Fo	orm 5500-SF	Short Form Annual		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
	partment of the Treasury ternal Revenue Service	This fame is a surjust to be f	Benefit Plan	and 4005 of the Employe	_	2	2012		
	Department of Labor Benefits Security Administration	and 4065 of the Employe sections 6057(b) and 6058 Code).			s Open to Public				
	Benefit Guaranty Corporation	 Complete all entries in according 			0-SF.	Ins	pection		
Part I		Ientification Information							
For calen	dar plan year 2012 or fisca)12	and ending 1	2/31/	2012			
A This r	eturn/report is for:	X a single-employer plan	,	plan (not multiemployer)		a one-particip	pant plan		
B This r	eturn/report is:	the first return/report	X the final return/repo						
		an amended return/report	a short plan year re	urn/report (less than 12 m	onths	-			
C Check	k box if filing under:	Form 5558	automatic extensio	ו		DFVC progra	ım		
		special extension (enter descrip	,						
Part II		nation—enter all requested infor	mation		46				
1a Nam		OR THE EMPLOYEES OF THE M		NC	10	Three-digit plan number			
			OQUADE I CONDAIN			(PN) ►	002		
					1c	Effective date o	•		
	onononio	oog igglude recerciency (to such	(amployer !! [01-	01/01			
	Sponsor's name and addred UADE FOUNDATION	ess; include room or suite number	(employer, if for a sing	le-employer plan)		Employer Identi (EIN) 14-13	72652		
O ST. C	HRISTOPHERS, INC.				2c	Sponsor's telep 914-693			
	BROADWAY ERRY, NY 10522				2d	Business code (62410			
	administrator's name and ADE FOUNDATION		r Name Same as P	lan Sponsor Address	3b	Administrator's	EIN 72652		
		plan sponsor has changed since th per from the last return/report.	e last return/report file	for this plan, enter the	4b	EIN			
	nsor's name					PN			
		the beginning of the plan year			5a		3		
		the end of the plan year			5b				
		count balances as of the end of th			5c				
	· /	luring the plan year invested in elig					X Yes No		
b Are	you claiming a waiver of th	ne annual examination and report	of an independent qua	ified public accountant (IQ	PA)				
		See instructions on waiver eligibilitier line 6a or line 6b, the plan ca					X Yes No		
		incomplete filing of this return/ r penalties set forth in the instruction					able, a Schedule		
SB or Scl		signed by an enrolled actuary, as							
SIGN	Filed with authorized/va	lid electronic signature.	07/01/2013	BERNHARD MEYER					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	gning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe	ignature of employer/plan sponsor Date Enter name of individ			ual siç	gning as employe	r or plan sponsor		
Preparer'	s name (including firm nar	ne, if applicable) and address; incl	ude room or suite num	ber (optional)	Prep	parer's telephone	number (optional)		

