

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A 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 This return/report is:	<input checked="" type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CDD 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1991</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1991</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE CENTER FOR DEVELOPMENTAL DISABILITIES</u> <u>72 SOUTH WOODS RD</u> <u>WOODBURY, NY 11797</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>11-1874383</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>516-921-7650</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-1874383</u>	2c Sponsor's telephone number <u>516-921-7650</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>11-1874383</u>					
2c Sponsor's telephone number <u>516-921-7650</u>					
2d Business code (see instructions) <u>623000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/17/2013 Date	VICTORIA PREW Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/17/2013 Date	ELIZABETH FITZGERALD Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN
a Sponsor's name		4c PN
5 Total number of participants at the beginning of the plan year		5 549
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....		6a 530
b Retired or separated participants receiving benefits.....		6b
c Other retired or separated participants entitled to future benefits.....		6c 3
d Subtotal. Add lines 6a , 6b , and 6c		6d 533
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e
f Total. Add lines 6d and 6e		6f 533
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 530
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b 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	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules		b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <u>2</u> A (Insurance Information)	
	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan CDD 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CENTER FOR DEVELOPMENTAL DISABILITIES		
D Employer Identification Number (EIN) 11-1874383		

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

(a) Name of insurance carrier
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	530	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	3212007
5 Current value of plan's interest under this contract in separate accounts at year end	5	3896831

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

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

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

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

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

b Balance at the end of the previous year	7b	3268641
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c Additions: (1) Contributions deposited during the year	7c(1)	20624	
(2) Dividends and credits	7c(2)	91701	
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	112325
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3380966
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	168889	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	168889
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3212077
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <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>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

A Name of plan CDD 403(B) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CENTER FOR DEVELOPMENTAL DISABILITIES	D Employer Identification Number (EIN) 11-1874383	

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

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE 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
42-0127290	61271	613953	463	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
	790

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 PIERCE FENNER & SMITH
ATTN DEB SAWYER 4-4F1643
1400 MERRILL LYNCH DR
PENNINGTON, NJ 08534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	790		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	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	229297
c Additions: (1) Contributions deposited during the year	7c(1)	70950
(2) Dividends and credits	7c(2)	4381
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	75331
d Total of balance and additions (add lines 7b and 7c(6))	7d	304628
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	25534
(2) Administration charge made by carrier	7e(2)	790
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	26324
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	278304

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

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

A Name of plan CDD 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CENTER FOR DEVELOPMENTAL DISABILITIES	D Employer Identification Number (EIN) 11-1874383	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan CDD 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CENTER FOR DEVELOPMENTAL DISABILITIES	D Employer Identification Number (EIN) 11-1874383	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	34142	61732
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5385350	6213800
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3497938	3490381
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8917430	9765913

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8917430	9765913
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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
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	59935	
(B) Participants	2a(1)(B)	483415	
(C) Others (including rollovers)	2a(1)(C)	10980	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		554330
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	35445	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		35445
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	791012	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		791012

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1380787

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	523601	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		523601
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	8703	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8703
j Total expenses. Add all expense amounts in column (b) and enter total	2j		532304

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		848483
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BAKER TILLY VIRCHAW 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>CDD 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CENTER FOR DEVELOPMENTAL DISABILITIES</u>	D Employer Identification Number (EIN) <u>11-1874383</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u> <u>13-5581829</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 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
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 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 lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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, 2012 and 2011
and for the Year Ended December 31, 2012

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

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FINANCIAL STATEMENTS

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Center for Developmental Disabilities, Inc. 403(b) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by 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. 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, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan administrator by the custodians is complete and accurate.

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.

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

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule of Assets (Held at End of Year), is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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
October 1, 2013

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2012 and 2011

	2012	2011
Assets		
Investments	\$ 9,704,181	\$ 8,883,288
Participant Loans Receivable	61,732	34,142
Net Assets Available for Benefits	<u>\$ 9,765,913</u>	<u>\$ 8,917,430</u>

See accompanying notes to financial statements.

