

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☒ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>ADD MATCHED SAVINGS RETIREMENT PLAN</u> 2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED</u> <u>1392 DUBLIN RD</u> <u>COLUMBUS, OH 43215-1009</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	1c Effective date of plan <u>08/01/1990</u>
	2b Employer Identification Number (EIN) <u>31-0814082</u>	2c Sponsor's telephone number <u>614-486-4361</u>
	2d Business code (see instructions) <u>623000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/20/2012	JO SAGRAVES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/20/2012	JO SAGRAVES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED 1392 DUBLIN RD COLUMBUS, OH 43215-1009	3b Administrator's EIN 31-0814082 3c Administrator's telephone number 614-486-4361
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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
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5 Total number of participants at the beginning of the plan year	5	382
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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	473
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	13
d Subtotal. Add lines 6a , 6b , and 6c	6d	486
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	486
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	209
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	19

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2L 2M 2T 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan ADD MATCHED SAVINGS RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED	D Employer Identification Number (EIN) 31-0814082	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	441463	486	01/01/2011	12/31/2011

2 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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED FUND CONTRACT

b Balance at the end of the previous year	7b	268587
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c Additions: (1) Contributions deposited during the year	7c(1)	21124	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	8018	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	558434	

▶ LOAN PAYMENT, OUTSIDE INVESTMENT TRANSFER

(6) Total additions	7c(6)	587576
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d Total of balance and additions (add b and c(6))	7d	856163
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	30870	
(2) Administration charge made by carrier	7e(2)	452	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	553076	

▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER

(5) Total deductions	7e(5)	584398
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f Balance at the end of the current year (subtract e(5) from d)	7f	271765
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan ADD MATCHED SAVINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED	D Employer Identification Number (EIN) 31-0814082

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	3718	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan ADD MATCHED SAVINGS RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED	D Employer Identification Number (EIN) 31-0814082	

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3
(2) Participant contributions	1b(2)	0	-3
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	39435	75656
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1662309	1728053
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	268587	271765
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1970331	2075474

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1970331	2075474
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	128553	
(B) Participants	2a(1)(B)	211987	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		340540

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2837	
(F) Other	2b(1)(F)	8018	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10855

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20662	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		20662

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-51502
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		320555

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	206810	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		206810
f Corrective distributions (see instructions)	2f		4883
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	3719	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3719
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		215412

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		105143
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCMANUS, DOSEN & CO.

(2) EIN: 34-1639529

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

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

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		809
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.).....		☒	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		☒	0
e Was this plan covered by a fidelity bond?.....	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>ADD MATCHED SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED</u>	D Employer Identification Number (EIN) <u>31-0814082</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>27</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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:

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

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

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

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

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

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

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

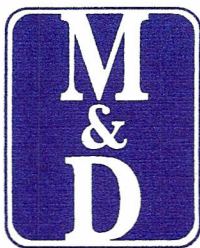
- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding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

- 19** If the total number of participants is 1,000 or more, complete 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): _____



McMANUS, DOSEN & CO.

Certified Public Accountants

July 16, 2012

TO THE PLAN ADMINISTRATOR
ADD MATCHED SAVINGS RETIREMENT PLAN

We have audited the Statement of Net Assets Available for Benefit of the ADD Matched Savings Retirement Plan (the "Plan") for the year ended December 31, 2011 and have issued our report thereon dated July 16, 2012. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility under U. S. Generally Accepted Auditing Standards

As stated in our engagement letter dated May 21, 2012, our responsibility as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U. S. Generally Accepted Accounting Principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to management.

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during the year ended December 31, 2011. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the financial statements in a different period than when the transaction occurred.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

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Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no such misstatements identified during the audit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

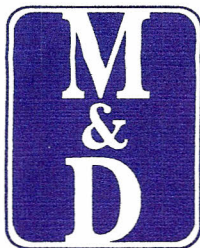
We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship, and our responses were not a condition to our retention.

* * * * *

This information is intended solely for the use of the Plan administrators and management of ADD Matched Savings Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

McManus, Dosen & Co.

McMANUS, DOSEN & CO.



McMANUS, DOSEN & CO.