or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF	or Paperw	vork Reduction	Act Notice and OMB	Control Numbers,	see the instructions fo	or Form 5500-SF.
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Part III Fir	ancial Information						
7 Plan Assets	and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan a	ssets	7a	117492	9			0
b Total plan li	abilities	7b					
C Net plan as	Net plan assets (subtract line 7b from line 7a) 7c						0
8 Income, Ex	penses, and Transfers for this Plan Year		(a) Amount				(b) Total
	as received or receivable from:						
	ers				_		
	ants				_		
	(including rollovers)						
	ne (loss)		3333	2	_		
_	e (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		33332
	d (including direct rollovers and insurance premiums enefits)	8d	120814	0			
	med and/or corrective distributions (see instructions)						
f Administrat	ve service providers (salaries, fees, commissions)	8f	12	1			
	ISES						
	ses (add lines 8d, 8e, 8f, and 8g)						1208261
i Net income	(loss) (subtract line 8h from line 8c)	8i					-1174929
j Transfers to	(from) the plan (see instructions)	8j					
Part IV P	an Characteristics						
2L 2M b If the plan plan plan plan plan plan plan plan	provides pension benefits, enter the applicable pension						
	pliance Questions						
-	plan year:				Yes	No	Amount
29 CFR 2	a failure to transmit to the plan any participant contrib 510.3-102? (See instructions and DOL's Voluntary Fig	duciary Correc	tion Program)	10a		X	
on line 10	e any nonexempt transactions with any party-in-interes a.)			10b		Х	
C Was the p	blan covered by a fidelity bond?			10c	Х		500000
	an have a loss, whether or not reimbursed by the plan's esty?			10d		x	
insurance	fees or commissions paid to any brokers, agents, or or service or other organization that provides some or all s.)	of the benefits	s under the plan? (See	10e		х	
f Has the pl	an failed to provide any benefit when due under the pla	an?		10f		Х	
g Did the pla	an have any participant loans? (If "Yes," enter amount	as of year end	l.)	10q		Х	
	n individual account plan, was there a blackout period? 3.)			10h		x	
i If 10h was	answered "Yes," check the box if you either provided s to providing the notice applied under 29 CFR 2520.10	the required n	otice or one of the	10i			
	sion Funding Compliance						
11 Is this a de	fined benefit plan subject to minimum funding requirer line 11a below)						
	amount from Schedule SB line 39					11a	
	efined contribution plan subject to the minimum fundin						RISA? Yes 🗙 No
		5 66iii					
(100, 0	omplete line 12a or lines 12b. 12c. 12d. and 12e below	v, as applicabl	e.)				
	omplete line 12a or lines 12b, 12c, 12d, and 12e below of the minimum funding standard for a prior year is be e waiver.	ing amortized	in this plan year, see instrue		, and e	enter the Day _	date of the letter ruling
granting th	of the minimum funding standard for a prior year is be	ing amortized	in this plan year, see instruction		, and e		•

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 the left of a 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	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annua	Return/Report of Small Employ	/ee	OMB Nos 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be	Benefit Plan filed under sections 104 and 4065 of the Employe	e	2012		
Department of Labor Employee Bensits Security Administration	Retirement Income Security Ad	ct of 1974 (ERISA), and sections 6057(b) and 6058 ernal Revenue Code (the Code).	B(a) of This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation		cordance with the instructions to the Form 550	0-SF.			
	lentification Information			15/31/2012		
For calendar plan year 2012 or fisc		01/01/2012 and ending		12/31/2012		
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer)	l	a one-participant plan		
B This return/report is:	the first return/report	X the final return/report				
	an amended return/report	a short plan year return/report (less than 12 m	onths) (
Check box if filing under:	Form 5558	automatic extension	l	DFVC program		
	special extension (enter desci					
Part II Basic Plan Inform	mation—enter all requested inf	formation	415	Thurs divit		
a Name of plan	Dien fam the Employ	yees of the McQuade Foundation	ID	Three-digit plan number		
Tax Deferred Annuity	Plan for the Emproy	yees of the moguade roundacton		(PN) > 002		
				Effective date of plan		
				01/01/2009		
		er (employer, if for a single-employer plan)		Employer Identification Number		
The McQuade Foundatio				(EIN) 14-1372652 Sponsor's telephone number		
c/o St. Christophers,	. Inc.		20	914 - 693 - 3030		
71 South Broadway	/		2d	Business code (see instructions)		
Dobbs Ferry	NY 10522			624100		
3a Plan administrator's name and	address Same as Plan Spons	sor Name Same as Plan Sponsor Address	3b	Administrator's EIN 14-1372652		
	~			Administrator's telephone number 914-693-3030		
c/o St. Christophers.	, Inc.			774 000 0000		
71 South Broadway						
Dobbs Ferry	NY 10522					
name, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/report filed for this plan, enter the	4b 4c	EIN		
a Sponsor's name	the beginning of the plan year.	2)	5a	3		
		the plan year (defined benefit plans do not	5b			
complete this item)			5c	<u> </u>		
6a Were all of the plan's assets	during the plan year invested in e	eligible assels? (See instructions.)		XIII GONGSENIE X Yes N		
b Are you claiming a waiver of t	he annual examination and repo (See instructions on waiver eligit	rt of an independent qualified public accountant (IC pility and conditions.)	(PA)	X Yes N		
If you answered "No" to eith	her line 6a or line 6b, the plan	cannot use Form 5500-SF and must instead use	Form			
		n/report will be assessed unless reasonable ca				
Under penalties of perjury and othe SB or Schedule MB completed and	er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor	port, in	cluding, if applicable, a Schedule		
belief, it is true, correct, and compl	4.0					
SIGN / Winhard	muyer	6/25/2013 Bernhard Meye	r			
HERE Signature of plan ad	migistrator		dual sig	ning as plan administrator		
SIGN Kempan	of mener	625/2013 Bernhard Meye	r			
HERE Signature of employ	er/plan sponsor		dual sig	gning as employer or plan sponsor		
Preparer's name (including firm na	ime, if applicable) and address; i	nclude room or suite number (optional)	Prep	parer's telephone number (optional		
			-			
		ne instructions for Form 5500-SF.		Form 5500-SF (201		

