.....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	
(4) Claims charged.....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees.....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs.....	<b>9c(1)(C)</b>		
(D) Other expenses.....	<b>9c(1)(D)</b>		
(E) Taxes.....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges.....	<b>9c(1)(G)</b>		
(H) Total retention.....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		<b>9d(1)</b>	
(2) Claim reserves.....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2010</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>ICD-INTERNATIONAL CENTER FOR THE DISABLED PENSION 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 or 5500-SF <u>ICD-INTERNATIONAL CENTER FOR THE DISABLED</u>	<b>D</b> Employer Identification Number (EIN) <u>13-5562990</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>8533285</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>9154977</u>
<b>3</b> Funding target/participant count breakdown	
	<b>(1) Number of participants</b> <b>(2) Funding Target</b>
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b> <u>85</u> <u>5079896</u>
<b>b</b> For terminated vested participants .....	<b>3b</b> <u>99</u> <u>2921425</u>
<b>c</b> For active participants:	
<b>(1)</b> Non-vested benefits .....	<b>3c(1)</b> <u>38276</u>
<b>(2)</b> Vested benefits .....	<b>3c(2)</b> <u>1852605</u>
<b>(3)</b> Total active .....	<b>3c(3)</b> <u>61</u> <u>1890881</u>
<b>d</b> Total .....	<b>3d</b> <u>245</u> <u>9892202</u>
<b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....	<input type="checkbox"/>
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> <u>6.59</u> %
<b>6</b> Target normal cost .....	<b>6</b> <u>30084</u>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<u>09/22/2011</u>
Signature of actuary <u>HOWARD L. SIMON</u>	Date <u>11-06153</u>
Type or print name of actuary <u>MASSACHUSETTS MUTUAL LIFE INS. CO.</u>	Most recent enrollment number <u>413-744-3214</u>
Firm name <u>1295 STATE ST</u> <u>SPRINGFIELD, MA 01111</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2010**  
**v.092308.1**

<b>Part II</b>		<b>Beginning of year carryover and prefunding balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) .....	721795	446848
<b>8</b>	Portion used to offset prior year's funding requirement (Item 35 from prior year) .....	146706	0
<b>9</b>	Amount remaining (Item 7 minus item 8).....	575089	446848
<b>10</b>	Interest on item 9 using prior year's actual return of <u>12.31</u> % .....	70793	55007
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Excess contributions (Item 38 from prior year) .....		0
<b>b</b>	Interest on (a) using prior year's effective rate of <u>8.19</u> % .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Reduction in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	645882	501855

<b>Part III</b>		<b>Funding percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	80.94 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	80.94 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	99.74 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and liquidity shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2010	64106				
07/12/2010	64106				
10/19/2010	64106				
01/12/2011	64106				
			<b>Totals ▶</b>	<b>18(b)</b>	256424
				<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	<b>19a</b> 0
b Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b> 246017
<b>20</b> Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions).....	<b>31</b>	30084
<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	1884962	368170
<b>b</b> Waiver amortization installment .....	0	0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	<b>34</b>	398254
	Carryover balance	Prefunding balance
<b>35</b> Balances used to offset funding requirement .....	152237	0
<b>36</b> Additional cash requirement (item 34 minus item 35).....	<b>36</b>	246017
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	<b>37</b>	246017
<b>38</b> Interest-adjusted excess contributions for current year (see instructions).....	<b>38</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contribution for all years .....	<b>40</b>	0

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>		OMB No. 1210-0110
			<b>2010</b>
			<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

<b>A</b> Name of plan <b>ICD-INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b>	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ICD-INTERNATIONAL CENTER FOR THE DISABLED</b>	<b>D</b> Employer Identification Number (EIN) <b>13-5562990</b>	

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

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

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<b>MASSACHUSETTS MUTUAL LIFE INS. CO.</b>
<b>04-1590850</b>

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

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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)

MASSACHUSETTS MUTUAL

04-1590850

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> 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> Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	5254	Yes <input type="checkbox"/> No <input checked="" 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)

GALLIARD CAPITAL

76-0727727

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> 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> Did the service provider give you a formula instead of an amount or estimated amount?
52	INVESTMENT PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> 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> Did the service provider give you a formula instead of an amount or estimated amount?
52 60 63 72 99	CONTRACT ADMINISTRATOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GALLIARD CAPITAL	52	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>STABLE RETURN WELLSGALLIARD</p> <p>76-0727727</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">72</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PREM INFLATPROT AND INCM BABSON</p> <p>03-0532475</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>LARGE-CAP GROWTH EATON VANCE</p> <p>04-1590850</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		

**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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation  VALUE MFS  04-3287965		
<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.  BASIS POINTS * PLAN ASSETS		
<b>(a)</b> Enter service provider name as it appears on line 2  MASSACHUSETTS MUTUAL LIFE INS. CO.		
<b>(b)</b> Service Codes (see instructions)  72		<b>(c)</b> Enter amount of indirect compensation  0
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation  SEL NASDAQ-100 NORTHERN TRUST  04-3512593		
<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.  BASIS POINTS * PLAN ASSETS		
<b>(a)</b> Enter service provider name as it appears on line 2  MASSACHUSETTS MUTUAL LIFE INS. CO.		
<b>(b)</b> Service Codes (see instructions)  72		<b>(c)</b> Enter amount of indirect compensation  0
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation  PREMIER HIGH YIELD BABSON  04-3520009		
<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.  BASIS POINTS * PLAN ASSETS		

**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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP GR PRUDENTIAL JENNISON	BASIS POINTS * PLAN ASSETS	
13-2631108		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RISING DIVIDENDS OFI	BASIS POINTS * PLAN ASSETS	
13-3035629		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTERNATIONAL EQUITY MAINSTAY	BASIS POINTS * PLAN ASSETS	
13-3759660		

**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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BOND INDEX NORTHERN	BASIS POINTS * PLAN ASSETS	
20-1524639		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTL EQUITY INDEX NORTHERN	BASIS POINTS * PLAN ASSETS	
20-1524639		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP INDEX NORTHERN	BASIS POINTS * PLAN ASSETS	
20-1524639		

**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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP INDEX NORTHERN	BASIS POINTS * PLAN ASSETS	
20-1524639		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SELECT PIMCO TOTAL RETURN	BASIS POINTS * PLAN ASSETS	
27-2377446		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NFJ SMALL CAP VALUE ALLIANZ	BASIS POINTS * PLAN ASSETS	
33-0434038		

**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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HIGH YIELD PIMCO  33-0484500	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP GR INVESCO VAN KAMPEN  36-4353052	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CULLEN VALUE PIONEER  36-4356313	BASIS POINTS * PLAN ASSETS	

