Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/20	10	and ending 1	2/31/2	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension	X DFVC program				
		special extension (enter descripti	on)						
Da	art II Basic Plan Inform	nation—enter all requested inform	,						
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit			
		OR THE EMPLOYEES OF THE MO	QUADE F	OUNDATION	10	plan number 002			
						(PN) ▶			
					1c	Effective date of plan 01/01/2009			
		ess (employer, if for single-employe	r plan)		2b	Employer Identification Number			
THE	MCQUADE FOUNDATION				20	(EIN) 14-1372652			
	ST. CHRISTOPHERS, INC.				20	C Plan sponsor's telephone number 914-693-3030			
	OUTH BROADWAY BS FERRY, NY 10522				2d	Business code (see instructions 624100	3)		
3a	Plan administrator's name and	address (if same as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN			
THE	MCQUADE FOUNDATION	C/O ST. CH 71 SOUTH I	BROADWA	Y	30	14-1372652 Administrator's telephone numb			
		DOBBS FER	RRY, NY 10	J522	30	914-693-3030	330		
		n sponsor has changed since the la r from the last return/report. Spons		port filed for this plan, enter the	4b EIN				
,	name, Env, and the plan numbe	Thom the last return report. Opons	or 3 manne		4c PN				
5a	Total number of participants at	the beginning of the plan year			5a		52		
b	Total number of participants at	the end of the plan year			5b		39		
С		ith account balances as of the end o		•			38		
		Luring the plan year invested in clini		(See instructions.)	5c		No		
	•			ndent qualified public accountant (IQI			140		
				ions.)		X Yes	No		
	If you answered "No" to eith	er 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	853610)	11913	362		
b	Total plan liabilities		7b						
С		b from line 7a)		853610)	11913	362		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei	vable from:		6535					
	(1) Employers		8a(1)		_				
	(2) Participants		8a(2)	543505	<u> </u>				
	(3) Others (including rollovers))	8a(3)						
b	Other income (loss)		8b	52171					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			6022	211		
d	. \	rollovers and insurance premiums	8d	263932	2				
е		ive distributions (see instructions)							
f		rs (salaries, fees, commissions)		527	7				
g	· .								
h	·	Be, 8f, and 8g)				2644	159		
i		e 8h from line 8c)				3377	752		
i		ee instructions)							
,	(· · · · · · · · · · · · · · · · · · ·	1 81	ĺ					

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Part IV	Plan	Characteristics	c
railiv	FIAII	CHALACLEH SUC:	

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

		e plan provides welfare benefits, enter the applicable welfare featu	are obuce from the L	iot of Flam Offara	otorio		200 111 0		J110.					
Part	V	Compliance Questions												
10	Dui	ing the plan year:			Yes	No	,	Amount						
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary		10a		X								
b		re there any nonexempt transactions with any party-in-interest? (Define 10a.)		X										
С	Wa	as the plan covered by a fidelity bond?			500000									
d		the plan have a loss, whether or not reimbursed by the plan's fidel	X											
е										184				
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X							
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	X				5027				
	If th	is is an individual account plan, was there a blackout period? (See	instructions and 29) CFR	10g		X							
i	If 1	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i									
Part '	VI	Pension Funding Compliance												
11		nis a defined benefit plan subject to minimum funding requirements							Yes	No				
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No				
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						_	_				
	grai	waiver of the minimum funding standard for a prior year is being ar nting the waiver.		Mont					e letter ru Year	-				
If y	ou o	completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and	l skip to line 13.		Т	401							
		er the minimum required contribution for this plan year					12b							
		er the amount contributed by the employer to the plan for this plan					12c							
	neg	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d		7 r	-				
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A				
Part '	VII	Plan Terminations and Transfers of Assets												
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					X Yes	No				
		es," enter the amount of any plan assets that reverted to the emplo					13a			0				
b		re all the plan assets distributed to participants or beneficiaries, tranne PBGC?	nsferred to another	plan, or brought ι	ınder 	the co	ntrol		Yes	× No				
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plai	n(s) to								
1:	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3				13c(3)) PN(s)				
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.						
Under SB or	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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	, F	iled with authorized/valid electronic signature.	09/23/2011	BERNHARD MEY	/ER									
HERI	E	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	s plan admir	nistrator					