Certified Public Accountants

TO THE PLAN ADMINISTRATOR
ADD MATCHED SAVINGS RETIREMENT PLAN

In connection with our examination of the financial statements of the ADD Matched Savings Retirement Plan (the Plan) for the year ended December 31, 2011, we are submitting, for your consideration, the accompanying comments and observations designed to help improve internal accounting controls and achieve operational efficiencies. These comments reflect our desire to be of continuing assistance to management and do not affect our report dated July 16, 2012 on the financial statements of the Plan.

This report deals with those conditions we believe to be deficiencies in the Plan's system of internal control.

Since the comments and observations contained in this report are a by-product of the examination of financial statements, the cost justification and other aspects of our suggestions have not been fully evaluated. These evaluations should be made by management. Therefore, we recognize that, after consideration, certain suggestions may not be practical to implement.

Our comments deal exclusively with operational, accounting, and record keeping systems and procedures, and should not be regarded as reflecting on the integrity or capabilities of anyone in your organization. Also our comments have been restricted to weaknesses noted and are not intended as a commentary on the various favorable aspects of the Plan's operations.

This report is intended solely for the use of management and those charged with governance and is not intended to be, nor should it be, used by anyone other than these specified parties.

We would like to take this opportunity to thank the Plan Administrator and the employees of Association for Developmentally Disabled, Inc. for the cooperation extended to us during our examination. We would be pleased to discuss these comments further and, if desired, assist you in the implementation of our recommendations.

McManus, Dosen & Co.

McMANUS, DOSEN & CO.

July 16, 2012

SECTION I

INTERNAL CONTROL MATTERS

The purpose of our audit was to express an opinion on the financial statements of the ADD Matched Savings Retirement Plan for the year ended December 31, 2011 and not to express an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. In planning and performing our audit, however, we considered the Plan's internal control in order to determine the nature, timing, and extent of our auditing procedures.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. A *control deficiency* exists when the design or operation of a control does not allow management or employees, in the normal course of their duties, to prevent or detect misstatements on a timely basis. A *significant deficiency* is a control deficiency, or combination of deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control. A *material weakness* is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the entity's financial statements will not be prevented or detected by the entity's internal control.

During our audit, we noted no material weaknesses in the Plan's system of internal control however we did become aware of the following matter requiring communication that meets the above definition of a significant deficiency.

CONTRIBUTIONS

Observation: While completing contribution testing, our audit work identified that several participants had employee deferral contributions withheld from their payroll that was not timely deposited into the Plan. The Plan Administrator made the contribution to the Plan about one month late. In addition, it was noted that the May 13, 2011 payroll did not have any employee deferrals withheld.

Recommendation: We recommend that the Plan Administrator pay greater attention while submitting the employee deferral contributions in 2012. In addition, the Plan is required to complete the Internal Revenue Service Form 5330, and an excise tax may apply, for the failure to remit the employee deferral contributions on a timely manner.

ADD MATCHED SAVINGS RETIREMENT PLAN

FINANCIAL REPORT

DECEMBER 31, 2011 AND 2010



McMANUS, DOSEN & CO.
Certified Public Accountants

ADD MATCHED SAVINGS RETIREMENT PLAN

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FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

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McMANUS, DOSEN & CO.

Certified Public Accountants

REPORT OF INDEPENDENT AUDITOR

TO THE PARTICIPANTS AND PLAN ADMINISTRATOR
ADD MATCHED SAVINGS RETIREMENT PLAN

We were engaged to audit the Statement of Net Assets Available for Benefits of the ADD Matched Savings Retirement Plan (the "Plan") as of December 31, 2011 and 2010 and the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2011 and the supplemental schedule. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Life Insurance Company, current trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustees as of and for the years ended December 31, 2011 and 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McManus, Dosen & Co.