**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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PARTNERS VALUE WEITZ</p> <p>47-0692800</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>GROWTH AMERICA AMERICAN</p> <p>52-0792143</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(a) Enter service provider name as it appears on line 2</p> <p>MASSACHUSETTS MUTUAL LIFE INS. CO.</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>STABLE RETURN WELLSGALLIARD</p> <p>76-0727727</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		



**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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 99	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INTERNATIONAL BOND OFI  84-1308320	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MID CAP VALUE PERKINS  84-1458637	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 99	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COMMODITY STRATEGY TOTAL RTRN OFI  84-6297469	BASIS POINTS * PLAN ASSETS

**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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VALUE THORNBURG  85-0433925	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEW WORLD AMERICAN  95-4727424	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPACIFIC GROWTH AMERICAN  95-6810128	BASIS POINTS * PLAN ASSETS	

**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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<b>a</b> Name:	<b>b</b> EIN;
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<b>a</b> Name:	<b>b</b> EIN;
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div>  <b>This Form is Open to Public Inspection.</b>
For calendar plan year 2010 or fiscal plan year beginning <span style="color: blue;">01/01/2010</span> and ending <span style="color: blue;">12/31/2010</span>		
<b>A</b> Name of plan <span style="color: blue;">ICD-INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN</span>		<b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span> <span style="border: 1px solid black; padding: 2px 10px; color: blue;">001</span>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">ICD-INTERNATIONAL CENTER FOR THE DISABLED</span>		<b>D</b> Employer Identification Number (EIN) <span style="color: blue;">13-5562990</span>
<b>Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRINCIPAL U.S. PROPERTY SEPACT</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRINCIPAL LIFE INSURANCE COMPANY</span>		
<b>c</b> EIN-PN <span style="color: blue;">42-0127290-027</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-R5</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">90-0342299-049</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">424920</span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-C5</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">90-0342299-046</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">515123</span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-C6</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">90-0342299-011</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">263817</span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-CL</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-427</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">100751</span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-PG</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-442</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">1618713</span>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-GE</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">90-0342299-063</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">103500</span>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-HH</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-314</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-HW</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-419</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">201392</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-RG</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-467</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">626722</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-JR</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">90-0342299-104</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">511149</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-KG</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-466</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-O6</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-092</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-AN</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-021</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-PH</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-421</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">361132</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-Y4</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-243</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">861315</span>

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SIA-TG</span>		
<b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MASSACHUSETTS MUTUAL LIFE INSURANCE</span>		
<b>c</b> EIN-PN <span style="color: blue;">04-1590850-439</span>	<b>d</b> Entity code <span style="color: blue;">P</span>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">0</span>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SIA-TI](#)**b** Name of sponsor of entity listed in (a): [MASSACHUSETTS MUTUAL LIFE INSURANCE](#)

<b>c</b> EIN-PN <a href="#">90-0342299-017</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">200397</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SIA-UV](#)**b** Name of sponsor of entity listed in (a): [MASSACHUSETTS MUTUAL LIFE INSURANCE](#)

<b>c</b> EIN-PN <a href="#">90-0342299-125</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">0</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SIA-VB](#)**b** Name of sponsor of entity listed in (a): [MASSACHUSETTS MUTUAL LIFE INSURANCE](#)

<b>c</b> EIN-PN <a href="#">04-1590850-276</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">194956</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SIA-VX](#)**b** Name of sponsor of entity listed in (a): [MASSACHUSETTS MUTUAL LIFE INSURANCE](#)

<b>c</b> EIN-PN <a href="#">90-0342299-133</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">96867</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SIA-WW](#)**b** Name of sponsor of entity listed in (a): [MASSACHUSETTS MUTUAL LIFE INSURANCE](#)

<b>c</b> EIN-PN <a href="#">04-1590850-235</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">202343</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [SIA-WZ](#)**b** Name of sponsor of entity listed in (a): [MASSACHUSETTS MUTUAL LIFE INSURANCE](#)

<b>c</b> EIN-PN <a href="#">04-1590850-193</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">2565599</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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**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  
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plan sponsor**c** EIN-PN



<b>SCHEDULE H</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2010</b>
		<b>This Form is Open to Public Inspection</b>

For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b>		
<b>A</b> Name of plan <b>ICD-INTERNATIONAL CENTER FOR THE DISABLED PENSION 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 <b>ICD-INTERNATIONAL CENTER FOR THE DISABLED</b>	<b>D</b> Employer Identification Number (EIN)  <b>13-5562990</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<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>		
<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>		
<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>	8533286	8848696
<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>		
<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 .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	8533286	8848696

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	8533286	8848696
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	192018	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		192018
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		0

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		750434
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<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>		942452

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	593139	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		593139
<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: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	5254	
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	28649	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		33903
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		627042

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		315410
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) 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: EISNERAMPER LLP

(2) EIN: 13-1639826

**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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
<b>a</b> 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.).....		X	
<b>b</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.).....		X	
<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.).....			
<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.)

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2010</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

<b>A</b> Name of plan <u>ICD-INTERNATIONAL CENTER FOR THE DISABLED PENSION 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 <u>ICD-INTERNATIONAL CENTER FOR THE DISABLED</u>	<b>D</b> Employer Identification Number (EIN) <u>13-5562990</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): <u>04-1590850</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b> <u>1</u>

<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)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
<b>5</b> 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 .....	<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.			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010  
v.092308.1

**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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_



**ICD - INTERNATIONAL CENTER  
FOR THE DISABLED  
PENSION PLAN**

**FINANCIAL STATEMENTS  
AND  
SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2010**



# ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

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Note: Other schedules required by Section 29 CFR 2520.103-10 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

## INDEPENDENT AUDITORS' REPORT

The Board of Directors  
ICD - International Center for the Disabled  
as Plan Administrator for the  
ICD - International Center for the Disabled Pension Plan  
and  
Participants in the plan

We were engaged to audit the accompanying statement of net assets available for benefits of the ICD - International Center for the Disabled Pension Plan (the "Plan") as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2010, and supplemental schedule of reportable transactions for the year then ended. The financial statements and supplemental schedules are the responsibility of the Plan's management. The statement of net assets available for benefits of the Plan as of December 31, 2009 was audited by other auditors, whose report dated October 12, 2010, reported a scope limitation.

