

<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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089
		<b>2011</b>
		<b>This Form is Open to Public Inspection</b>

<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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 checked="" 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>CDD 403(B) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u> <b>1c</b> Effective date of plan <u>04/01/1991</u>
<b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)  <u>THE CENTER FOR DEVELOPMENTAL DISABILITIES</u>  <u>72 SOUTH WOODS ROAD</u> <u>WOODBURY, NY 11797</u>	<b>2b</b> Employer Identification Number (EIN) <u>11-1874383</u> <b>2c</b> Sponsor's telephone number <u>516-921-7650</u> <b>2d</b> 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.

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/26/2013</u>	<u>VICTORIA PREW</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/26/2013</u>	<u>ELIZABETH FITZGERALD</u>
	<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 (2011)  
v.012611

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") THE CENTER FOR DEVELOPMENTAL DISABILITIES  72 SOUTH WOODS ROAD WOODBURY, NY 11797		<b>3b</b> Administrator's EIN 11-1874383														
		<b>3c</b> Administrator's telephone number 516-921-7650														
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  <b>a</b> Sponsor's name THE CENTER FOR DEVELOPMENTAL DISABILITIES		<b>4b</b> EIN 59-2422159  <b>4c</b> PN 002														
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	575														
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).																
<b>a</b> Active participants.....	<b>6a</b>	560														
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>															
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	3														
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	563														
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0														
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	563														
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	549														
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>															
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>															
<b>8a</b> 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																
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:																
<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)															
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance															
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts															
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust															
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor															
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a Pension Schedules</b> </td> <td style="width: 50%; vertical-align: top;"> <b>b General Schedules</b> </td> </tr> <tr> <td style="vertical-align: top;">           (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)         </td> <td style="vertical-align: top;">           (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)         </td> </tr> <tr> <td style="vertical-align: top;">           (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary         </td> <td style="vertical-align: top;">           (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)         </td> </tr> <tr> <td style="vertical-align: top;">           (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary         </td> <td style="vertical-align: top;">           (3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)         </td> </tr> <tr> <td></td> <td style="vertical-align: top;">           (4) <input type="checkbox"/> <b>C</b> (Service Provider Information)         </td> </tr> <tr> <td></td> <td style="vertical-align: top;">           (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)         </td> </tr> <tr> <td></td> <td style="vertical-align: top;">           (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         </td> </tr> </table>			<b>a Pension Schedules</b>	<b>b General Schedules</b>	(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)		(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)		(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)		(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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>2011</b>
		<b>This Form is Open to Public Inspection</b>

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

<b>A</b> Name of plan <b>CDD 403(B) 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>THE CENTER FOR DEVELOPMENTAL DISABILITIES</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1874383</b>	

<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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**1** Coverage Information:

(a) Name of insurance carrier

**METROPOLITAN LIFE INSURANCE CO**

(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
13-5581829	65978	1095004	549	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
3	

**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

**METLIFE SECURITIES, INC**  
**1095 AVENUE OF THE AMERICAS**  
**NEW YORK, NY 10036**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3			3

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

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

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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
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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>	3268641
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	3493373

**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 ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	3053163
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<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>	95334	
(4) Transferred from separate account .....	<b>7c(4)</b>	257246	
(5) Other (specify below) .....	<b>7c(5)</b>		
▶			

(6) Total additions .....	<b>7c(6)</b>	352580
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<b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	<b>7d</b>	3405743
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<b>e</b> Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	136678	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	424	
(3) Transferred to separate account .....	<b>7e(3)</b>		
(4) Other (specify below) .....	<b>7e(4)</b>		
▶			

(5) Total deductions .....	<b>7e(5)</b>	137102
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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>	3268641
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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:

<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 A</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<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  <hr/> <b>2011</b>  <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

<b>A</b> Name of plan <b>CDD 403(B) 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>THE CENTER FOR DEVELOPMENTAL DISABILITIES</b>	<b>D</b> Employer Identification Number (EIN) <b>11-1874383</b>	

<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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**1** Coverage Information:

**(a)** Name of insurance carrier  
**PRINCIPAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	463	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
4422	

**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

**MERRILL LYNCH PIRCE FENNER 7 SMITH**  
**ATTN DEB SAWYER 4-4F1643**  
**1400 MERRILL LYNCH DR**  
**PENNINGTON, NJ 08534-4125**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4422			3

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

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

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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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**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>	

