	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employee	2	2011				
	Department of Labor	Retirement Income Security Act of	1974 (ER	SA), and sections 6057(b) and 6058			s Open to Public			
	nployee Benefits Security Administration ension Benefit Guaranty Corporation			Code (the Code).			pection			
		Complete all entries in accord entification Information	dance wit	n the instructions to the Form 5500	)-SF.					
	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011				
Α.	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	pant plan			
	This return/report is:	the first return/report	the final r	eturn/report						
_				n year return/report (less than 12 mc	onths)	)				
С	Check box if filing under:	 ▼ Form 5558 □		extension	,	DFVC progra	ım			
•		special extension (enter descriptio								
Pa	rt II Basic Plan Inform	<b>nation</b> —enter all requested information	,							
	Name of plan				1b	Three-digit				
TAX	DEFERRED ANNUITY PLAN FO	OR THE EMPLOYEES OF THE MCC		DUNDATION		plan number				
					4 -	(PN)	002			
					10	Effective date of 01/01				
2a	Plan sponsor's name and addre	ess; include room or suite number (er	mplover. if	for a single-employer plan)	2b	Employer Identi				
	MCQUADE FOUNDATION			·····	-~		72652			
					2c	Sponsor's telep	hone number			
	ST. CHRISTOPHERS, INC.					914-693				
	DUTH BROADWAY 3S FERRY, NY 10522				2d	Business code ( 62410				
		address (if same as plan sponsor, er			3b	Administrator's	EIN 72652			
INCI	MCQUADE FOUNDATION	C/O ST. CHR 71 SOUTH BI	ROADWA	Y	30		telephone number			
		DOBBS FERF	RY, NY 10	522		914-693				
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	4b EIN				
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name					4c	<b>4c</b> PN				
		the beginning of the plan year			5a		39			
b	Total number of participants at	the end of the plan year			5b		36			
с		count balances as of the end of the p		•						
	complete this item)				5c		36			
6a	•			(See instructions.) Ident qualified public accountant (IQF			X Yes No			
D				ons.)			X Yes No			
			orm 5500-	SF and must instead use Form 550	00.					
	rt III Financial Informa	ation			-					
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End				
a	•		7a	1191362	_		1174929			
b				1191362			1174929			
<u> </u>		'b from line 7a)	7c			(1) -				
8 a	Income, Expenses, and Transfe Contributions received or received			(a) Amount		(b) 1	otal			
a			8a(1)							
	(2) Participants		8a(2)	80						
	(3) Others (including rollovers)		8a(3)	17893						
b	Other income (loss)		8b	19739						
С	Total income (add lines 8a(1), 8	8a(2), 8a(3), and 8b)	8c				37712			
d		ollovers and insurance premiums	8d	53715						
е	1 ,	ive distributions (see instructions)	8e		_					
f		s (salaries, fees, commissions)								
g			8g	430						
9 h	·	Be, 8f, and 8g)	8h				54145			
i		e 8h from line 8c)					-16433			
j		e instructions)								
			, vj	1						