As permitted by 29 CFR 2520.103-8 of the U.S. 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 discussed in Note C, which was certified by the State Street Bank & Trust Company ("SSBTC"), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the plan administrator has obtained a certification from SSBTC as of December 31, 2010 and for the year then ended, that the information provided to the plan administrator by the SSBTC is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements and supplemental schedules that we did not audit, we are unable to express, and do not express, an opinion on the accompanying 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedules, other than that derived from the information certified by SSBTC, 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 U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



New York, New York  
October 11, 2011

## ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

### Statements of Net Assets Available for Benefits

	December 31,	
	2010	2009
<b>ASSETS</b>		
Investments at fair value:		
Separate investment accounts	\$ 8,848,696	\$ 8,271,641
Pooled separate account		261,645
<b>Net assets available for benefits</b>	<b><u>\$ 8,848,696</u></b>	<b><u>\$ 8,533,286</u></b>

## ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2010

#### Additions to net assets:

Net appreciation in fair value of investments	\$ 750,434
Employer contributions	<u>192,018</u>
Total additions to net assets	<u>942,452</u>

#### Deductions from net assets:

Benefits paid to participants	593,139
Administrative expenses	5,254
Other expenses	<u>28,649</u>
Total deductions from net assets	<u>627,042</u>

#### Net increase in net assets available for benefits

315,410

Net assets available for benefits - beginning of year

8,533,286

Net assets available for benefits - end of year

\$ 8,848,696

## **ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN**

### **Notes to Financial Statements December 31, 2010**

#### **NOTE A - DESCRIPTION OF PLAN**

The accompanying financial statements and supplemental schedules are those of the ICD - International Center for the Disabled Pension Plan (the "Plan"), and users of those statements are directed to the independent auditors' report on page 1. Likewise, the brief description of the plan contained herein is provided solely for purposes of general information, and interested persons should refer to the plan agreement for a more complete description of the Plan's provisions; a copy of the plan agreement can be obtained from the ICD - International Center for the Disabled ("ICD"), which is the administrator of the Plan.

##### **[1] General:**

The Plan is a noncontributory, defined-benefit pension plan which covers salaried employees of ICD who were age 21 or older and had one year of service (1,000 hours). The Plan's vesting provisions provide 100% vesting of employees' accrued retirement benefits after five years of service. The plan administrator suspended any further benefit accruals under the Plan effective December 31, 2006. No new employees entered the Plan during the fiscal year ended December 31, 2010. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Board of Directors of ICD administers the Plan. The record-keeper of the Plan is the Massachusetts Mutual Life Insurance Company ("MassMutual"). The current custodian of the Plan's assets is the State Street Bank & Trust Company ("SSBTC").

##### **[2] Pension benefits:**

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.5% of the participant's average compensation multiplied by the participant's accrual service (not to exceed 30 years) on the retirement date less any amount equal to 1% of primary Social Security multiplied by the participant's accrual service (not to exceed 30 years) on the retirement date. The Plan permits early retirement at ages 55 to 64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering five years of service, they forfeit their right to receive the portion of their accumulated plan benefits attributable to ICD's contribution. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement.

##### **[3] Contributions:**

ICD's contributions are determined by an independent actuary, who makes a valuation of the Plan's assets and liabilities and recommends the amount ICD should contribute to keep the Plan funded.

##### **[4] Death and disability benefits:**

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

## ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

### Notes to Financial Statements December 31, 2010

#### NOTE A - DESCRIPTION OF PLAN (CONTINUED)

##### [5] Plan Termination:

Although it has not expressed any intention to do so, ICD has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions as set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for the three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC") up to the applicable limitations discussed below
- All other vested benefits (that is, vested benefits not insured by the PBGC)
- All nonvested benefits

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits would be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the existing assets and the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

#### NOTE B - SUMMARY OF ACCOUNTING POLICIES

##### [1] Basis of accounting:

The accompanying financial statements and supplemental schedules have been prepared using the accrual basis of accounting.

##### [2] Income taxes:

The Plan is intended to qualify under Section 401(a) of the Internal Revenue Code (the "Code") and is intended to be exempt from taxation under Section 501(a). The favorable determination from the Internal Revenue Service was issued by letter dated June 30, 1999. The Plan has been amended since receiving the tax 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 Code. Therefore, no provision for income taxes has been included in the accompanying financial statements.

The Plan is subject to the provisions of the Financial Accounting Standards Board's Accounting Standards Codification ("ASC") 740-10-05 relating to accounting and reporting for uncertainty in income taxes. Due to the Plan's general tax-exempt status, ASC 740-10-05 has not had, and is not anticipated to have, a material impact on the Plan's financial statements.

## ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

### Notes to Financial Statements December 31, 2010

#### NOTE B - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

##### [3] Investment valuation and income recognition:

The Plan reports a fair-value measurement of its investments in accordance with the provisions of ASC 820-10-05. 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. See Note D for discussion of fair value measurements.

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

##### [4] Payment of benefits:

Benefits are recorded when paid to participants.

##### [5] Administrative benefits:

Actuarial fees, accounting fees, legal fees, investment fees and certain other administrative expenses are paid directly from plan assets. Fees paid for legal, accounting, and other services rendered are based on customary and reasonable rates for such services.

##### [6] 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 (i) the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and (ii) when applicable, the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

##### [7] Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those estimated future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Retirement benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits can be paid as a lump sum upon request of the participant.

##### [8] Funding policy:

ICD's funding policy is to make annual contributions to the Plan in amounts based upon calculations performed by the Plan's independent consulting actuary and are in such amounts as are considered necessary to maintain the Plan in sound condition, and are consistent with the minimum funding requirements of ERISA. The annual actuarial valuation for determining the amount of contribution required reflects adjustments for experience realized from the investments, mortality, turnover and amortization of past service cost, over a 30-year period. The contributions are used by custodian for investment and to provide the benefits pursuant to the Plan. All plan earnings are reinvested.

## ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

### Notes to Financial Statements December 31, 2010

#### NOTE B - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

##### [8] Funding policy: (continued)

Certain benefits under the Plan are insured by the PBGC if the Plan is terminated. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefits.

##### [9] Subsequent events:

The Plan considers all accounting treatments, and the related disclosure in the current year's financial statements, that may be required as the result of all events or transactions that occur after year-end through the date of the independent auditors' report.

#### NOTE C - INVESTMENT CERTIFICATION

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, SSBTC has certified the completeness and accuracy of all investments and related investment activity in the accompanying statements of net assets available for benefits as of December 31, 2010, the statement of changes in net assets available for benefits for the year then ended, the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2010, and the supplemental schedule of reportable transactions for the year then ended. Such information has not been audited by the independent auditors (see the auditors' report on page 1), nor by the plan administrator.