**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 ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	114139
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	112048
(2) Dividends and credits .....	<b>7c(2)</b>	
(3) Interest credited during the year .....	<b>7c(3)</b>	3689
(4) Transferred from separate account .....	<b>7c(4)</b>	
(5) Other (specify below) .....	<b>7c(5)</b>	65201
▶ LOAN PAYMENTS, ROLLOVER, OUTSIDE INVESTMENT TRANSFERS		
(6) Total additions .....	<b>7c(6)</b>	180938
<b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	<b>7d</b>	295077
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	15362
(2) Administration charge made by carrier .....	<b>7e(2)</b>	584
(3) Transferred to separate account .....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	49834
▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER		
(5) Total deductions .....	<b>7e(5)</b>	65780
<b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	<b>7f</b>	229297

**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:

<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 H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<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  <div style="font-size: 24pt; font-weight: bold;">2011</div>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
<b>A</b> Name of plan <u>CDD 403(B) PLAN</u>		<b>B</b> Three-digit plan number (PN) <span style="float: right;"><u>001</u></span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CENTER FOR DEVELOPMENTAL DISABILITIES</u>		<b>D</b> Employer Identification Number (EIN) <u>11-1874383</u>

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
<b>1</b>	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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	<b>Assets</b>			
<b>a</b>	Total noninterest-bearing cash .....	<b>1a</b>	0	
<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>	4562	34142
	<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
	<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
	<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
	<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
	<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	5486242	5385350
	<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	3167302	3497938
	<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>	8658106	8917430

**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>		

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	8658106	8917430
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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>	374596	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	505417	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	38138	
(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>		918151
<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>		
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	25751	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		25751
(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>		

		(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>	-75970	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-75970
(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>		
(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>		867932

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	602801	
(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>		602801
<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>	5807	
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>		
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		5807
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		608608

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		259324
<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: **BKER TILLY VIRCHOW KRAUSE LLP** (2) EIN: **39-0859910**

**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:

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

	Yes	No	Amount
<b>4a</b>		X	
<b>4b</b>		X	
<b>4c</b>		X	
<b>4d</b>		X	
<b>4e</b>		X	
<b>4f</b>		X	
<b>4g</b>		X	
<b>4h</b>		X	
<b>4i</b>	X		
<b>4j</b>		X	
<b>4k</b>		X	
<b>4l</b>		X	
<b>4m</b>		X	
<b>4n</b>		X	

- 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)

<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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>2011</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

<b>A</b> Name of plan <u>CDD 403(B) 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>THE CENTER FOR DEVELOPMENTAL DISABILITIES</u>	<b>D</b> Employer Identification Number (EIN) <u>11-1874383</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>	<u>0</u>
<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>42-0127290</u> <u>13-5581829</u>  <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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 type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<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. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input 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

**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): \_\_\_\_\_

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.**

**403(b) PLAN**

Woodbury, New York

**REPORT ON AUDITS OF FINANCIAL STATEMENTS**

Including Independent Auditors' Report

As of December 31, 2011 and 2010  
and for the Year Ended December 31, 2011

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

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## **Financial Statements**



*formerly*  
HOLTZ RUBENSTEIN REMINICK

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125 Baylis Road, Suite 300  
Melville, NY 11747-3823  
tel 631 752 7400  
fax 631 752 1742  
bakertilly.com

## INDEPENDENT AUDITORS' REPORT

Plan Administrator  
Center for Developmental  
Disabilities, Inc. 403(b) Plan  
Woodbury, New York

We were engaged to audit the financial statements and supplemental schedule of the Center for Developmental Disabilities, Inc. 403(b) Plan (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011. These financial statements and 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 Financial Group and Metropolitan Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan administrator by the custodians is complete and accurate, to the best of their knowledge.

We were unable to obtain sufficient appropriate audit evidence with respect to participants' account balances existing as of January 1, 2009 due to inadequate records maintained for prior periods, and therefore, were unable to form an opinion regarding the balances existing at January 1, 2009.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974. 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 custodians, 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.

*Baker Tilly Virchow Krause, LLP*

Melville, New York  
August 20, 2013

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

**Statements of Net Assets Available for Benefits**

<i>December 31,</i>	<b>2011</b>	<b>2010</b>
<b>Assets</b>		
Investments	\$ 8,883,288	\$ 8,653,544
Participant Loans Receivable	34,142	4,562
Net Assets Available for Benefits	<u>\$ 8,917,430</u>	<u>\$ 8,658,106</u>

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

**Statement of Changes in Net Assets Available for Benefits**

*December 31, 2011*

Additions:

Investment income:

Net depreciation in fair value of investments	\$ (75,970)
Dividend income	25,751
	<u>(50,219)</u>

Contributions:

Participant contributions	505,417
Employer contributions	374,596
Rollover contributions	38,138
	<u>918,151</u>
Total Additions	<u>867,932</u>

Deductions:

Benefits paid to participants	602,801
Administrative expenses	5,807
Total Deductions	<u>608,608</u>

Net Increase	259,324
Net Assets Available for Benefits, beginning of year	8,658,106
Net Assets Available for Benefits, end of year	<u>\$ 8,917,430</u>

