## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	O-SF.		•	
Pa	art I Annual Report Ide	entification Information						
For	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	011		
Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	the first return/report	the final r	eturn/report				
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under:	extension		DFVC progra	m			
		special extension (enter description	on)					
Pa	art II Basic Plan Inform	nation—enter all requested inform	ation					
1a	Name of plan	•			1b	Three-digit		
	S FOR SPECIAL CHILDREN, IN	IC. 401(K) RETIREMENT PLAN				plan number	004	
					10	(PN) ▶ Effective date of	001	
					10	01/01/		
	Plan sponsor's name and addre	ess; include room or suite number (eNC.	mployer, if	for a single-employer plan)		Employer Identif		er
						Sponsor's telep		
	ROADWAY /THORNE, NY 10532				2d	914-478 Business code (		18)
						61100	0	13)
	Plan administrator's name and a S FOR SPECIAL CHILDREN, IN		AY	,	3b	Administrator's EIN 13-3238649		
		HAWTHORN	E, NY 105	32	3с	3c Administrator's telephone num 914-478-0960		
4		an sponsor has changed since the l	ast return/	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number Sponsor's name	er from the last return/report.			4c	PN		
	•	the beginning of the plan year			5a			7
b		the end of the plan year			5b			
С	Number of participants with acc	count balances as of the end of the p	olan year (d	defined benefit plans do not	5c			
62	, ,	uring the plan year invested in eligib		(See instructions.)		_	X Yes	No
b	•	0 , ,		ndent qualified public accountant (IQI			Δ .00 [	1 10
				ions.)			X Yes	No
	•			SF and must instead use Form 550				
Pa	art III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Voor	
, a			. 7a	10108		(b) Liid	1122	
b	·			0			0	
C		b from line 7a)		10108			1122	
8	Income, Expenses, and Transfe			(a) Amount		(b) T	otal	
а	Contributions received or received			0				
			8a(1)					
	(2) Participants		` '	0	_			
_	(3) Others (including rollovers).		. 8a(3)	0	_			
b	` ,		. 8b	20				
С	Total income (add lines 8a(1), 8	3a(2), 8a(3), and 8b)	. 8c				20	
d		ollovers and insurance premiums	. 8d	8653				
е	Certain deemed and/or corrective	ve distributions (see instructions)	8e	0				
f	Administrative service providers	s (salaries, fees, commissions)	. 8f	0				
g	Other expenses		. 8g	353				
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h				9006	
i	Net income (loss) (subtract line	8h from line 8c)	. 8i				-8986	
j	Transfers to (from) the plan (see	e instructions)	8j	0				