#### NOTE D - INVESTMENTS AND FAIR VALUE MEASUREMENT

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

	<u>2010</u>	<u>2009</u>
Separate investment accounts:		
Partners Value (Weitz)	\$ 511,149	
Mid-Cap Eq Index (Northern)	626,722	
Sel PIMCO Total Rtn	2,565,600	\$ 2,479,669
Com Strat Total Rtn (OFI)	515,123	435,564
Bond Market Index (Northern)	1,618,713	825,912
Prm Infl-Prot Bd (Bab)	861,315	1,168,495
New World (AMF)		448,262
Stable Rtn (Wills Gllrd)		746,761

The realized/unrealized appreciation/depreciation on investments bought and sold as well as held during the year ended December 31, 2010 is as follows:

Separate investment accounts	\$ 738,551
Pooled separate account	<u>11,883</u>
	<u>\$ 750,434</u>



## ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

### Notes to Financial Statements December 31, 2010

#### NOTE D - INVESTMENTS AND FAIR VALUE MEASUREMENT (CONTINUED)

The Plan measures its investments at fair value, in the following manner:

- requiring consideration of nonperformance risk when valuing liabilities;
- defining fair value as 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, and establishing framework for measuring fair value; and
- establishing a three-level hierarchy for fair-value measurement based upon the observability of inputs to the evaluation of an asset or liability as of the measurement date.

This three-level valuation hierarchy uses valuation techniques that are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect market assumptions. These two types of inputs create the following valuation levels:

Level 1 - quoted prices for *identical* instruments in active markets;

Level 2 - quoted prices for *similar* instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations the significant inputs for which are observable; and

Level 3 - instruments the significant inputs for which are unobservable.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

*Separate Investment Accounts ("SIA")* - SIAs are valued at the fair value of the underlying securities, plus cash and accrued investment income on a valuation date and minus any outside custodial service provider fee. The value of the underlying securities is based on closing prices at the valuation date. The fair value includes reinvested dividend and interest income, both received and accrued, realized gains and losses, and unrealized gains or losses of the underlying SIA assets. SIAs do not pay dividends or interest to the Plan. The underlying investments' performance is reflected in the unit value.

*Pooled Separate Accounts* - These accounts are valued at the net asset value of shares held by the Plan at year-end.

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, 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.

## ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

### Notes to Financial Statements December 31, 2010

#### NOTE D - INVESTMENTS AND FAIR VALUE MEASUREMENT (CONTINUED)

The following tables summarize the fair values of the Plan's assets at each year-end, in accordance with the ASC 820-10-05 valuation levels:

	December 31, 2010
	<u>Level 2</u>
<b>Massachusetts Mutual Life Insurance Company - separate investment accounts:</b>	
Bond Market Index (Northern)	\$ 1,618,713
Com Strat Total Rtn (OFI)	515,123
EuroPacif Gr (Amer Fd)	194,956
Grth America (American)	201,392
High Yield (PIMCO)	361,132
Intl Bond (OFI)	263,817
Lg-Cap Gr (Eaton Vance)	103,500
Mid Cap Eq Index (Northern)	626,722
Mid Cap Val (Perkins)	200,397
New World (AMF)	96,867
Partners Value (Weitz)	511,149
Prm Infl-Prot Bd (Bab)	861,315
Sm Cap Value (Allianz)	202,343
Stable Rtn (Wills Gllrd)	424,919
Sel PIMCO Total Rtn	2,565,600
Value (Thornburg)	<u>100,751</u>
	<u>\$ 8,848,696</u>

# ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

Notes to Financial Statements  
December 31, 2010

## NOTE D - INVESTMENTS AND FAIR VALUE MEASUREMENT (CONTINUED)

	December 31, 2009		
	Level 2	Level 3	Total
<b>Massachusetts Mutual Life Insurance</b>			
<b>Company - separate investment accounts:</b>			
Bond Market Index (Northern)	\$ 825,912		\$ 825,912
Com Strat Total Rtn (OFI)	435,564		435,564
EuroPacif Gr (Amer Fd)	261,722		261,722
Grth America (American)	266,651		266,651
High Yield (PIMCO)	177,288		177,288
Intl Bond (OFI)	146,466		146,466
Intl Eqty Index (Northern)	85,114		85,114
Lg-Cap Gr (Eaton Vance)	87,024		87,024
Mid Cap Eq Index (Northern)	268,780		268,780
Mid Cap Val (Perkins)	169,078		169,078
New World (AMF)	448,262		448,262
Partners Value (Weitz)	154,595		154,595
Prm Infl-Prot Bd (Bab)	1,168,495		1,168,495
Sm Cap Eq Indx (Northern)	88,221		88,221
Sel Nasdaq-100 (Ntrntr)	87,851		87,851
Sm Cap Value (Allianz)	89,530		89,530
Stable Rtn (Wills Gllrd)	746,761		746,761
Sel PIMCO Total Rtn	2,479,669		2,479,669
Value (MFS)	196,990		196,990
Value (Thornburg)	87,668		87,668
<b>Principal Life Insurance Company:</b>			
United States Property		\$ 261,645	261,645
	<u>\$ 8,271,641</u>	<u>\$ 261,645</u>	<u>\$ 8,533,286</u>

The following table presents the changes in the Plan's Level 3 investment measured at fair value on a recurring basis during 2010 and 2009:

	2010	2009
	Pooled Separate Account	Pooled Separate Account
Balance, January 1	\$ 261,645	\$ 8,025,638
Unrealized/realized gains (losses)	11,883	(699,545)
Net purchase and sales	(273,528)	(7,064,448)
Balance, December 31	<u>\$ 0</u>	<u>\$ 261,645</u>

## ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

### Notes to Financial Statements December 31, 2010

#### NOTE E - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions (i) to adjust the accumulated plan benefits and (ii) to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2010 were:

Investment return per year	6.5% compounded annually
Life expectancy of participants	2010 IRS Prescribed Mortality - Optional Combined Table for Males and Females
Retirement	Retirement at normal retirement age (65)
Discount rate	6.0% compounded annually
Asset valuation	Market-related value of plan assets is equal to the fair value

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated benefits information as of the beginning of the plan year and the related changes in accumulated benefits during the preceding year are as follows:

Actuarial present value of accumulated benefits:

Vested benefits:	
Participants currently receiving benefits	\$ 4,867,905
Other participants	<u>4,545,972</u>
	9,413,877
Nonvested benefits	<u>35,881</u>
Total actuarial present value of accumulated benefits, beginning of year	<u>\$ 9,449,758</u>
Actuarial present value of accumulated benefits, January 1, 2009	<u>\$ 9,500,513</u>
(Decrease) increase during the year attributable to:	
Benefits accumulated and Plan experience	(158,255)
Increase in interest due to the decrease in discount period	645,624
Benefits paid	(554,636)
Change in actuarial assumptions	<u>16,512</u>
Net decrease	<u>(50,755)</u>
Actuarial present value of accumulated benefits, January 1, 2010	<u>\$ 9,449,758</u>

## **ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN**

### **Notes to Financial Statements December 31, 2010**

#### **NOTE F - RISK AND UNCERTAINTIES**

The plan investments are included in various investment securities. Investment securities are exposed to various risks, such as interest-rate, market, credit, liquidity and market-perception risks. Due to the level of risk associated with any investment, it is at least reasonably possible that changes in the values of the Plan's investments 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements. Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2010 may not necessarily be indicative of amounts that could be realized in a current market exchange.