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DISABILITIES, INC.  
403(b) PLAN**

**Notes to Financial Statements**

*Year Ended December 31, 2011*

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**1. Description of Section 403(b) Tax-Deferred Annuity Plan**

The following description of the Center for Developmental Disabilities, Inc. (the "Employer") 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering all employees who normally have 1000 hours of service per year. There is no minimum age requirement. An eligible participant can make salary deferral contributions upon enrolling in the Plan and becomes eligible to receive Employer contributions upon completing two years of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). During the year ended December 31, 2011, the Plan was amended to comply with the Worker, Retiree, and Employer Recovery Act of 2008 and the Small Business Jobs Act of 2010.

**Contributions** - Participants may contribute up to the maximum percentage allowable under the limits of the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer contributes 3.0% of each participant's annual base salary after two years of service. After five years of service, the Employer contributes 3.5% of each participant's annual base salary.

**Vesting** - Participants are immediately vested in their salary deferral contributions and Employer contributions plus actual earnings thereon.

**Participant accounts** - Each participant's account is credited with the participant's contributions, Employer contributions made on his or her behalf, and an allocation of net Plan earnings. Such accounts are invested in available investment options in accordance with the participant's direction and the Plan provisions. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

**Loans** - Participants may borrow a minimum of \$1,000 up to the lesser of \$50,000 or 50% of the vested portion of their account balance. Only one loan may be taken in each 12 month period. Each loan must be repaid within a period not to exceed five years, unless the loan is for the purchase of a principal residence, in which case, the loan period may exceed five years. Such loans bear fixed rates of interest determined at the time a loan is issued.

**Payment of benefits** - Upon termination of service due to retirement, death or disability, a participant's account balance is converted to an annuity unless the participant elects a lump-sum payment. Upon separation, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested account balance. Hardship withdrawals are permitted if approved by the Employer. An active participant who has attained age 59-1/2 may make withdrawals from his or her account.

**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** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.



**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

**Notes to Financial Statements**

*Year Ended December 31, 2011*

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As described in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 962-325-50-3 (formerly Staff Position AAG INV-1 and SOP No. 94-4-1), relating to *"Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans"* (the "FSP"), investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of a collective investment fund attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. No adjustment is reflected in the statements of net assets available for benefits 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, as contract value approximates fair value.

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

*Use of estimates* - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Payments of benefits* - Benefits are recorded when paid.

*Expenses of the Plan* - Administrative expenses incurred are the responsibility of the Employer.

*Subsequent events* - The Plan has evaluated all subsequent events from the date of the statements of net assets available for benefits through August 20, 2013, which represents the date these financial statements are available to be issued. There were no events or transactions occurring during the subsequent event reporting period which require recognition or disclosure in the financial statements.

**3. Certified Financial Information**

Investments totaling \$2,121,273 and \$1,368,106 at December 31, 2011 and 2010, respectively, were certified by Principal Financial Group ("Principal"), a custodian of the Plan, as complete and accurate based on the records that it maintains in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investment loss totaling \$37,947 during the year ended December 31, 2011 was also certified by Principal as complete and accurate based on the records that it maintains.

Investments totaling \$6,762,015 and \$7,285,438 at December 31, 2011 and 2010, respectively, were certified by Metropolitan Life Insurance Company ("MetLife"), a custodian of the Plan, as complete and accurate based on the records that it maintains in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, to the best of their knowledge. Investment loss totaling \$12,272 during the year ended December 31, 2011 was also certified by MetLife as complete and accurate based on the records that it maintains, to the best of their knowledge.

**4. Plan Loans**

Certain loans to participants were issued directly by MetLife and were collateralized by the balances in the participants' accounts. Such loans were not assets of the Plan. Participant account balances used as collateral for loans were approximately \$359,000 and \$357,000 at December 31, 2011 and 2010, respectively.

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

**Notes to Financial Statements**

*Year Ended December 31, 2011*

**5. Investments**

The following presents investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets:

<i>December 31,</i>	<b>2011</b>	<b>2010</b>
MetLife Fixed Interest	\$ 3,268,641	\$ 3,053,163
MetLife Stock Index	655,161	692,561
BlackRock Aggressive Growth	536,327	620,512
Principal Global Investors Lifetime 2020 R2	499,001	*
All Other	3,924,158	4,287,308
Total	<u>\$ 8,883,288</u>	<u>\$ 8,653,544</u>

\* Did not meet the 5% criteria at the respective financial statement date.

**6. Fair Value Measurements**

"Fair Value Measurements", establishes a 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 the active market for identical assets or liabilities (Level 1 measurements) and the lowest priority to the unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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:

***Pooled separate accounts*** - Valued at the net asset value ("NAV") of units held by the Plan at year end, which are based on the fair market value of the underlying securities or investments in the funds.