McMANUS, DOSEN & CO.
Middleburg Heights, Ohio
July 16, 2012

ADD MATCHED SAVINGS RETIREMENT PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010**

<u>ASSETS</u>	<u>2011</u>	<u>2010</u>
INVESTMENTS (Notes 1, 2, 3 and 4)	\$ 1,999,817	\$ 1,930,896
PARTICIPANT LOANS (Note 1)	<u>75,499</u>	<u>39,435</u>
TOTAL ASSETS	2,075,316	1,970,331
 <u>LIABILITIES</u>		
EXCESS DEFERRAL PAYABLE	<u>2,780</u>	<u>4,743</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,072,536</u></u>	<u><u>\$ 1,965,588</u></u>

The accompanying Notes to Financial Statements are an integral part of these statements.

ADD MATCHED SAVINGS RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS:

Investment income (Note 4):

Interest - investments.	\$ 8,018	
Interest - participant loans.	2,678	
Dividends	20,662	
Net depreciation in fair value of investments.	<u>(51,501)</u>	
Net investment income.		\$ (20,143)

Contributions (Note 1):

Participants.	211,991	
Employer.	<u>128,549</u>	
Total contributions.		<u>340,540</u>
Net additions		<u>320,397</u>

DEDUCTIONS:

Benefits paid directly to participants.	209,730	
Trustee fees.	<u>3,719</u>	
Total deductions		<u>213,449</u>

NET INCREASE IN PLAN NET ASSETS. 106,948

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR. 1,965,588

NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR. \$ 2,072,536

The accompanying Notes to Financial Statements are an integral part of these statements.

ADD MATCHED SAVINGS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

1. DESCRIPTION OF PLAN

The following description of the ADD Matched Savings Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering substantially all employees of the Association for the Developmentally Disabled (the "Company") who have worked one year, attained the age of 18 within the Plan year, and met certain other eligibility requirements. It is subject to the provision of the Employer Retirement Income Security Act (ERISA).

Participants' Account – Each participant's account is credited with an allocation of (a) his or her elective deferral, (b) the Company's contribution, if applicable, (c) Plan earnings, (d) forfeitures of terminated participants' non-vested accounts, and (e) is charged with an allocation of administrative expenses, if any. Upon enrollment in the Plan, participants may direct contributions among investment choices and may change their investment options on any normal business day. Allocations by the Plan are based on participant earnings or account balances as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Funding Policy – The Companies' funding policy is to make the contributions to the Plan as soon as administratively feasible.

Investments – All investments of the Plan are participant-directed and held in shares of registered investment company funds. Participants may choose their investment option on any normal business day.

Contributions – Participants may make pre-tax contributions in 1% increments or a flat dollar amount per pay period under the 403(b) plan provisions up to the maximum amount set by the law. The Plan allows for "catch-up contributions" as set by the law for participants that attain the age 50 before year end. The Company may make a discretionary matching contribution. For 2011 and 2010, the Company made a discretionary matching contribution equal to 100% of participants' pre-tax contribution up to 3% of pay and an additional discretionary matching contribution equal to 50% of participants' pre-tax contribution on the next 4% (up to 7% of pay). Additionally, each year the Company determines, at its discretion, an amount, if any, to be contributed out of current and accumulated profits. Contributions are subject to maximum annual limits as defined by various laws and regulations.

Participant Loans – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of 50% of their account balance, whichever is less. The loan is secured by the balance in the participant's account and bears interest at rates ranging from 5.25% to 10.25%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions. All expenses associated with the establishment and administration of the loan will be paid by or charged to the participant's account. Repayments of principal and interest are credited to the participant's separate accounts within the funds as elected by the participants. Until such repayments are received, the loan receivable is accounted for in the participant loan fund.

Payment of Benefits – Benefits will be paid from the Plan upon the occurrence of any of the following events:

Retirement -- A participant, upon retirement from employment with the Company at either normal retirement date (age 65) or at any time thereafter, shall be entitled to receive the entire balance in his or her account.

Disability -- In the event a participant becomes totally disabled, the participant shall be entitled to receive the entire balance in his or her account.

Death -- Upon death of a participant, the beneficiary of the participant shall be entitled to receive the entire balance in his or her account remaining at death.

Termination of Employment -- Upon termination of employment with the Company for any reason other than death, retirement, or total disability, a participant shall be entitled to the vested balance in his or her account.

Hardship – A participant shall be entitled to a hardship withdrawal of the participant's share of salary deferrals after maximum participant loans have been withdrawn, the participant will not be allowed to make salary deferral contributions for a period of twelve months after you receive your distribution.