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2012

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 791,012
Dividend income	35,445
	<u>826,457</u>

Contributions:

Participant contributions	483,415
Employer contributions	59,935
Rollover contributions	10,980
	<u>554,330</u>

Total Additions	<u>1,380,787</u>
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Deductions:

Benefits paid to participants	523,601
Administrative expenses	8,703

Total Deductions	<u>532,304</u>
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Net Increase	848,483
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Net Assets Available for Benefits, beginning of year	8,917,430
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Net Assets Available for Benefits, end of year	<u>\$ 9,765,913</u>
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See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS
As of and for the Year Ended December 31, 2012 and 2011

Note 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, at its discretion, contributes 3.0% of each participant's annual base salary after two years of service. After five years of service, the Employer, at its discretion, contributes 3.5% of each participant's annual base salary. Employer contributions were suspended beginning in February 2012.

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.

Note 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

As of and for the Year Ended December 31, 2012 and 2011

Note 2 - Summary of Significant Accounting Policies (cont.)

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, 2012 and 2011, and the statement of changes in net assets available for benefits for the year ended December 31, 2012, 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 October 1, 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.

Note 3 - Certified Financial Information

Investments totaling \$2,741,665 and \$2,121,273 at December 31, 2012 and 2011, 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 income totaling \$287,012 during the year ended December 31, 2012 was also certified by Principal as complete and accurate based on the records that it maintains.

Investments totaling \$6,962,516 and \$6,762,015 at December 31, 2012 and 2011 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 income totaling \$539,445 during the year ended December 31, 2012 was also certified by MetLife as complete and accurate based on the records that it maintains, to the best of their knowledge.

Note 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 \$330,000 and \$359,000 at December 31, 2012 and 2011, respectively.

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

NOTES TO FINANCIAL STATEMENTS As of and for the Year Ended December 31, 2012 and 2011

Note 5 - Investments

The following presents investments at December 31, 2012 and 2011 that represent 5% or more of the Plan's net assets:

	2012	2011
MetLife Fixed Interest	\$ 3,212,077	\$ 3,268,641
MetLife Stock Index	710,349	655,161
BlackRock Aggressive Growth	555,291	536,327
Principal Global Investors Lifetime 2020 R2	646,294	499,001
All Other	4,580,170	3,924,158
Total	<u>\$ 9,704,181</u>	<u>\$ 8,883,288</u>

Note 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, 2012 and 2011:

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.

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.

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

NOTES TO FINANCIAL STATEMENTS

As of and for the Year Ended December 31, 2012 and 2011

Note 6 - Fair Value Measurements (cont.)

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:

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts/Mutual Funds:				
Large U.S. Equity	\$ 139,954	\$ 1,757,008	\$ -	\$ 1,896,962
Small-Mid U.S. Equity	161,716	1,259,311	-	1,421,027
International Equity	59,109	370,782	-	429,891
Balance-Asset Allocation	1,974,360	176,273	-	2,150,633
Fixed Income	128,223	147,157	-	275,380
Other	-	39,907	-	39,907
Total Pooled Separate Accounts/Mutual Funds	2,463,362	3,750,438	-	6,213,800
Guaranteed Interest Accounts:				
Short-Term Fixed Income	-	-	3,212,077	3,212,077
Fixed Income Guarantee Option	-	-	278,304	278,304
Total	<u>\$ 2,463,362</u>	<u>\$ 3,750,438</u>	<u>\$ 3,490,381</u>	<u>\$ 9,704,181</u>

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

	December 31, 2011			
	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	<u>\$ 1,891,976</u>	<u>\$ 3,493,374</u>	<u>\$ 3,497,938</u>	<u>\$ 8,883,288</u>

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

NOTES TO FINANCIAL STATEMENTS As of and for the Year Ended December 31, 2012 and 2011

Note 6 - Fair Value Measurements (cont.)

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

	Reconciliation of Level 3 Assets		
	Met Life Guaranteed Interest Account	Principal Fixed Income Guarantee Option	Total Guaranteed Interest Accounts
Balance, beginning of year	\$ 3,268,641	\$ 229,297	\$ 3,497,938
Gain:			
Included in change of net assets	91,701	4,381	96,082
Purchases and Sales:			
Purchases	20,624	70,950	91,574
Sales	(168,889)	(25,534)	(194,423)
Fees	-	(790)	(790)
Balance, end of year	<u>\$ 3,212,077</u>	<u>\$ 278,304</u>	<u>\$ 3,490,381</u>

Note 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, 2012, and does not expect a material adjustment to be made. Tax years ending December 31, 2010, 2011 and 2012 are currently open to examination by the taxing authorities.