***Mutual funds*** - Valued at the net asset value ("NAV") of shares held by the Plan at year end.

**CENTER FOR DEVELOPMENTAL  
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**Notes to Financial Statements**

*Year Ended December 31, 2011*

**Short-term fixed income** - Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable duration considering the credit-worthiness of the issuer.

**Fixed income guarantee option** - Fair value is the amount Plan sponsors would receive currently if they were to withdraw 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 investment contract will provide information about redemption frequency and notice periods if applicable. There are no unfunded commitments.

The methods described above may produce a fair value calculation that may not be indicative of 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 a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

<i>December 31, 2011</i>	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts/Mutual Funds:				
Large U.S. Equity	\$ 92,770	\$ 1,610,158	\$ -	\$ 1,702,928
Small-Mid U.S. Equity	110,015	1,202,388	-	1,312,403
International Equity	37,589	332,636	-	370,225
Balance-Asset Allocation	1,555,402	167,936	-	1,723,338
Fixed Income	96,200	144,652	-	240,852
Other	-	35,604	-	35,604
Total Pooled Separate Accounts/Mutual Funds	1,891,976	3,493,374	-	5,385,350
Guaranteed Interest Accounts:				
Short-Term Fixed Income	-	-	3,268,641	3,268,641
Fixed Income Guarantee Option	-	-	229,297	229,297
Total	\$ 1,891,976	\$ 3,493,374	\$ 3,497,938	\$ 8,883,288

The following table sets forth by the level, within the fair value hierarchy, the Plan's assets at fair value:

<i>December 31, 2010</i>	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts/Mutual Funds:				
Large U.S. Equity	\$ 54,708	\$ 1,911,079	\$ -	\$ 1,965,787
Small-Mid U.S. Equity	68,210	1,461,931	-	1,530,141
International Equity	28,899	453,773	-	482,672
Balance-Asset Allocation	1,061,161	187,165	-	1,248,326
Fixed Income	40,984	140,342	-	181,326
Other	-	77,990	-	77,990
Total Pooled Separate Accounts/Mutual Funds	1,253,962	4,232,280	-	5,486,242
Guaranteed Interest Accounts:				
Short-Term Fixed Income	-	-	3,053,163	3,053,163
Fixed-Income Guarantee Option	-	-	114,139	114,139
Total	\$ 1,253,962	\$ 4,232,280	\$ 3,167,302	\$ 8,653,544

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

**Notes to Financial Statements**

*Year Ended December 31, 2011*

The following table sets forth a summary of changes in fair value of the Plan's Level 3 investments:

<i>Reconciliation of Level 3 Assets</i>	Met Life Guaranteed Interest Account	Principal Fixed Income Guarantee Option	Total Guaranteed Interest Account
Balance, beginning of year	\$ 3,053,163	\$ 114,139	\$ 3,167,302
Gain:			
Included in change of net assets	95,334	3,688	99,022
Purchases and Sales:			
Purchases	257,246	133,196	372,315
Sales	(137,102)	(21,142)	(140,117)
Fees	-	(584)	(584)
Balance, end of year	<u>\$ 3,268,641</u>	<u>\$ 229,297</u>	<u>\$ 3,497,938</u>

**7. Tax Status**

403(b) plans currently are not required to submit plans to the Internal Revenue Service for determination. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

"Accounting for Uncertainty in Income Taxes" prescribes recognition thresholds that must be met before a tax position is recognized in the financial statements and provides guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. Under "Accounting for Uncertainty in Income Taxes", an entity may only recognize or continue to recognize tax positions that meet a "more-likely-than-not" threshold. The Plan has evaluated its tax positions for the year ended December 31, 2011, and does not expect a material adjustment to be made. Tax years ending December 31, 2009, 2010 and 2011 are currently open to examination by the taxing authorities.

**8. Investment Contract with Insurance Company**

The Plan entered into benefit-responsive investment contracts with both custodians, MetLife and Principal. The custodians maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The contract is included in the financial statements at contract value as reported to the Plan by the custodians. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The custodians are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by the custodians, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value.

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

**Notes to Financial Statements**

*Year Ended December 31, 2011*

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value, which approximates fair value, of the investment contracts at December 31, 2011 and 2010 was \$3,497,938 and \$3,167,302, respectively. The crediting interest rates are based on a formula agreed upon with the custodians.

Certain events may limit the ability of the Plan to transact at contract value with the custodians. The Plan sponsor does not believe that the occurrence of any such events, which would limit the Plan's ability to transact at contract value with participants, is probable.