Form	5500	SF	201

Page 2 -	1	
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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		۸.	nount	
Was there a failure to transmit to the plan any participant contributions within the time period described in		163			AI	nount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			V				
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		X				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g						
2520.101-3.)	10h		X				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the							
exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nnlete	0 - 1 1					
to this a defined benefit plan subject to minimal randing requirements: (ii 165, 366 instructions and our		Sched	ule SP	(Form	1		
5500))	•			,		Yes	X
	······			······		Yes	旹
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			······		=	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se		802 of	ERISA	 ?	Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instru	e or se	ction 3	302 of	ERISA e date	? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver	e or se	ction 3	302 of	ERISA e date	? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver.  Moreover 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	ction 3	302 of Inter the	ERISA e date	? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver.  Mou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.	e or se	ction 3	302 of lenter the Day	ERISA e date	? of the	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	e or se	ction 3	302 of Inter the	ERISA e date	? of the	Yes	X N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se  uctions,  nth  t of a	and e	12b 12c	ERISA e date	? of the	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver.  Moryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadline?  VII Plan Terminations and Transfers of Assets	e or se	and e	12b 12c 12d	ERISA e date	of the	Yes	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver	e or se	and e	12b 12c 12d	ERISA e date	? of the	Yes	X I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver	e or se  uctions,  nth  t of a	and e	12b 12c 12d 	ERISA e date	of the Yes	Yes letter repar	Iling N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "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 amortized in this plan year, see instrugranting the waiver	e or se  uctions,  nth  t of a	and e	12b 12c 12d	ERISA e date	of the Yes	Yes letter repar	Iling
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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	Filed with authorized/valid electronic signature.	06/21/2012	STEVEN KANOR
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/21/2012	STEVEN KANOR
HERE	Signature of employer/plan sponsor	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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Р	art I Annual Report Identification Information					
,,	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12,	/31/2011
Δ .	This return/report is for:  x a single-employer plan	a multiple-	employer plan	(not multiemployer)	Г	a one-participant plan
		the final re		. , , ,	L	1 7
D			•			
	an amended return/report	a short pla	n year return/re	eport (less than 12 mon	ihs)	
C	Check box if filing under: Form 5558	automatic	extension		L	DFVC program
	special extension (enter description)					
n.	art II Basic Plan Information enter all requested inform					
	art II Basic Plan Information enter all requested information enter all requested information	nation.			1h 1	hree-digit
Ia	Name of plan					olan number
	Toy's for Special Children, Inc. 401(k) Retirem	ment Pla	m	Ļ		PN) ▶ 001
						Effective date of plan
						01/01/1998
2a	Plan sponsor's name and address; include room or suite number (emp Toy's for Special Children, Inc.	ployer, if for	single-employ	rer plan)		Employer Identification Number
	Toy's for special children, inc.			-		EIN) 13-3238649
						Plan sponsor's telephone number
	50 Broadway					(914) 478-0960
						Business code (see instructions)
	Hawthorne NY 10532					511000
За		r "Same")			3b A	Administrator's EIN
	Same					
					3c A	Administrator's telephone number
				,		
	16 th		ant Clard for this	wless enter the	4b E	73.5.1
4	If the name and/or ElN of the plan sponsor has changed since the last name, ElN, and the plan number from the last return/report.	returmep	or thea for this	pian, enter the		
а	Sponsor's Name				4c F	N
5a	Total number of participants at the beginning of the plan year				5a	7
b	Total number of participants at the end of the plan year			[	5b	1
C	Number of participants with account balances as of the end of the plan	ı year (defi	ned benefit pla	ns do not	<b>-</b>	
	complete this item)				<u>5c</u>	
	Were all of the plan's assets during the plan year invested in eligible as					X Yes ☐No
b	Are you claiming a waiver of the annual examination and report of an i under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			lic accountant (IQPA)		XYes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form		-		• •	<u>M</u> 100 <u>—</u> 100
Da	irt III Financial Information	0000-07-0	ina mast mot	, ac acc 1 0/111 00001		
7		50824000	(a) R	eginning of Year	1	(b) End of Year
<i>'</i> _	Plan Assets and Liabilities		(u) Di	<u> </u>	<del> </del>	
a	Total plan assets	7a		10,108	1	1,122
b	Total plan liabilities	7b		0	-	0
<u>_C</u>	Net plan assets (subtract line 7b from line 7a)	7c		10,108	1	1,122
8	Income, Expenses, and Transfers for this Plan Year		(	a) Amount	200000000000000000000000000000000000000	(b) Total
а	Contributions received or receivable from:  (1) Employers	8a(1)		0	157 150	
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)		0		
b				20	-	g kepasahan dan kecamatan ber
	Other income (loss)	8b 8c		20	065/2000	
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	00			\$60,0000	20
d	to provide benefits)	8d		8,653		
e	Certain deemed and/or corrective distributions (see instructions)	8e		0	1	
f	Administrative service providers (salaries, fees, commissions)	8f		0		
				353		
g	Other expenses	8g		J.J.	1000000	9,006
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				(8,986)
!	Net income (loss) (subtract line 8h from line 8c)	8i 				(0,900)
1	Transfers to (from) the plan (see instructions)	8j		0		

	Form 5500-SF 2011	P	age <b>2-</b>						
Pari	IV Plan Characteristics								
9a ।	the plan provides pension benefits, enter the applicable pension feat	ure codes from the Li	st of Plan Characte	ristic (	Codes	in the	instructions:		
_	2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare feature.								
	V Compliance Questions						1		
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (I	Do not include transac	ctions reported			.,			•
	on line 10a.)			10b		X	<u> </u>	<u> </u>	
C	Was the plan covered by a fidelity bond?			10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other p								
	insurance services or other organization that provides some or all of instructions.)			10e		х			
f	Has the plan failed to provide any benefit when due under the plan?					х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f vear end.)				х			
ĥ	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29	CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the						6 (c) (0)
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding req							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)							
а	If a waiver of the minimum funding standard for a prior year is being a								
If y	granting the waiver			un		Day	'	rear	
b	Enter the minimum required contribution for this plan year		_		. [	12b			
С	Enter the amount contributed by the employer to the plan for this plan					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a minu	s sign to the left of	а		12d			
_	negative amount)				٠ ـ		 □Yes	□No [	N/A
Part	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .		• •	• •	•	res		IN/A
1								X Yes	ΠNο
ıJa	Has a resolution to terminate the plan been adopted in any plan year of "Yes," enter the amount of any plan assets that reverted to the emp			•	`.广	13a	<u> </u>	<u> </u>	0
b	Were all the plan assets distributed to participants or beneficiaries, tra								
	of the PBGC?					•		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the	plan(s)	to				
1	3c(1) Name of plan(s):			T	13	c(2) E	IN(e)	13c(3)	PM(e)
						~\ <del>-</del> / -	(6)	100(0)	
								<u> </u>	
	A second for the late of the l	411 1		<u> </u>				<u> </u>	
	n: A penalty for the late or incomplete filing of this return/report w							0.5.4.4.	
SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	the electronic version	n of this return/repo	eport, ort, and	includ d to the	e best	of my knowi	edge and	
SIGI		B/19/11	Steven Kanon	······					
HER	991 /	Date, /	Enter name of inc		l siani	ng as	plan adminis	trator	
SIGI		10/19/11	Steve Kanor						
HER		Date	Enter name of inc	lividua	l sjani	ng as	emplover or	plan soons	or
		<u></u>				J	1 - 7 - 1	,,,,,,	