Note 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 As of and for the Year Ended December 31, 2012 and 2011

Note 8 - Investment Contract with Insurance Company (cont.)

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, 2012 and 2011 was \$3,490,381 and \$3,497,938, 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.

	Average Yields	
	2012	2011
Based on Actual Earnings	2.10% to 3.00%	2.65% to 3.00%
Based on Interest Rate Credited to Participants	2.10% to 3.00%	2.65% to 3.00%

Note 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.

Note 10 - 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.

Note 11 - 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.

Note 12 - 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 has filed an amended Form 5500 with an accountant's report attached.

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)
As of December 31, 2012

(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		\$ 3,212,077	
* MetLife Stock Index	Interest in Separate Account		710,349	
* Principal Global Investors Lifetime 2020 R2	Interest in Mutual Fund		646,294	
* BlackRock Aggressive Growth	Interest in Separate Account		555,291	
* American Funds Growth Fund	Interest in Separate Account		328,122	
* Principal Global Investors Lifetime 2025 R2	Interest in Mutual Fund		325,360	
* Principal Global Investors Fixed Income Guaranteed Option	Fixed Annuity Insurance Contract		278,304	
* BlackRock Large-Cap Core	Interest in Separate Account		250,709	
* Principal Global Investors Lifetime 2030 R2	Interest in Mutual Fund		248,065	
* Morgan Stanley Mid-Cap Growth Portfolio	Interest in Separate Account		233,991	
* Principal Global Investors Lifetime 2035 R2	Interest in Mutual Fund		197,492	
* Principal Global Investors Lifetime 2015 R2	Interest in Mutual Fund		183,788	
* Fidelity Growth	Interest in Separate Account		176,139	
* Lord Abbett Mid-Cap Value	Interest in Separate Account		155,126	
* BlackRock Strategic Value	Interest in Separate Account		131,027	
* American Funds Global Small Capitalization	Interest in Separate Account		118,197	
* Principal Global Investors Lifetime 2040 R2	Interest in Mutual Fund		116,666	
* BlackRock Diversified	Interest in Separate Account		113,457	
* Principal Global Investors Lifetime 2045 R2	Interest in Mutual Fund		104,974	
* BlackRock Bond Income	Interest in Separate Account		94,594	
* MetLife Mid-Cap Stock Index	Interest in Separate Account		92,356	
* MFS Research International	Interest in Separate Account		91,471	
* Fidelity Equity Income	Interest in Separate Account		84,414	
* Principal Global Investors Lifetime 2010 R2	Interest in Mutual Fund		74,916	
* Principal Global Investors Large-Cap S&P 500 Index R2	Interest in Mutual Fund		70,838	
* Clarion Global Real Estate	Interest in Separate Account		61,676	
* Principal Global Investors Lifetime 2050 R2	Interest in Mutual Fund		59,555	
* Fidelity/Schroders International R2	Interest in Mutual Fund		59,109	
* American Funds Growth Income	Interest in Separate Account		53,679	
* MFS Total Return	Interest in Separate Account		53,158	
* Principal Global Investors Bond & Mortgage Secs R2	Interest in Mutual Fund		52,543	
* Janus Forty	Interest in Separate Account		47,010	
* T. Rowe Price/Brown Advisors Large-Cap Growth I R2	Interest in Mutual Fund		40,596	
* RCM Technology	Interest in Separate Account		39,907	
* Morgan Stanley EAFE Index	Interest in Separate Account		38,206	
* Artio International Stock	Interest in Separate Account		38,145	
* PIMCO Core Plus Bond I R2	Interest in Mutual Fund		31,284	
* Davis Venture Value	Interest in Separate Account		30,498	
* Russell 2000 Index	Interest in Separate Account		30,401	
* MFS Value	Interest in Separate Account		29,877	
* Columbus Circle Investors Mid-Cap Growth R2	Interest in Mutual Fund		28,893	
* Edge Asset Govt & HQ Bond R2	Interest in Mutual Fund		27,817	
* DFA/Vaughan Nelson LA Capital Small-Cap Value II R2	Interest in Mutual Fund		24,742	
* Harris Oakmark International	Interest in Separate Account		23,087	
* Alliance Bernstein/CCI/Brown Small-Cap Growth R2	Interest in Mutual Fund		20,679	
* Principal Global Investors Mid-Cap S&P 400 Index R2	Interest in Mutual Fund		20,158	
* Principal Real Estate Investors Real Estate Securities R2	Interest in Mutual Fund		18,804	
* Principal Global Investors Mid-Cap S&P 600 Index R2	Interest in Mutual Fund		18,236	
* Jennison Growth	Interest in Separate Account		17,221	
* Goldman Sachs Mid-Cap Value R2	Interest in Mutual Fund		16,771	
* T. Rowe Price Mid-Cap Growth	Interest in Separate Account		16,988	