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

<i>Average Yields</i>	<b>2011</b>	<b>2010</b>
Based on Actual Earnings	<b>2.65% to 3.00%</b>	2.85% to 3.25%
Based on Interest Rate Credited to Participants	<b>2.65% to 3.00%</b>	2.85% to 3.25%

**9. Related Party Transactions**

**Principal Financial Group** - Certain Plan investments are shares of mutual funds managed by Principal. Principal is a custodian as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Purchases and sales of these funds are open market transactions at fair market value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA and applicable exemptions promulgated thereunder.

**Metropolitan Life Insurance Company** - Certain Plan investments are shares of pooled separate accounts managed by MetLife. MetLife is a custodian as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Purchases and sales of these funds are open market transactions at fair market value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA and applicable exemptions promulgated thereunder.

**10. Fidelity Bond**

The Plan did not maintain a Fidelity Bond for the Plan year ended December 31, 2011. ERISA, Title I, Section 412, requires that every person who handles funds of a plan be bonded. The amount of the bond should not be less than 10% of the amount of funds handled at the beginning of each year, except that any such bond shall be in at least the amount of \$1,000, and generally, no such bond shall be required in an amount in excess of \$500,000.

**11. 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.

**12. Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

**13. Delinquent Filing**

The Plan administrator filed its 2011 Form 5500 with the Department of Labor without attaching an acceptable accountant's report. The Plan administrator anticipates filing an amended Form 5500 for the 2011 Plan year by August 31, 2013.

## **Supplemental Schedule**

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

Schedule H, Line 4i; Form 5500 (EIN): 11-1874383; (PN): 002

**Schedule of Assets (Held at End of Year)**

*December 31, 2011*

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party.		Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
* MetLife Fixed Interest		Fixed Annuity Insurance Contract		\$ 3,268,641
* MetLife Stock Index		Interest in Separate Account		655,161
* BlackRock Aggressive Growth		Interest in Separate Account		536,327
* Principal Global Investors Lifetime 2020 R2		Interest in Mutual Fund		499,001
* American Funds Growth Fund		Interest in Separate Account		282,278
* BlackRock Large-Cap Core		Interest in Separate Account		239,347
* Principal Global Investors Lifetime 2025 R2		Interest in Mutual Fund		234,482
* Morgan Stanley Mid-Cap Growth Portfolio		Interest in Separate Account		229,738
* Principal Global Investors Fixed Income Guaranteed Option		Fixed Annuity Insurance Contract		229,297
* Principal Global Investors Lifetime 2030 R2		Interest in Mutual Fund		193,841
* Fidelity Growth		Interest in Separate Account		172,016
* Principal Global Investors Lifetime 2015 R2		Interest in Mutual Fund		161,706
* Neuberger Berman Mid-Cap Value		Interest in Separate Account		141,287
* Principal Global Investors Lifetime 2035 R2		Interest in Mutual Fund		138,855
* BlackRock Strategic Value		Interest in Separate Account		133,018
* BlackRock Diversified		Interest in Separate Account		108,394
* American Funds Global Small Capitalization		Interest in Separate Account		107,941
* Principal Global Investors Lifetime 2040 R2		Interest in Mutual Fund		105,407
* Principal Global Investors Lifetime 2045 R2		Interest in Mutual Fund		98,082
* BlackRock Bond Income		Interest in Separate Account		94,752
* MetLife Mid-Cap Stock Index		Interest in Separate Account		82,462
* MFS Research International		Interest in Separate Account		82,455
* Fidelity Equity Income		Interest in Separate Account		73,838
* Principal Global Investors Lifetime 2050 R2		Interest in Mutual Fund		58,628
* Principal Global Investors Lifetime 2010 R2		Interest in Mutual Fund		54,305
* Clarion Global Real Estate		Interest in Separate Account		50,907
* MFS Total Return		Interest in Separate Account		50,515
* Principal Global Investors Large-Cap S&P 500 Index R2		Interest in Mutual Fund		48,454
* Janus Forty		Interest in Separate Account		44,568
* Principal Global Investors Bond & Mortgage Secs R2		Interest in Mutual Fund		42,753
* Artio International Stock		Interest in Separate Account		41,503
* American Funds Growth Income		Interest in Separate Account		39,590
* Davis Venture Value		Interest in Separate Account		38,462
* Fidelity International I R2		Interest in Mutual Fund		37,589
* RCM Technology		Interest in Separate Account		35,604
* Morgan Stanley EAFE Index		Interest in Separate Account		29,844
* T. Rowe Price Large-Cap Growth I R2		Interest in Mutual Fund		26,292
* MFS Value		Interest in Separate Account		25,856
* Edge Asset Govt & HQ Bond R2		Interest in Mutual Fund		24,888
* Russell 2000 Index		Interest in Separate Account		22,923
* Columbus Circle Investors Mid-Cap Growth R2		Interest in Mutual Fund		20,817
* Harris Oakmark International		Interest in Separate Account		19,986
* PIMCO Core Plus Bond I R2		Interest in Mutual Fund		18,944
* DFA Small-Cap Value II R2		Interest in Mutual Fund		18,863
* T. Rowe Price Mid-Cap Growth		Interest in Separate Account		16,605
* PIMCO Total Return		Interest in Separate Account		15,074
* Principal Global Investors Mid-Cap S&P 400 Index R2		Interest in Mutual Fund		13,840