## **SUPPLEMENTAL SCHEDULES**

# ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

## Form 5500 - Schedule H, Part IV, Item 4(i) - Schedule of Assets (Held at End of Year) December 31, 2010

The following table presents the fair value of the Plan's investments, according to SSBTC, as of December 31, 2010:

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Current Value
<b>* Massachusetts Mutual Life Insurance Company - separate investment accounts:</b>			
	Bond Market Index (Northern)	12,791.1843	\$ 1,618,713
	Com Strat Total Rtn (OFI)	7,513.1820	515,123
	EuroPacif Gr (Amer Fd)	834.3251	194,956
	Grth America (American)	1,842.7176	201,392
	High Yield (PIMCO)	2,603.5611	361,132
	Intl Bond (OFI)	1,921.2570	263,817
	Lg-Cap Gr (Eaton Vance)	1,086.9329	103,500
	Mid Cap Eq Index (Northern)	5,101.2972	626,722
	Mid Cap Val (Perkins)	1,715.4626	200,397
	New World (AMF)	546.6943	96,867
	Partners Value (Weitz)	5,220.3352	511,149
	Prm Infl-Prot Bd (Bab)	6,297.7916	861,315
	Small-Cap Value (Allianz)	799.1218	202,343
	Stable Rtn (Wils Gllrd)	3,898.4000	424,919
	Sel PIMCO Total Rtn	15,765.6294	2,565,600
	Value (Thornburg)	868.6331	100,751
			<u>\$ 8,848,696</u>

\* Party in interest

# ICD - INTERNATIONAL CENTER FOR THE DISABLED PENSION PLAN

Form 5500 - Schedule H, Part IV, Item 4(j) - Schedule of Reportable Transactions  
Year Ended December 31, 2010

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Principal Life Insurance	Pooled Separate Account United States Property		\$ 273,528	\$ 261,645	\$ 273,528	\$ 11,883
MassMutual	Bond Market Index	\$ 735,338		735,338	735,338	
MassMutual	Total Return		472,388	424,571	472,388	47,817
MassMutual	Prem Inflat-Protect Bond		495,277	437,154	495,277	58,123



**Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 12/31/10**

**Plan Sponsor: SA 013018-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	(Sel NASDAQ-100)	0	0
*	MassMutual	(Real Asset)	464,358	515,123
*	MassMutual	(International Bond)	252,155	263,817
*	MassMutual	(Value)	90,942	100,751
*	MassMutual	(Large-Cap Growth)	60,654	103,500
*	MassMutual	(Premier High Yield)	0	0
*	MassMutual	(Growth America)	119,984	201,392
*	MassMutual	(Partners Value)	412,738	511,149
*	MassMutual	(Intl Equity Index)	0	0
*	MassMutual	(Rising Dividends)	0	0
*	MassMutual	(Bond Market Index)	1,528,969	1,618,713
*	MassMutual	(High Yield)	326,508	361,132
*	MassMutual	(Stable Return)	415,360	424,920
*	MassMutual	(Mid Cap Equity Index)	430,308	626,722
*	MassMutual	(Small Cap Equity Index)	0	0
*	MassMutual	(Advisor Mid Cap Value)	158,960	200,397
*	MassMutual	(Value)	0	0
*	MassMutual	(EuroPacific Growth)	138,101	194,956
*	MassMutual	(New World)	66,108	96,867
*	MassMutual	(Small-Cap Value)	137,483	202,343
*	MassMutual	(Total Return)	2,206,529	2,565,599
*	MassMutual	(Prem Inflat-Protect Bond)	758,343	861,315

**Schedule H, line 4j - Schedule of Reportable Transactions: 12/31/10**

**Plan Sponsor: SA 013018-01**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with trans	Cost of asset	Current Value of asset on transaction date	Net gain or loss
MassMutual	(Bond Market Index)	735,338	0	N/A	0	735,338	735,338	0
MassMutual	(Total Return)	0	472,388	N/A	0	424,571	472,388	47,817
MassMutual	(Prem Inflat-Protect Bond)	0	495,277	N/A	0	437,154	495,277	58,123

\* This schedule was completed considering assets held under a MassMutual group annuity contract only

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Small Cap Index (Northern) separate account (SIA-TG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the mutual fund underlying the High Yield (PIMCO) separate account (SIA-PH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the mutual fund underlying the International Equity (Mainstay) separate account (SIA-CQ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the mutual fund underlying the Value (MFS) separate account (SIA-UV).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to the mutual fund underlying the NFJ Small Cap Value (Allianz) separate account (SIA-WW).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (24 basis points * plan assets) with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (24 basis points * plan assets) with respect to the mutual fund underlying the International Bond (OFI) separate account (SIA-C6).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (24 basis points * plan assets) with respect to the mutual fund underlying the Rising Dividends (OFI) separate account (SIA-O6).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Cullen Value (Pioneer) separate account (SIA-V).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Large-Cap Growth (Eaton Vance) separate account (SIA-GE).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Mid Cap Gr (Prudential Jennison) separate account (SIA-T).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Partners Value (Weitz) separate account (SIA-JR).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the mutual fund underlying the Small Cap Gr (Invesco Van Kampen) separate account (SIA-RD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (40 basis points * plan assets) with respect to the mutual fund underlying the Value (Thornburg) separate account (SIA-CL).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (5 basis points * plan assets) with respect to the mutual fund underlying the Bond Index (Northern) separate account (SIA-PG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Supplemental Fees of (14 basis points * plan assets) with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Supplemental Fees of (14 basis points * plan assets) with respect to the mutual fund underlying the International Bond (OFI) separate account (SIA-C6).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Supplemental Fees of (14 basis points * plan assets) with respect to the mutual fund underlying the Rising Dividends (OFI) separate account (SIA-O6).
MFS	043287965	MassMutual provided the Plan with the required written disclosure for Management Fees received by MFS with respect to the mutual fund underlying the Value (MFS) separate account (SIA-UV).
MFS	043287965	MassMutual provided the plan with the required written disclosure for Other Fees received