Administrative Expenses – All expenses of the Plan related to legal, accounting, record keeping and general administration are paid by the Plan or by the Company, at the Company's option.

Vesting – Each participant has a 100% non-forfeitable vested interest in his or her elective deferral contributions. Vesting in the participant's share of the Company's matching and profit sharing contributions is based upon years of continuous service according to a five year graduated scale. The participant will be 25% vested after two years of service and will vest an additional 25% for each year thereafter. A participant is 100% vested after five years of credited service or in the event of death, disability, or retirement.

Forfeitures – The Company has the option to use forfeited non-vested unallocated accounts to reduce the employer's discretionary contribution or to reallocate these funds to participants in the same manner as Company's contributions immediately following the Plan year in which the forfeitures occur. At December 31, 2011 and 2010, forfeited unallocated accounts totaled \$0 and \$1,320 respectively. Also, employer contributions were decreased by \$11,625 and \$17,930 from unallocated accounts for 2011 and 2010, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value (See Note 5) which is based on the quoted market values on the last business day of the Plan year or investment general contracts. The change in the difference between current value and the cost of investments and gain or loss on the sale of investments is reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments. The cost of investments sold is based on the average cost of the investments.

Participant loans – Participant loans are measured as receivables at their unpaid principal balance

plus any accrued but unpaid interest which approximates estimated fair value. Delinquent participant loans receivable from participants are reclassified as distributions based upon the Plan document.

Benefit Payments – Benefits are recorded when paid.

Accounting Estimates – Management uses estimates and assumptions in preparing financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets, liabilities, and the reported amounts of changes in net assets. Actual results could vary from the estimates that were used.

3. INVESTMENTS

The following table presents the fair market value of the investments that represent 5% or more of the Plan's net assets.

	2011	2010
Fixed Income Option Non 401(a)	\$ 271,765	\$ 268,587
Principal Global Inv Lifetime 2010 R2 Fund	275,344	247,009
Principal Global Inv Lifetime 2020 R2 Fund	388,827	448,551
Principal Global Inv Lifetime 2030 R2 Fund	206,986	181,203
Principal Global Inv Lifetime 2040 R2 Fund	193,603	172,195
Principal Global Inv Lifetime 2050 R2 Fund	112,172	79,727 *

* Amount is less than 5% of Plan Assets but is shown for comparative purposes

During 2011, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$51,342 and the Plan's fixed income investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$159.

4. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Principal Life Insurance Company, current trustee of the Plan, held the Plan's investment assets and executed transactions therein as of and for the year ended December 31, 2011 and 2010. The following is a summary of the Plan's financial information certified by the Trustee as complete and accurate in accordance with section 2520.103-8 of the Department of Labor's rules and regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974. Also, the information included in the supplementary schedule, Schedule of Assets (Held at End of Year) was certified by Principal.

	<u>2011</u>	<u>2010</u>
Investments:		
Fixed income contract (held in Insurance Co. general fund)	\$ 271,765	\$ 268,587
Value of interest in registered investment companies.....	<u>1,728,052</u>	<u>1,662,309</u>
Total	<u>\$ 1,999,817</u>	<u>\$ 1,930,896</u>

Changes in net assets for the year ended December 31, 2011, not audited, included the following:

Net investment gain (loss) from registered investment companies	\$ (51,342)
Net investment gain (loss) from fixed income contracts	\$ (159)
Dividends from registered Investment companies	\$ 20,662
Interest from insurance General account	\$ 8,018

5. VALUATION OF INVESTMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active market;
- Inputs other than quoted prices that are observable for assets or liabilities;
- Inputs that are derived principally from or corroborated by observable inputs for substantially the full term of the asset or liability.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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, 2011 and 2010.

Mutual funds – Valued at the net asset value of shares held by the Plan at year-end.

Fixed income contract – The fair value is the amount the Plan Sponsor would receive currently if they were to withdrawal or transfer funds within the Plan prior to their maturity. This fair value represents discontinuation value or contract value times 95% (One minus 5% withdrawal charge).