*See independent auditors' report.*

**CENTER FOR DEVELOPMENTAL  
DISABILITIES, INC.  
403(b) PLAN**

Schedule H, Line 4i; Form 5500 (EIN): 11-1874383; (PN): 002

**Schedule of Assets (Held at End of Year)**

*December 31, 2011*

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value	
* Alliance Bernstein Small-Cap Growth I R2	Interest in Mutual Fund		\$	13,072
* Goldman Sachs Mid-Cap Value I R2	Interest in Mutual Fund			12,530
* Oppenheimer Capital Appreciation	Interest in Separate Account			12,215
* Principal Global Investors Mid-Cap S&P 600 Index R2	Interest in Mutual Fund			11,995
* Calvert Social Mid-Cap Growth	Interest in Separate Account			11,912
* Principal Real Estate Investors Real Estate Securities R2	Interest in Mutual Fund			11,488
* Western Asset Management Strategic	Interest in Separate Account			11,139
* Barclays Capital Aggregate Bond Index	Interest in Separate Account			10,770
* Principal Global Investors Lifetime 2055 R2	Interest in Mutual Fund			10,756
* BlackRock Inflation Protection R2	Interest in Mutual Fund			9,615
* Fidelity Investment Grade Bond	Interest in Separate Account			9,514
* MetLife Aggressive Strategy	Interest in Separate Account			9,420
* SSgA Growth ETF	Interest in Separate Account			8,994
* Calvert Social Balanced	Interest in Separate Account			8,736
* Fidelity Value Leaders Portfolio	Interest in Separate Account			8,375
* T. Rowe Price Large-Cap Blend II R2	Interest in Mutual Fund			8,368
* MetLife Small-Cap Growth	Interest in Separate Account			7,520
* Turner Mid-Cap Growth III R2	Interest in Mutual Fund			5,212
* Legg Mason Aggressive Growth	Interest in Separate Account			4,500
* Columbus Circle Investors Large-Cap Growth R2	Interest in Mutual Fund			4,163
* UBS Large-Cap Value I R2	Interest in Mutual Fund			4,124
* Loomis Sayles Small-Cap	Interest in Separate Account			3,822
* T. Rowe Price Small-Cap Growth	Interest in Separate Account			3,559
* Jennison Growth	Interest in Separate Account			3,451
* Lazard Mid-Cap	Interest in Separate Account			2,647
* Western Asset Management U.S. Government	Interest in Separate Account			1,966
* Principal Global Investors Mid-Cap Value III R2	Interest in Fixed Annuity			1,492
* PIMCO Inflation Protected Bond	Interest in Separate Account			1,437
* Principal Global Investors Large-Cap Value R2	Interest in Mutual Fund			1,369
* Loomis Sayles Small-Cap Growth	Interest in Separate Account			1,120
* American Funds Growth Allocation	Interest in Separate Account			1,081
* MetLife Mid-Cap Value	Interest in Separate Account			712
* Emerald Small-Cap Growth II R2	Interest in Mutual Fund			706
* Principal Global Investors Lifetime Str Inc. R2	Interest in Mutual Fund			339
* American Funds Balanced Allocation	Interest in Separate Account			33
				<u>\$ 8,883,288</u>
Participant Loans	5.25%			34,142
				<u>\$ 8,917,430</u>

\* Indicates party-in-interest.

Note: Column (d) cost information is not required when reporting investments directed by participants.