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)
As of December 31, 2012

(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
*	BlackRock Inflation Protection R2	Interest in Mutual Fund		\$ 16,579
*	PIMCO Total Return	Interest in Separate Account		16,359
*	Principal Global Investors Lifetime 2055 R2	Interest in Mutual Fund		15,982
*	T. Rowe Price/Clearbridge Large-Cap Blend II R2	Interest in Mutual Fund		13,523
*	Western Asset Management Strategic	Interest in Separate Account		12,062
*	Barclays Capital Aggregate Bond Index	Interest in Separate Account		11,084
*	MetLife Aggressive Strategy	Interest in Separate Account		10,086
*	SSgA Growth ETF	Interest in Separate Account		9,621
*	Fidelity Value Leaders Portfolio	Interest in Separate Account		9,590
*	Calvert Social Balanced	Interest in Separate Account		9,563
*	Fidelity Investment Grade Bond	Interest in Separate Account		9,489
*	Calvert Social Mid-Cap Growth	Interest in Separate Account		8,731
*	T. Rowe Price Small-Cap Growth	Interest in Separate Account		8,068
*	Turner Jacobs Levy Mid-Cap Growth III R2	Interest in Mutual Fund		7,177
*	MetLife Small-Cap Growth	Interest in Separate Account		6,997
*	TS&W/Herdon Large-Cap Value I R2	Interest in Mutual Fund		6,702
*	Columbus Circle Investors Large-Cap Growth R2	Interest in Mutual Fund		5,882
*	Lazard Mid-Cap	Interest in Separate Account		5,247
*	Loomis Sayles Small-Cap	Interest in Separate Account		4,209
*	Legg Mason Aggressive Growth	Interest in Separate Account		4,094
*	Principal Global Investors Mid-Cap Value III R2	Interest in Mutual Fund		3,995
*	TRP Large-Cap Growth	Interest in Separate Account		3,976
*	Principal Global Investors Large-Cap Value R2	Interest in Mutual Fund		2,413
*	Emerald Advisors Small-Cap Growth II R2	Interest in Mutual Fund		2,261
*	Western Asset Management U.S. Government	Interest in Separate Account		2,014
*	PIMCO Inflation Protected Bond	Interest in Separate Account		1,555
*	Principal Global Investors Lifetime Str Inc. R2	Interest in Mutual Fund		1,268
*	American Funds Growth Allocation	Interest in Separate Account		1,244
*	MetLife/Artisan Mid-Cap Value	Interest in Separate Account		789
*	Loomis Sayles Small-Cap Growth	Interest in Separate Account		527
*	American Funds Balanced Allocation	Interest in Separate Account		37
				9,704,181
	Participant Loans	5.25%		61,732
				<u>\$ 9,765,913</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)
As of December 31, 2012