Northern Funds	201524639	by MFS with respect to the mutual fund underlying the Value (MFS) separate account (SIA-UV).
Northern Funds	201524639	MassMutual provided the Plan with the required written disclosure for Management Fees received by Northern with respect to the mutual fund underlying the the mutual fund underlying the Bond Market Index (Northern) separate account (SIA-PG).
Northern Funds	201524639	MassMutual provided the Plan with the required written disclosure for Management Fees received by Northern with respect to the mutual fund underlying the the mutual fund underlying the Intl Equity Index (Northern) separate account (SIA-KG).
Northern Funds	201524639	MassMutual provided the Plan with the required written disclosure for Management Fees received by Northern with respect to the mutual fund underlying the the mutual fund underlying the Mid Cap Equity Index (Northern) separate account (SIA-RG).
OppenheimerFunds	133035629	MassMutual provided the Plan with the required written disclosure for Management Fees received by Northern with respect to the mutual fund underlying the the mutual fund underlying the Small Cap Equity Index (Northern) separate account (SIA-TG).
OppenheimerFunds	133035629	MassMutual provided the Plan with the required written disclosure for Management Fees received by OppenheimerFunds with respect to the mutual fund underlying the Rising Dividends (OFI) separate account (SIA-O6).
OppenheimerFunds	841308320	MassMutual provided the Plan with the required written disclosure for Management Fees received by OppenheimerFunds with respect to the mutual fund underlying the International Bond (OFI) separate account (SIA-C6).
OppenheimerFunds	841308320	MassMutual provided the plan with the required written disclosure for Other Fees received by OppenheimerFunds with respect to the mutual fund underlying the International Bond (OFI) separate account (SIA-C6).
OppenheimerFunds	846297469	MassMutual provided the Plan with the required written disclosure for Management Fees received by OppenheimerFunds with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
OppenheimerFunds	846297469	MassMutual provided the plan with the required written disclosure for Other Fees received by OppenheimerFunds with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
PIMCO	330484500	MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO with respect to the mutual fund underlying the High Yield (PIMCO) separate account (SIA-PH).
PIMCO	330484500	MassMutual provided the plan with the required written disclosure for Other Fees received by PIMCO with respect to the mutual fund underlying the High Yield (PIMCO) separate account (SIA-PH).
Pioneer Investments	364356313	MassMutual provided the Plan with the required written disclosure for Management Fees received by Pioneer Investments with respect to the mutual fund underlying the Cullen Value (Pioneer) separate account (SIA-V).
Pioneer Investments	364356313	MassMutual provided the plan with the required written disclosure for Other Fees received by Pioneer Investments with respect to the mutual fund underlying the Cullen Value (Pioneer) separate account (SIA-V).
Prudential Investments	132631108	MassMutual provided the Plan with the required written disclosure for Management Fees received by Prudential Investments with respect to the mutual fund underlying the Mid Cap Gr (Prudential Jennison) separate account (SIA-T).
Prudential Investments	132631108	MassMutual provided the plan with the required written disclosure for Other Fees received by Prudential Investments with respect to the mutual fund underlying the Mid Cap Gr (Prudential Jennison) separate account (SIA-T).
Thornburg	850433925	MassMutual provided the Plan with the required written disclosure for Management Fees received by Thornburg with respect to the mutual fund underlying the Value (Thornburg) separate account (SIA-CL).
Thornburg	850433925	MassMutual provided the plan with the required written disclosure for Other Fees received by Thornburg with respect to the mutual fund underlying the Value (Thornburg) separate account (SIA-CL).
Weitz	470692800	MassMutual provided the plan with the required written disclosure for Administrative Fees

Weitz

470692800

received by Weitz with respect to the mutual fund underlying the Partners Value (Weitz) separate account (SIA-JR).  
MassMutual provided the Plan with the required written disclosure for Management Fees received by Weitz with respect to the mutual fund underlying the Partners Value (Weitz) separate account (SIA-JR).

<b>A Name of Plan</b> <b>International Center for the Disabled Plan</b>	<b>B Three-digit plan Number</b> <b>001</b>
<b>C Plan sponsor's name as shown on line 2a of Form 5500</b> <b>International Center for the D</b>	<b>D Employer Identification Number</b> <b>135562990</b>

### Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Allianz Funds	330434038		MassMutual provided the Plan with the required written disclosure for Management Fees received by Allianz Funds with respect to the mutual fund underlying the NFJ Small Cap Value (Allianz) separate account (SIA-WW).
Allianz Funds	330434038		MassMutual provided the plan with the required written disclosure for Other Fees received by Allianz Funds with respect to the mutual fund underlying the NFJ Small Cap Value (Allianz) separate account (SIA-WW).
American Funds	520792143		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW).
American Funds	520792143		MassMutual provided the plan with the required written disclosure for Other Fees received by American Funds with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW).
American Funds	954727424		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to the mutual fund underlying the New World (American) separate account (SIA-VX).
American Funds	954727424		MassMutual provided the plan with the required written disclosure for Other Fees received by American Funds with respect to the mutual fund underlying the New World (American) separate account (SIA-VX).
American Funds	956810128		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB).
American Funds	956810128		MassMutual provided the plan with the required written disclosure for Other Fees received by American Funds with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB).
Eaton Vance	550789520		MassMutual provided the plan with the required written disclosure for Administrative Fees received by Eaton Vance with respect to the mutual fund underlying the Large-Cap Growth (Eaton Vance) separate account (SIA-GE).
Eaton Vance	550789520		MassMutual provided the Plan with the required written disclosure for Management Fees received by Eaton Vance with respect to the mutual fund underlying the Large-Cap Growth (Eaton Vance) separate account (SIA-GE).
Eaton Vance	550789520		MassMutual provided the plan with the required written disclosure for Shareholder Service Fees received by Eaton Vance with respect to the mutual fund underlying the Large-Cap Growth (Eaton Vance) separate account (SIA-GE).
Galliard Capital	760727727		Galliard Capital received estimated Management Fees of (9 basis points * plan assets) with respect to the Stable Return (Weiss/Galliard) separate account (SIA-R5).
Invesco	364353052		MassMutual provided the Plan with the required written disclosure for Management Fees received by Invesco with respect to the mutual fund underlying the Small Cap Gr (Invesco Van Kampen) separate account (SIA-RD).
Invesco	364353052		MassMutual provided the plan with the required written disclosure for Other Fees received by Invesco with respect to the mutual fund underlying the Small Cap Gr (Invesco Van Kampen) separate account (SIA-RD).
Janus	841458637		MassMutual provided the Plan with the required written disclosure for Management Fees received by Janus with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).