# CENTER FOR DEVELOPMENTAL DISABILITIES, INC. 403(b) PLAN

Schedule H, Line 4i; Form 5500 (EIN): 11-1874383; (PN): 002

## Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(d) Cost	(e) Current Value
Identity of issuer, borrower, lessor or similar party.				
* MetLife Fixed Interest		Fixed Annuity Insurance Contract		\$ 3,053,163
* MetLife Stock Index		Interest in Separate Account		692,561
* BlackRock Aggressive Growth		Interest in Separate Account		620,512
* American Funds Growth Fund		Interest in Separate Account		402,876
* Principal Global Investors Lifetime 2020 R2		Interest in Mutual Fund		400,133
* BlackRock Large-Cap Core		Interest in Separate Account		276,319
* Morgan Stanley Mid-Cap Growth Portfolio		Interest in Separate Account		266,043
* Fidelity Growth		Interest in Separate Account		187,873
* Neuberger Berman Mid-Cap Value		Interest in Separate Account		187,367
* American Funds Global Small Capitalization		Interest in Separate Account		176,829
* Principal Global Investors Lifetime 2025 R2		Interest in Mutual Fund		148,392
* BlackRock Strategic Value		Interest in Separate Account		136,159
* Principal Global Investors Lifetime 2030 R2		Interest in Mutual Fund		118,244
* Principal Global Investors Lifetime 2015 R2		Interest in Mutual Fund		116,267
* Principal Global Investors Fixed Income Guaranteed Option		Fixed Annuity Insurance Contract		114,139
* BlackRock Diversified		Interest in Separate Account		111,874
* Fidelity Equity Income		Interest in Separate Account		110,699
* MFS Research International		Interest in Separate Account		103,545
* BlackRock Bond Income		Interest in Separate Account		94,949
* MetLife Mid-Cap Stock Index		Interest in Separate Account		93,279
* Principal Global Investors Lifetime 2035 R2		Interest in Mutual Fund		81,892
* RCM Technology		Interest in Separate Account		77,990
* MFS Total Return		Interest in Separate Account		75,257
* Principal Global Investors Lifetime 2040 R2		Interest in Mutual Fund		70,666
* Clarion Global Real Estate		Interest in Separate Account		63,748
* Janus Forty		Interest in Separate Account		62,911
* Principal Global Investors Lifetime 2045 R2		Interest in Mutual Fund		56,111
* T. Rowe Price Small-Cap Growth		Interest in Separate Account		53,435
* American Funds Growth Income		Interest in Separate Account		52,703
* Artio International Stock		Interest in Separate Account		51,342
* Davis Venture Value		Interest in Separate Account		41,749
* MFS Value		Interest in Separate Account		41,077
* Morgan Stanley EAFE Index		Interest in Separate Account		33,449
* Principal Global Investors Lifetime 2050 R2		Interest in Mutual Fund		32,591
* Principal Global Investors Lifetime 2010 R2		Interest in Mutual Fund		32,445
* Lazard Mid-Cap		Interest in Separate Account		29,006
* Fidelity International I R2		Interest in Mutual Fund		28,899
* Principal Global Investors Large-Cap S&P 500 Index R2		Interest in Mutual Fund		27,236
* Harris Oakmark International		Interest in Separate Account		24,860
* Russell 2000 Index		Interest in Separate Account		24,128
* Principal Global Investors Bond & Mortgage Secs R2		Interest in Mutual Fund		18,311
* T. Rowe Price Large-Cap Growth I R2		Interest in Mutual Fund		17,907
* T. Rowe Price Mid-Cap Growth		Interest in Separate Account		17,000
* Goldman Sachs Mid-Cap Value I R2		Interest in Mutual Fund		15,264
* Fidelity Investment Grade Bond		Interest in Separate Account		14,679
* Oppenheimer Capital Appreciation		Interest in Separate Account		12,470
* Western Asset Management Strategic		Interest in Separate Account		11,905
* PIMCO Core Plus Bond I R2		Interest in Mutual Fund		11,887
* Calvert Social Mid-Cap Growth		Interest in Separate Account		11,751

See independent auditors' report.