×.

Form 5500-SF 2012

a To b To		T	(a) Beginning of Year		1		(b) End of Year		
b To	Ian Assets and Liabilities		and the second s	4929			0		
	otal plan assets	7a		1,7 44 -					
Ph 61	otal plan liabilities	7b	117	4929	7		0		
	et plan assets (subtract line 7b from line 7a)	70		152.	-		(b) Totol		
	come, Expenses, and Transfers for this Plan Year		(a) Amount		-		(b) Total		
	contributions received or receivable from: 1) Employers	8a(1)			-				
(2	2) Participants.	8a(2)			-		and the second se		
(3	 Others (including rollovers) 	8a(3)		333:	-				
	Other income (loss)	8b		1222	4		33332		
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1		2 L L L L		
to	enefits paid (including direct rollovers and insurance premiums p provide benefits)	8d	120	814	0				
	Certain deemed and/or corrective distributions (see instructions)	8e		1.0	1	1100	Contraction of the second second		
f A	dministrative service providers (salaries, fees, commissions)	8f		12	.1				
g 0	Other expenses	8g			-		10000		
hτ	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		1208261		
i N	let income (loss) (subtract line 8h from line 8c)	8i			-	-	-1174929		
jТ	ransfers to (from) the plan (see instructions)	8j							
Part	IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension 2L 2M	feature cod	es from the List of Plan Chara	acteris	tic Co	des in t	he instructions:		
Part '					Yes	No	Amount		
10	During the plan year:	diana mithin	the time period described in		1 Gu		Allount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Corre	ction Program)	10a	_	X			
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	1? (Do not in	iciude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	X		50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bon	d, that was caused by fraud	10d		Х	101		
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her persons of the bene	by an insurance carrier, fits under the plan? (See	10e		x			
6	Has the plan failed to provide any benefit when due under the pla			10f		х			
						X			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Λ			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required 01-3	notice or one of the	10i		61	- 8 - 4 - 8 - 20 - 20 - 20 - 20 - 20 - 20 - 20		
	VI Pension Funding Compliance								
Part	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "\	fes," see instructions and con	nplete	Sche	dule SE	S (Form		
Part) 11									
11		-4 10200101	a Enter the amount form Schedule 35 me 35						
11 11a	Enter the amount from Schedule SB line 39					302 of	ERISA?		
11a 12	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	g requireme w, as applica	ents of section 412 of the Cod	e or se	ection				
11 11a 12 a	Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	g requireme w, as applica sing amortize	ents of section 412 of the Cod able.) ed in this plan year, see instru- Mor	e or se ictions hth	ection				

Page 2

	Form 5500-SF 2012	Page 3 -	-			
c	Enter the amount contributed by the employer to the	e plan for this plan year	12c			
	Subtract the amount in line 12c from the amount in	line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 1	12d be met by the funding deadline?		Yes	NON	I/A
Part	VII Plan Terminations and Transfers	of Assets				
13a	Has a resolution to terminate the plan been adopted in	any plan year?	X	Yes 📃 N	lo	
	If "Yes," enter the amount of any plan assets that re	everted to the employer this year	13a			0
b	Were all the plan assets distributed to participants of the PBGC?			X Yes	No	
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See Ins	e transferred from this plan to another plan(s), identify the plan(structions.)	s) to			
13c(1) Name of plan(s)			13c(2) E	IN(s)	13c(3) PN	(s)
Part	VIII Trust Information (optional)					
14a (Name of trust		14b т	rust's EIN		