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L 2M
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period descril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions rep on line 10a.)			X	
С	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 fidelity bond, that was caused by or dishonesty?			x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Se instructions.)	е	×		1287
f	Has 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	Х		17624
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	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			
Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at 5500))				Yee Ne
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code or se	ection 3	302 of E	RISA? Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.	_		
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 year			12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t negative amount)			12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	es No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br of the PBGC?	-			Yes X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):		13	c(2) EIN	l(s) <b>13c(3)</b> PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless rea	sonable cau	use is	establi	shed.
Unde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined t	his return/re	port, in	cluding	, 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.	08/21/2012	BERNHARD MEYER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF Sho			Report of Small Employ	yee	OMB Nos 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service		Benefit	<b>t Plan</b> ections 104 and 4065 of the Employe	6	2011				
	ent Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to Public				
Pension Benefit Guaranty Corporation			h the instructions to the Form 550	0-SF.	Inspection				
Part I Annual Report Identifica	ation Information								
For calendar plan year 2011 or fiscal plan ye	ar beginning C	01/01/	2011 and ending	_	12/31/2011				
A This return/report is for:	e-employer plan	a multiple	e-employer plan (not multiemployer)		🗌 a one-participant plan				
B This return/report is:	t return/report	the final r	eturn/report						
an ame	ended return/report	a short pla	an year return/report (less than 12 m	onths	)				
C Check box if filing under:	558	automatio	c extension		DFVC program				
	extension (enter description	n)			_				
Part II Basic Plan Information-	-enter all requested informa	ition							
1a Name of plan				1b	Three-digit				
Tax Deferred Annuity Plan	for the Employees	s of t	he McQuade Foundation		plan number				
			N 3	10	(PN)				
					Effective date of plan 01/01/2009				
2a Plan sponsor's name and address; include	de room or suite number (en	nployer, if	for a single-employer plan)		Employer Identification Number				
The McQuade Foundation	,				(EIN) 14-1372652				
			Sponsor's telephone number						
c/o St. Christophers, Inc. 71 South Broadway					914-693-3030				
Dobbs Ferry NY	10522			2d	Business code (see instructions)				
		tor "Come	<u>, u</u> y	2h	624100 Administrator's EIN				
<b>3a</b> Plan administrator's name and address ( The McQuade Foundation	il same as plan sponsor, en	ter Same	; }	30	14-1372652				
c/o St. Christophers, Inc.	71 Sout	h Bro	adway	3c	3c Administrator's telephone number				
Dobbs Ferry NY	10522			41.	914-693-3030				
4 If the name and/or EIN of the plan spons name, EIN, and the plan number from the		ist return/i	report filed for this plan, enter the	40	EIN				
a Sponsor's name				4c	PN				
5a Total number of participants at the beginning of the plan year				5a	39				
<b>b</b> Tota I number of participants at the end c	of the plan year			5b	36				
C Number of participants with account bala				_	2.6				
complete this item)				5c	36				
<b>6a</b> Were all of the plan's assets during the					X Yes No				
<b>b</b> Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instru				-A)	X Yes No				
If you answered "No" to either 6a or 6				0.					
Part III Financial Information				-					
7 Plan Assets and Liabilities	-		(a) Beginning of Year	_	(b) End of Year				
a Total plan assets		7a	119136	2	1174929				
<b>b</b> Total plan liabilities		7b		+	<u>+</u>				
C Net plan assets (subtract line 7b from lin		7c	119136	2	1174929				
<ul> <li>8 Income, Expenses, and Transfers for this</li> <li>a Contributions received or receivable from</li> </ul>			(a) Amount	+	(b) Total				
a Contributions received or receivable from (1) Employers		8a(1)							
(2) Participants	- F	8a(2)	8	0					
(3) Others (including rollovers)		8a(3)	1789	3					
<b>b</b> Ot her income (loss)		8b	1973	-					
C Total income (add lines 8a(1), 8a(2), 8a(	3), and 8b)	8c			37712				
d Benefits paid (including direct rollovers a				-					
to provide benefits)		8d	5371	긕					
e Certain deemed and/or corrective distribute	· · · · · · · · · · · · · · · · · · ·	8e							
f Administrative service providers (salaries		8f	43	0					
g Other expenses (add lines ad Re of and		8g	4.5	-	54145				
<ul> <li>h Total expenses (add lines 8d, 8e, 8f, and</li> <li>i Net income (loss) (subtract line 8h from I</li> </ul>		8h ei		-	-16433				
j Transfers to (from) the plan (see instructi	·	<u>8i</u>		-	-10433				
		8j		-					

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		14
Part IV	Plan	Characteristics

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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes In the instructions: 2L 2M

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions.

Par	t V Compliance Questions					-		
10	During the plan year:		Yes	No	T	A.,		-
a	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			x	-	An	hount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)			x				~~~~
с		10b 10c	x	_		-	-	500000
d	Did the plan have a loss, whether or not reimburged by the plan's fidelity hand, that was caused by free	a 🕂		x	<u> </u>			
e	Insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10d	x					1.287
t f	Has the plan failed to provide any benefit when due under the plan?	101		Х				· · · · · · · · · · · · · · · · · · ·
g	Did the plan have any participant loans? (If "Yes," enter amount as of year ond.)		x					1,7624
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		x	i de a l'	1	•	1,7024
i	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	10h	-			25.0		
Part	VI Pension Funding Compliance	101			L			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes " see instructions and a	mplete	Sched	ulo SB	} (Form			
12						. [	Yes	No
14	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ction 3	02 of	ERISA?	. [	Yes	X No
_	(1 Tes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable )					Berry .	6	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	uctions.	and er	nier <del>t</del> h	e date of	the is	ttor nu	ina
	A CONTRACT CONTRACTOR CONTRA	unitin .		Day	V 412100 D1	Yea	n an tui	ng
т) т	to ine 10 Schedule MB (Form 5500), and skip to line 1	3.					-	
b	Enter the minimum required contribution for this plan year			126				
C	Enter the amount contributed by the employer to the plan for this plan year			12c				
ų	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	ftofa	. [	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			ľ	Yes	Π		N/A
Part	VII Plan Terminations and Transfers of Assets							1
13a	Has a resolution to terminate the plan been adopted in any plan year?		ſ	XY		No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					ND CIP		
b	Were all the plan assets distributed to participants or beneficiaries, transformed to exciting a station of the			trol				0
С	of the PBGC?						Yes	No No
	(1) Name of plan(s);	1	_		14-			
			13c(	2) EIN	l(S)		3c(3)	PN(s)
Cautlo	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	1					-	
SB or a	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re- Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.					able, a knowi	edge a	dule
SIGN	Benhaw Muyer 8/16/201 ZBernbard M							
HERE	Signation of allow and all the start of the							
SIGN	Sunhave Winger 8/16/2012 Bernhard M	ndividua eyer:	<u>I signir</u>	ng as p	<u>slan</u> admi	nistra	tor	
HERE	Signature of employer/plan spensor Date Enter name of I	dividua	sionle		moleure	A# +1-		
	I chief hame of t	California da	alling	S 48 6	mpioyer	or pla	n spor	501