The methods described above may produce a fair value calculation that may not be indicative of the

net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurement at the reporting date.

A summary of the Plan's investments showing their year-end valuations and valuation source is as follows:

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2011</u>			
Mutual funds - Asset Allocation	\$ 1,189,136	\$ 1,189,136	\$ -
Mutual funds - Large Cap Funds	164,538	164,538	-
Mutual funds - Mid Cap Funds	179,726	179,726	-
Mutual funds - Small Cap Funds	70,870	70,870	-
Mutual funds - International Equity	55,637	55,637	-
Mutual funds - Fixed Income	68,145	68,145	-
Insurance general account	271,765	-	271,765
Total	<u>\$ 1,999,817</u>	<u>\$ 1,728,052</u>	<u>\$ 271,765</u>
<u>December 31, 2010</u>			
Mutual funds - Asset Allocation	\$ 1,135,791	\$ 1,135,791	\$ -
Mutual funds - Large Cap Funds	150,338	150,338	-
Mutual funds - Mid Cap Funds	168,210	168,210	-
Mutual funds - Small Cap Funds	84,718	84,718	-
Mutual funds - International Equity	67,913	67,913	-
Mutual funds - Fixed Income	55,339	55,339	-
Insurance general account	268,587	-	268,587
Total	<u>\$ 1,930,896</u>	<u>\$ 1,662,309</u>	<u>\$ 268,587</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

The following tables provide further details of the insurance fixed income contract:

	Insurance General Account
<u>December 31, 2011</u>	
Beginning balances	\$ 268,587
Unrealized losses	(159)
Interest	8,018
Purchases, sales, issuances, and settlements, net	(4,681)
Ending balances	<u>\$ 271,765</u>
<u>December 31, 2010</u>	
Beginning balances	\$ 285,407
Unrealized losses	-
Interest	8,051
Purchases, sales, issuances, and settlements, net	(24,871)
Ending balances	<u>\$ 268,587</u>

6. PLAN TERMINATION

Although they have not expressed an intent to do so, the Company has the right, at any time, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. RISKS AND UNCERTAINTIES

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

8. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are managed by Principal Life Insurance Company (Principal). Principal is the trustee of the Plan as defined by the Plan agreement and, therefore, these transactions qualify as party-in-interest. Administrative fees related to the administration of the Plan are paid by the Plan. Other administrative fees are paid by the Plan Sponsor on behalf of the Plan.

9. TAX STATUS

The Plan obtained its latest determination letter from the Internal Revenue Service stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Summary Plan Description as amended, has been submitted to ERISA for their review and filing.

10. RECONCILIATION TO FORM 5500

Differences between financial statements and the Form 5500 relate to the Trustee reporting Plan activity on the cash basis Form 5500. The following is a reconciliation of net assets available for benefits and contributions as of December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$2,072,536	\$ 1,965,588
Accrual to cash reconciliations:		
Participant loan receivables	158	-
Accrued liability	<u>2,780</u>	<u>4,743</u>
Net assets available for plan benefits per Form 5500, Schedule H	<u>\$ 2,075,474</u>	<u>\$ 1,970,331</u>

11. SUBSEQUENT EVENTS

Subsequent events are those events or transactions that occur following the Statement of Net Assets Available for Benefit date, but before the financial statements are issued, or are available to be issued. ASC Section 855, *Subsequent Events*, requires disclosure regarding the date through which subsequent events have been evaluated and the basis for determining that date. Subsequent events have been evaluated through July 30, 2012, which is the date the financial statement were available to be issued.

SUPPLEMENTAL SCHEDULE

ADD MATCHED SAVINGS RETIREMENT PLAN
EMPLOYER NO. 31-0814082, PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
<u>Participant Loans</u>				
*	Participant Loans	Short term loans (interest rates range from 5.25% to 10.25%)		\$ 75,499