Janus	841458637		MassMutual provided the plan with the required written disclosure for Other Fees received by Janus with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
MainStay	133759660		MassMutual provided the Plan with the required written disclosure for Management Fees received by MainStay with respect to the mutual fund underlying the International Equity (Mainstay) separate account (SIA-CQ).
MainStay	133759660		MassMutual provided the plan with the required written disclosure for Other Fees received by MainStay with respect to the mutual fund underlying the International Equity (Mainstay) separate account (SIA-CQ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Commodity Strategy Total Rtrn (OFI) separate account (SIA-C5).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Cullen Value (Pioneer) separate account (SIA-V).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the High Yield (PIMCO) separate account (SIA-PH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the International Bond (OFI) separate account (SIA-C6).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the International Equity (Mainstay) separate account (SIA-CQ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Large-Cap Growth (Eaton Vance) separate account (SIA-GE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Mid Cap Gr (Prudential Jennison) separate account (SIA-T).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Mid Cap Value (Perkins) separate account (SIA-TI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the New World (American) separate account (SIA-VX).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the NFJ Small Cap Value (Allianz) separate account (SIA-VWW).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incrn (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-HH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Rising Dividends (OFI) separate account (SIA-O6).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Sel NASDAQ-100 (Northern Trust) separate account (SIA-AN).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Select PIMCO Total Return (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Small Cap Gr (Invesco Van Kampen) separate account (SIA-RD).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Value (MF-S) separate account (SIA-UV).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-HH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Money Market (Babson) separate account (SIA-AG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel NASDAQ-100 (Northern Trust) separate account (SIA-AN).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select PIMCO Total Return (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (19 basis points * plan assets) with respect to the mutual fund underlying the Premier High Yield (Babson) separate account (SIA-HH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (3 basis points * plan assets) with respect to the mutual fund underlying the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y4).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (47 basis points * plan assets) with respect to the mutual fund underlying the Sel NASDAQ-100 (Northern Trust) separate account (SIA-AN).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of (7 basis points * plan assets) with respect to the mutual fund underlying the Select PIMCO Total Return (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (101 basis points * plan assets) with respect to the Stable Return (Wells/Galliard) separate account (SIA-R5).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Intl Equity Index (Northern) separate account (SIA-KG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the Mid Cap Index (Northern) separate account (SIA-RG).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the mutual fund underlying the New World (American) separate account (SIA-VX).



## Schedule SB, Line 19 - Discounted Employer Contributions

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Plan Anniversary: January 1, 2010

Plan Effective Rate: 6.59%

Date	Amount Paid in Cash	Plan Year	Value as of January 1, 2010
04/01/10	64,106	2010	63,105
07/12/10	64,106	2010	61,990
10/19/10	64,106	2010	60,895
01/12/11	64,106	2010	60,027
Total	\$ 256,424		\$ 246,017

## Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

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Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

### Actuarial Assumptions

Interest:	January, 2010 IRS Segmented Yield Curve
Preretirement Mortality:	IRC Sec 430 2010 Optional Combined Tables for Males and Females
Retirement Age:	65
Termination:	200% of SOA 2003 Small Plan table
Incidence of Disability:	1987 Commisioner's Group Disability Tables for males and females
Asset Smoothing Rate	6.68% and 6.38%
Marriage:	It is assumed that 75% of participants are married and that a male is 3 years older than his female spouse.
Expenses:	\$ 30,084
Optional Forms:	Liabilities include no load to account for the value of optional annuity forms.

### Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year plus administrative expenses expected to be paid out of plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

### Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

## Schedule SB, Part V - Summary of Plan Provisions

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### Summary

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

**Contract Number:** SA 13018

**EIN/PN:** 13-5562990/001

**Plan Name:** ICD- International Center for the Disabled Pension Plan

**Effective Date:**

January 1, 1957

January 1, 2004 (restated)

**Plan Year:** January 1 through December 31

**Employer:** ICD- International Center for the Disabled

**Employee:** Any person employed by the Employer, including self-employed individuals under IRC 401(c)(1) and leased employees under IRC 414(n) or (o).

**Participation:** The participant has attained age 21 and one year of service. Participation was frozen December 31, 2006.

**Entry Date:** The first day of the month after meeting the age and service requirements.

**Credited Service:** Years and fractional parts of a year (to two decimals) on the basis that 365 days equals a year. Credited service is frozen as of December 31, 2006.

**Vesting Service:** One year for each plan year in which the employee has at least 1000 hours of service.

**Vesting:** A participant with 5 or more years of Vesting Service is 100% vested in his/her Accrued Benefit.

**Compensation:** Total earnings paid or made available to an employee by the employer during any specified period, excluding bonuses and overtime pay.

**Average Compensation:** Highest average monthly compensation for five consecutive compensation years out of the ten latest compensation years. Average Compensation is frozen as of December 31, 2006.

**Normal Retirement Date:** Attained age 65 with the earlier of 5 years of continuous employment or 5 years of plan participation.

**Early Retirement Date:** After attaining age 55 and completing 10 years of Vesting Service, any participant who has a non-forfeitable right to a benefit may elect early retirement on the first day of any calendar month following the termination of service.

## Schedule SB, Part V - Summary of Plan Provisions

---

**Disability Retirement Date:** The first day of the month coincident with or next following the event of a participant's total and permanent disability after completing 15 or more years of Vesting Service.

**Accrued Benefit:** On any date, the amount of monthly retirement benefit on the Normal Form accrued by an active participant.

**Normal Retirement Benefit:** The difference of (a) and (b), but not less than (c):

- (a) 1.5% of average final compensation multiplied by credited service (maximum service of 30 years)
- (b) 1% of the participant's Social Security benefit, multiplied by credited service (maximum service of 30 years)
- (c) \$10 multiplied by credited service (maximum service of 30 years)

Benefits are frozen as of December 31, 2006.

### **Early Retirement Benefit**

Active: Normal Retirement Benefit reduced by 0.5% per month that the early retirement date precedes the normal retirement date.

Inactive: Accrued benefit reduced by a factor in Table 3 of Appendix B of the plan document.

**Late Retirement Benefit:** Same as normal retirement benefit.

**Disability Benefit:** An immediate annuity equal to the participant's Accrued Benefit on his/her Disability Retirement Date.

**Normal Form:** Annuity payable for life.

**Optional Forms of Payment:** 50%, 75%, or 100% Joint & Survivor Annuity

### **Death Benefit**

Pre-retirement: The amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Post-retirement: None except as provided by the annuity form elected.

## Schedule SB, Line 24 - Change in Actuarial Assumptions

---

Describe any changes in non-prescribed actuarial assumptions and justify any such change:

The following changes were made to better reflect expected plan experience:

The interest rate assumption for valuing the Funding Target was changed from the October, 2008 IRS Full Yield Curve in 2009 to the January, 2010 IRS Segmented Yield Curve in 2010.

The mortality assumption has been changed from the prescribed tables for 2009 to the prescribed tables for use in 2010.