# CENTER FOR DEVELOPMENTAL DISABILITIES, INC. 403(b) PLAN

Schedule H, Line 4i; Form 5500 (EIN): 11-1874383; (PN): 002

## Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(d) Cost	(e) Current Value
Identity of issuer, borrower, lessor or similar party.				
* MetLife Fixed Interest		Fixed Annuity Insurance Contract	\$	3,053,163
* MetLife Stock Index		Interest in Separate Account		692,561
* BlackRock Aggressive Growth		Interest in Separate Account		620,512
* American Funds Growth Fund		Interest in Separate Account		402,876
* Principal Global Investors Lifetime 2020 R2		Interest in Mutual Fund		400,133
* BlackRock Large-Cap Core		Interest in Separate Account		276,319
* Morgan Stanley Mid-Cap Growth Portfolio		Interest in Separate Account		266,043
* Fidelity Growth		Interest in Separate Account		187,873
* Neuberger Berman Mid-Cap Value		Interest in Separate Account		187,367
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* Principal Global Investors Fixed Income Guaranteed Option		Fixed Annuity Insurance Contract		114,139
* BlackRock Diversified		Interest in Separate Account		111,874
* Fidelity Equity Income		Interest in Separate Account		110,699
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* Principal Global Investors Lifetime 2045 R2		Interest in Mutual Fund		56,111
* T. Rowe Price Small-Cap Growth		Interest in Separate Account		53,435
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* Davis Venture Value		Interest in Separate Account		41,749
* MFS Value		Interest in Separate Account		41,077
* Morgan Stanley EAFE Index		Interest in Separate Account		33,449
* Principal Global Investors Lifetime 2050 R2		Interest in Mutual Fund		32,591
* Principal Global Investors Lifetime 2010 R2		Interest in Mutual Fund		32,445
* Lazard Mid-Cap		Interest in Separate Account		29,006
* Fidelity International I R2		Interest in Mutual Fund		28,899
* Principal Global Investors Large-Cap S&P 500 Index R2		Interest in Mutual Fund		27,236
* Harris Oakmark International		Interest in Separate Account		24,860
* Russell 2000 Index		Interest in Separate Account		24,128
* Principal Global Investors Bond & Mortgage Secs R2		Interest in Mutual Fund		18,311
* T. Rowe Price Large-Cap Growth I R2		Interest in Mutual Fund		17,907
* T. Rowe Price Mid-Cap Growth		Interest in Separate Account		17,000
* Goldman Sachs Mid-Cap Value I R2		Interest in Mutual Fund		15,264
* Fidelity Investment Grade Bond		Interest in Separate Account		14,679
* Oppenheimer Capital Appreciation		Interest in Separate Account		12,470
* Western Asset Management Strategic		Interest in Separate Account		11,905
* PIMCO Core Plus Bond I R2		Interest in Mutual Fund		11,887
* Calvert Social Mid-Cap Growth		Interest in Separate Account		11,751

See independent auditors' report.

# CENTER FOR DEVELOPMENTAL DISABILITIES, INC. 403(b) PLAN

Schedule H, Line 4i; Form 5500 (EIN): 11-1874383; (PN): 002

## Schedule of Assets (Held at End of Year)

December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
*	Columbus Circle Investors Mid-Cap Growth R2	Interest in Mutual Fund		\$ 11,326
*	DFA Small-Cap Value II R2	Interest in Mutual Fund		10,862
*	MetLife Aggressive Allocation Portfolio	Interest in Separate Account		10,833
*	Barclays Capital Aggregate Bond Index	Interest in Separate Account		10,112
*	MetLife Small-Cap Growth	Interest in Separate Account		9,275
*	Fidelity Value Leaders Portfolio	Interest in Separate Account		9,023
*	Calvert Social Balanced	Interest in Separate Account		8,433
*	Edge Asset Govt & HQ Bond R2	Interest in Mutual Fund		8,191
*	Alliance Bernstein Small-Cap Growth I R2	Interest in Mutual Fund		7,316
*	Principal Global Investors Mid-Cap S&P 400 Index R2	Interest in Mutual Fund		7,141
*	Principal Global Investors Mid-Cap S&P 600 Index R2	Interest in Mutual Fund		6,106
*	PIMCO Total Return	Interest in Separate Account		5,511
*	Principal Real Estate Investors Real Estate Securities R2	Interest in Mutual Fund		5,465
*	Legg Mason Aggressive Growth	Interest in Separate Account		4,963
*	Principal Global Investors Lifetime 2055 R2	Interest in Mutual Fund		4,400
*	T. Rowe Price Large-Cap Blend II R2	Interest in Mutual Fund		3,971
*	Loomis Sayles Small-Cap Growth	Interest in Separate Account		3,746
*	Jennison Growth	Interest in Separate Account		3,446
*	Columbus Circle Investors Large-Cap Growth R2	Interest in Mutual Fund		3,333
*	Turner Mid-Cap Growth III R2	Interest in Mutual Fund		3,047
*	BlackRock Inflation Protection R2	Interest in Mutual Fund		2,595
*	Western Asset Management U.S. Government	Interest in Separate Account		1,881
*	UBS Large-Cap Value I R2	Interest in Mutual Fund		1,878
*	PIMCO Inflation Protected Bond	Interest in Separate Account		1,305
*	Principal Global Investors Mid-Cap Value III R2	Interest in Fixed Annuity		1,292
*	American Funds Growth Allocation	Interest in Separate Account		1,146
*	Loomis Sayles Small-Cap Core	Interest in Separate Account		1,124
*	MetLife Mid-Cap Value	Interest in Separate Account		673
*	Legg Mason Value Equity	Interest in Separate Account		430
*	Emerald Small-Cap Growth II R2	Interest in Mutual Fund		391
*	Principal Global Investors Large-Cap Value R2	Interest in Mutual Fund		383
*	American Funds Balanced Allocation	Interest in Separate Account		34
*	Principal Global Investors Lifetime Str Inc. R2	Interest in Mutual Fund		20
	Participant Loans	5.25%		\$ 8,653,544
				\$ 4,562
				\$ 8,658,106

\* Indicates party-in-interest.

Note: Column (d) cost information is not required when reporting investments directed by participants.