(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		\$ 3,212,077
* MetLife Stock Index		Interest in Separate Account		710,349
* Principal Global Investors Lifetime 2020 R2		Interest in Mutual Fund		646,294
* BlackRock Aggressive Growth		Interest in Separate Account		555,291
* American Funds Growth Fund		Interest in Separate Account		328,122
* Principal Global Investors Lifetime 2025 R2		Interest in Mutual Fund		325,360
* Principal Global Investors Fixed Income Guaranteed Option		Fixed Annuity Insurance Contract		278,304
* BlackRock Large-Cap Core		Interest in Separate Account		250,709
* Principal Global Investors Lifetime 2030 R2		Interest in Mutual Fund		248,065
* Morgan Stanley Mid-Cap Growth Portfolio		Interest in Separate Account		233,991
* Principal Global Investors Lifetime 2035 R2		Interest in Mutual Fund		197,492
* Principal Global Investors Lifetime 2015 R2		Interest in Mutual Fund		183,788
* Fidelity Growth		Interest in Separate Account		176,139
* Lord Abbett Mid-Cap Value		Interest in Separate Account		155,126
* BlackRock Strategic Value		Interest in Separate Account		131,027
* American Funds Global Small Capitalization		Interest in Separate Account		118,197
* Principal Global Investors Lifetime 2040 R2		Interest in Mutual Fund		116,666
* BlackRock Diversified		Interest in Separate Account		113,457
* Principal Global Investors Lifetime 2045 R2		Interest in Mutual Fund		104,974
* BlackRock Bond Income		Interest in Separate Account		94,594
* MetLife Mid-Cap Stock Index		Interest in Separate Account		92,356
* MFS Research International		Interest in Separate Account		91,471
* Fidelity Equity Income		Interest in Separate Account		84,414
* Principal Global Investors Lifetime 2010 R2		Interest in Mutual Fund		74,916
* Principal Global Investors Large-Cap S&P 500 Index R2		Interest in Mutual Fund		70,838
* Clarion Global Real Estate		Interest in Separate Account		61,676
* Principal Global Investors Lifetime 2050 R2		Interest in Mutual Fund		59,555
* Fidelity/Schroders International R2		Interest in Mutual Fund		59,109
* American Funds Growth Income		Interest in Separate Account		53,679
* MFS Total Return		Interest in Separate Account		53,158
* Principal Global Investors Bond & Mortgage Secs R2		Interest in Mutual Fund		52,543
* Janus Forty		Interest in Separate Account		47,010
* T. Rowe Price/Brown Advisors Large-Cap Growth I R2		Interest in Mutual Fund		40,596
* RCM Technology		Interest in Separate Account		39,907
* Morgan Stanley EAFE Index		Interest in Separate Account		38,206
* Artio International Stock		Interest in Separate Account		38,145
* PIMCO Core Plus Bond I R2		Interest in Mutual Fund		31,284
* Davis Venture Value		Interest in Separate Account		30,498
* Russell 2000 Index		Interest in Separate Account		30,401
* MFS Value		Interest in Separate Account		29,877
* Columbus Circle Investors Mid-Cap Growth R2		Interest in Mutual Fund		28,893
* Edge Asset Govt & HQ Bond R2		Interest in Mutual Fund		27,817
* DFA/Vaughan Nelson LA Capital Small-Cap Value II R2		Interest in Mutual Fund		24,742
* Harris Oakmark International		Interest in Separate Account		23,087
* Alliance Bernstein/CCI/Brown Small-Cap Growth R2		Interest in Mutual Fund		20,679
* Principal Global Investors Mid-Cap S&P 400 Index R2		Interest in Mutual Fund		20,158
* Principal Real Estate Investors Real Estate Securities R2		Interest in Mutual Fund		18,804
* Principal Global Investors Mid-Cap S&P 600 Index R2		Interest in Mutual Fund		18,236
* Jennison Growth		Interest in Separate Account		17,221
* Goldman Sachs Mid-Cap Value R2		Interest in Mutual Fund		16,771
* T. Rowe Price Mid-Cap Growth		Interest in Separate Account		16,988

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

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As of December 31, 2012

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		Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	Identity of issuer, borrower, lessor or similar party.			
*	BlackRock Inflation Protection R2	Interest in Mutual Fund	\$	16,579
*	PIMCO Total Return	Interest in Separate Account		16,359
*	Principal Global Investors Lifetime 2055 R2	Interest in Mutual Fund		15,982
*	T. Rowe Price/Clearbridge Large-Cap Blend II R2	Interest in Mutual Fund		13,523
*	Western Asset Management Strategic	Interest in Separate Account		12,062
*	Barclays Capital Aggregate Bond Index	Interest in Separate Account		11,084
*	MetLife Aggressive Strategy	Interest in Separate Account		10,086
*	SSgA Growth ETF	Interest in Separate Account		9,621
*	Fidelity Value Leaders Portfolio	Interest in Separate Account		9,590
*	Calvert Social Balanced	Interest in Separate Account		9,563
*	Fidelity Investment Grade Bond	Interest in Separate Account		9,489
*	Calvert Social Mid-Cap Growth	Interest in Separate Account		8,731
*	T. Rowe Price Small-Cap Growth	Interest in Separate Account		8,068
*	Turner Jacobs Levy Mid-Cap Growth III R2	Interest in Mutual Fund		7,177
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