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

F	ension Benefit Guaranty Corporation	dance with t	he instructions to the Form 5500)-SF.				
P	art I Annual Report Identification Information							
	calendar plan year 2010 or fiscal plan year beginning	01/01/20	010 and ending		12/31/2010)		
Α	This return/report is for:	multiple-em	ployer plan (not multiemployer)		one-participa	nt plan		
_	This return/report is for: first return/report	final return/	report		_			
	an amended return/report	short plan v	ear return/report (less than 12 mor	nths)				
_	H H	xtension	X DFVC program					
C	Check box If filing under: U Form 5558 U special extension (enter description)	,	Action			•••		
	HH							
_	art II Basic Plan Information—enter all requested Inform	ation		1h	Three-digit			
та	Name of plan Tax Deferred Annuity Plan for the Employ	vees of	the McOuade	110	plan number			
	Foundation	Yees or	ene negadae		(PN)	002		
	• • • • • • • • • • • • • • • • • • • •			10	Effective date o	f plan		
					01/01/200			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)				fication Number		
	The McQuade Foundation				(EIN) 14-137	elephone number		
	c/o St. Christophers, Inc.			20	914-693-3	25-01-1-4-05-5		
	71 South Broadway		ì	2d		see Instructions)		
	Dobbs Ferry NY 10522		an 4860.00		624100			
3а	Plan administrator's name and address (if same as Plan sponsor, e The McQuade Foundation	nter "Same")		3b	Administrator's			
			1	20	14-1372652 Administrator's telephone number			
	c/o St. Christophers, Inc. 71 Sou Dobbs Ferry NY 10522	ith Broa	dway	J.C	914-693-3030			
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/repo	ort filed for this plan, enter the	4b EIN				
•	name, EIN, and the plan number from the last return/report. Sponso	or's name						
			ATT 11-12-	_	PN			
	Total number of participants at the beginning of the plan year			5a				
	Total number of participants at the end of the plan year			5b		39		
C	Total number of participants with account balances as of the end o	f the plan yea	ar (defined benefit plans do not	5c		38		
_	complete this item)					X Yes No		
	Were all of the plan's assets during the plan year invested in eligib				***************************************	Fig. 163 [] NO		
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.)							
	If you answered "No" to either 6a or 6b, the plan cannot use F							
Pa	rt III Financial Information			_,				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	. 7a	85361	0		1191362		
b	Total plan liabilities		25711 2 2 2 2					
C	Net plan assets (subtract line 7b from line 7a)	. 7c	85361	0		1191362		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:			1				
	(1) Employers	. 8a(1)	653	5				
	(2) Participants	. 8a(2)	54350	5				
	(3) Others (including rollovers)	. 8a(3)						
b	Other Income (loss)	. 8b	5217	1				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				602211		
d	Benefits pald (including direct rollovers and Insurance premiums							
	to provide benefits)		26393	4				
8	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f	52'	4				
g	Other expenses	. 8g		1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	0.66			264459		
ı	Net income (loss) (subtract line 8h from line 8c)	. 81	The state of the s			337752		
2	Transfers to (from) the plan (see instructions)	4						

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Par	t IV Plan Characteristics			7.76				707	
9a	If the plan provides pension benefits, enter the applicable pension feature	ure codes from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	15:	
b	2L 2M if the plan provides welfare benefits, enter the applicable welfare feature.	ire codes from the List of Plan Chara	cteris	tic Cod	des In I	the instr	ruction	s:	
Part	V Compliance Questions								
10	During the plan year:			Yes	No		An	nount	-2007-000-000
a	Was there a fallure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary	y Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not include transactions reported	10b		х			.,	
C	Was the plan covered by a fidelity bond?		10c	х				:	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	lity bond, that was caused by fraud	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of the instructions.)	persons by an insurance carrier, e benefits under the plan? (See	10e	х					184
f	Has the plan failed to provide any benefit when due under the plan?	onnomental management of the second	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	10g	Х					5027
	If this is an Individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one of the	101						
Part	CO TOTAL CONTROL OF THE CONTROL OF T								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see Instructions and con	nplete	Sched	lule SE	(Form		Yes	s No
lf y b c	Is this a defined contribution plan subject to the minimum funding requivill "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum funding standard for a prior year is being an granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule ME Enter the minimum required contribution for this plan year	e.) mortized in this plan year, see instru	octions	, and e	enter (f	ne date	of the	letter r	uling
	negative amount)					Yes	sП	No	□ N/A
		runding deadline r							had
Part			_	-				X Ye	s П No
13a	Has a resolution to terminate the plan been adopted during the plan ye					Ι		M IC	3 140
	If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?			********			П	Ye	s 🗓 No
C	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identily	ine pia		_		r		
1	3c(1) Name of plan(s):		+	13	c(2) E	IN(s)_		13c(3) PN(s)
			-						
Caut	ion: A penalty for the late or Incomplete filing of this return/report	will be assessed unless reasonal	ole ca	use is	estab	lished.			
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, it is schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	declare that I have examined this re	turn/re	port, i	ncludir	ng, if api	plicable	e, a Sc owledg	chedule ge and
	A dilling	9/27/21// Bernhard M	leye	r					
SIG		Date Enter name of	indivir	lual sid	oning a	s plan	admini	strator	
HER		9/2/20// Bernhard N							
SIG	A Charles I Line As a second				noina	s ompl	over or	nlan e	nonsor
HER	E Signature of employer/plan sponsor	Date Enter name of	mulvic	ual Si	miny 8	2 cubit	ayor U	Pidi 3	Politon

Statement Related to Filing

Form 5500-SF, Box C - DFVC Program

Re: Tax Deferred Annuity Plan for the Employees of the McQuade Foundation

PN: 002

EIN: 14-1372652

Tax Period: December 31, 2010

Please be advised that the electronic filing of the Return with the EBSA is in process. This Form 5500-SF is being submitted under the Delinquent Filer Voluntary Compliance Program (DFVCP) in Philadelphia, Pennsylvania.