Schedule SB, Line 26 - Schedule of Active Participant Data																				
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		1		0		0		0		0		0		0		0		0	
30 to 34	0		7		1		0		0		0		0		0		0		0	
35 to 39	0		2		4		0		0		0		0		0		0		0	
40 to 44	0		0		2		1		1		1		0		0		0		0	
45 to 49	0		2		1		0		3		0		0		0		0		0	
50 to 54	0		5		1		1		1		2		0		0		0		0	
55 to 59	0		7		0		1		5		2		0		0		0		0	
60 to 64	0		1		0		1		3		1		1		0		0		0	
65 to 69	0		0		1		0		1		0		0		0		0		0	
70 & up	0		0		0		0		1		0		0		0		0		0	

## Schedule SB, Line 32, Schedule of Amortization Bases

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Summary as of January 1, 2010

<u>Effective Date</u>	<u>Base Type</u>	<u>Initial Amount</u>	<u>Outstanding Balance</u>	<u>Years Remaining</u>	<u>Installments</u>
January 1, 2008	Shortfall	1,356,382	1,036,829	5	226,424
January 1, 2010	Shortfall	848,133	848,133	7	141,746
<b>Total</b>		<b>\$ 2,204,515</b>	<b>\$ 1,884,962</b>		<b>\$ 368,170</b>

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2010****This Form is Open to Public  
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan  ICD-International Center for the Disabled Pension Plan	<b>B</b> Three-digit plan number (PN) ▶  001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  ICD-International Center for the Disabled	<b>D</b> Employer Identification Number (EIN)  13-5562990
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>		
<b>2</b> Assets:		
<b>a</b> Market value.....	<b>2a</b>	8,533,285
<b>b</b> Actuarial value.....	<b>2b</b>	9,154,977
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	<b>3a</b> 85	5,079,896
<b>b</b> For terminated vested participants.....	<b>3b</b> 99	2,921,425
<b>c</b> For active participants:		
(1) Non-vested benefits.....	<b>3c(1)</b>	38,276
(2) Vested benefits.....	<b>3c(2)</b>	1,852,605
(3) Total active.....	<b>3c(3)</b> 61	1,890,881
<b>d</b> Total.....	<b>3d</b> 245	9,892,202
<b>4</b> If the plan is at-risk, check the box and complete items (a) and (b)..... <input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b> Effective interest rate.....	<b>5</b>	6.59 %
<b>6</b> Target normal cost.....	<b>6</b>	30,084

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

Howard L. Simon

Type or print name of actuary

Massachusetts Mutual Life Ins. Co.

Firm name

1295 State St

Springfield

MA 01111

Address of the firm

9/22/2011

Date

11-06153

Most recent enrollment number

(413) 744-3214

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010  
v.092308.1



<b>Part II Beginning of year carryover and prefunding balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) .....	721,795	446,848
<b>8</b>	Portion used to offset prior year's funding requirement (Item 35 from prior year) .....	146,706	0
<b>9</b>	Amount remaining (Item 7 minus item 8) .....	575,089	446,848
<b>10</b>	Interest on item 9 using prior year's actual return of <u>12.31</u> % .....	70,793	55,007
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Excess contributions (Item 38 from prior year) .....		0
<b>b</b>	Interest on (a) using prior year's effective rate of <u>8.19</u> % .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Reduction in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....	645,882	501,855

<b>Part III Funding percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	80.94 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	80.94 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	99.74 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and liquidity shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2010	64,106				
07/12/2010	64,106				
10/19/2010	64,106				
01/12/2011	64,106				
<b>Totals ▶</b>			<b>18(b)</b>	256,424	<b>18(c)</b> 0

**19** Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	246,017

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

**b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☒ No

**c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions used to determine funding target and target normal cost****21** Discount rate:**a** Segment rates:1st segment:  
4.60 %2nd segment:  
6.65 %3rd segment:  
6.76 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....**29**

0

**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....**30**

0

**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions).....**31**

30,084

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

1,884,962

368,170

**b** Waiver amortization installment.....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....**34**

398,254

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances used to offset funding requirement .....	152,237	0	152,237

**36** Additional cash requirement (item 34 minus item 35).....**36**

246,017

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....**37**

246,017

**38** Interest-adjusted excess contributions for current year (see instructions).....**38**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....**39**

0

**40** Unpaid minimum required contribution for all years .....**40**

0

**Schedule SB, Line 19 - Discounted Employer Contributions**

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**Plan Anniversary:** January 1, 2010**Plan Effective Rate:** 6.59%

<u>Date</u>	<u>Amount Paid in Cash</u>	<u>Plan Year</u>	<u>Value as of January 1, 2010</u>
04/01/10	64,106	2010	63,105
07/12/10	64,106	2010	61,990
10/19/10	64,106	2010	60,895
01/12/11	64,106	2010	60,027
Total	\$ 256,424		\$ 246,017

## Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

---

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

### Actuarial Assumptions

Interest:	January, 2010 IRS Segmented Yield Curve
Preretirement Mortality:	IRC Sec 430 2010 Optional Combined Tables for Males and Females
Retirement Age:	65
Termination:	200% of SOA 2003 Small Plan table
Incidence of Disability:	1987 Commisioner's Group Disability Tables for males and females
Asset Smoothing Rate	6.68% and 6.38%
Marriage:	It is assumed that 75% of participants are married and that a male is 3 years older than his female spouse.
Expenses:	\$ 30,084
Optional Forms:	Liabilities include no load to account for the value of optional annuity forms.

### Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year plus administrative expenses expected to be paid out of plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

### Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

## Schedule SB, Part V - Summary of Plan Provisions

---

### Summary

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## Schedule SB, Part V - Summary of Plan Provisions

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Benefits are frozen as of December 31, 2006.

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## Schedule SB, Line 24 - Change in Actuarial Assumptions

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**Describe any changes in non-prescribed actuarial assumptions and justify any such change:**

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Under 25	0		0		0		0		0		0		0		0		0	
25 to 29	0		1		0		0		0		0		0		0		0	
30 to 34	0		7		1		0		0		0		0		0		0	
35 to 39	0		2		4		0		0		0		0		0		0	
40 to 44	0		0		2		1		1		1		0		0		0	
45 to 49	0		2		1		0		3		0		0		0		0	
50 to 54	0		5		1		1		1		2		0		0		0	
55 to 59	0		7		0		1		5		2		0		0		0	
60 to 64	0		1		0		1		3		1		1		0		0	
65 to 69	0		0		1		0		1		0		0		0		0	
70 & up	0		0		0		0		1		0		0		0		0	



**Schedule SB, Line 32, Schedule of Amortization Bases**

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**Summary as of January 1, 2010**

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