Value of Interest in Registered Investment Companies

*	Principal Life Ins Co.	Principal Global Investors Bond		68,145
*	Principal Life Ins Co.	Principal Global Inv Lifetime Str Inc Fund		12,202
*	Principal Life Ins Co.	Principal Global Inv Lifetime 2010 R2 Fund		275,344
*	Principal Life Ins Co.	Principal Global Inv Lifetime 2020 R2 Fund		388,828
*	Principal Life Ins Co.	Principal Global Inv Lifetime 2030 R2 Fund		206,986
*	Principal Life Ins Co.	Principal Global Inv Lifetime 2040 R2 Fund		193,603
*	Principal Life Ins Co.	Principal Global Inv Lifetime 2050 R2 Fund		112,173
*	Principal Life Ins Co.	Principal Global Inv Large Cap S&P 500 Index R2 Fund		27,112
*	Principal Life Ins Co.	T Rowe Price/Brown Advisory Large Cap Growth I R2 Fund		85,685
*	Principal Life Ins Co.	UBS/TS&W Large Cap Value I R2 Fund		51,741
*	Principal Life Ins Co.	Columbus Circle Investors Mid Cap Growth R2 fund		20,845
*	Principal Life Ins Co.	Emerald/Essex Small Cap Growth II R2 Fund		9,134
*	Principal Life Ins Co.	Goldman Sachs/LA Capital Mgmt Mid Cap Value I R2 Fund		70,391
*	Principal Life Ins Co.	DFA/Vaughan Nelson Small Cap Value II R2 Fund		24,404
*	Principal Life Ins Co.	Principal Global Investors Mid Cap S&P 400 Index R2 Fund		40,931
*	Principal Life Ins Co.	Principal Global Investors Small Cap S&P 600 Index R2 Fund		37,332
*	Principal Life Ins Co.	Principal Real Estate Inv Real Estate Securities R2 Fund		47,559
*	Principal Life Ins Co.	Fidelity (Pyramis Global Adv) International I R2 Fund		55,637

Subtotal in value of interest in registered investment companies	1,728,052
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Value of Funds Held In Insurance Co. General Account

Principal Life Ins Co.	Fixed Income Option Non 401(a)	271,765
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\$ 2,075,316

- * - Represents party in interest
 ** - Costs omitted for participant-directed investments

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ADD MATCHED SAVINGS RETIREMENT PLAN

EIN 31 0814082
 PLAN NUMBER 001
 PLAN YEAR 01/01/2011 TO 12/31/2011

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Funds Inc	Registered Investment Company Prin Bond & Mtg Secs R2 Fund	\$ 0.00	\$ 68,145.07
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Income non 401(a)	\$ 0.00	\$ 271,764.60
*	Principal Funds Inc	Registered Investment Company Prin International I R2 Fund	\$ 0.00	\$ 55,637.05
*	Principal Funds Inc	Registered Investment Company Prin LargeCap Growth I R2 Fund	\$ 0.00	\$ 85,685.42
*	Principal Funds Inc	Registered Investment Company Prin LargeCap Value I R2 Fund	\$ 0.00	\$ 51,740.95
*	Principal Funds Inc	Registered Investment Company Prin LgCap S&P 500 Idx R2 Fund	\$ 0.00	\$ 27,112.31
*	Principal Funds Inc	Registered Investment Company Prin LifeTime Str Inc R2 Fund	\$ 0.00	\$ 12,202.04
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2010 R2 Fund	\$ 0.00	\$ 275,343.65
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2020 R2 Fund	\$ 0.00	\$ 388,827.56
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2030 R2 Fund	\$ 0.00	\$ 206,985.61
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2040 R2 Fund	\$ 0.00	\$ 193,603.01
*	Principal Funds Inc	Registered Investment Company Prin LifeTime 2050 R2 Fund	\$ 0.00	\$ 112,173.47
*	Principal Funds Inc	Registered Investment Company Prin MidCap Growth R2 Fund	\$ 0.00	\$ 20,845.42
*	Principal Funds Inc	Registered Investment Company Prin MidCap S&P 400 Idx R2 Fd	\$ 0.00	\$ 40,930.99
*	Principal Funds Inc	Registered Investment Company Prin MidCap Value I R2 Fund	\$ 0.00	\$ 70,391.05

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ADD MATCHED SAVINGS RETIREMENT PLAN

EIN 31 0814082
PLAN NUMBER 001
PLAN YEAR 01/01/2011 TO 12/31/2011

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