

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 2012 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 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>DEFINED CONTRIBUTION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.</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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>07/01/1987</u>			
1b Three-digit plan number (PN) ▶	<u>003</u>						
1c Effective date of plan <u>07/01/1987</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FAMILY AND CHILDREN'S ASSOCIATION, INC.</u> <u>100 EAST OLD COUNTRY ROAD</u> <u>MINEOLA, NY 11501</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>11-3422018</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>516-746-0350</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-3422018</u>		2c Sponsor's telephone number <u>516-746-0350</u>		2d Business code (see instructions) <u>624100</u>	
2b Employer Identification Number (EIN) <u>11-3422018</u>							
2c Sponsor's telephone number <u>516-746-0350</u>							
2d Business code (see instructions) <u>624100</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	08/28/2013 Date	PHILIP MICKULAS Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	08/28/2013 Date	PHILIP MICKULAS 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		5 410
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 236
b Retired or separated participants receiving benefits.....		6b 3
c Other retired or separated participants entitled to future benefits.....		6c 163
d Subtotal. Add lines 6a , 6b , and 6c		6d 402
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e 4
f Total. Add lines 6d and 6e		6f 406
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 405
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 19
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: 2A 2C 2F 2G		
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 type="checkbox"/> Trust	(3) <input 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>1</u> A (Insurance Information)	
	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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 <u>DEFINED CONTRIBUTION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAMILY AND CHILDREN'S ASSOCIATION, INC.</u>	D Employer Identification Number (EIN) <u>11-3422018</u>	

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

MUTUAL OF AMERICA 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
<u>13-1614399</u>	<u>8868</u>	<u>053474B</u>	<u>405</u>	<u>01/01/2012</u>	<u>12/31/2012</u>

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
	<u>710</u>

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

DAVID LYNCH
TWO JERICHO PLAZA, SUITE 303
JERICHO, NY 11753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	<u>255</u>	<u>PORTION OF INCENTIVE COMPENSATION PROGRAM.</u>	<u>3</u>

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

ED TARAVELLA
TWO JERICHO PLAZA, SUITE 303
JERICHO, NY 11753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	<u>118</u>	<u>PORTION OF INCENTIVE COMPENSATION PROGRAM.</u>	<u>3</u>

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

CARA EVERY CALDERON

TWO JERICHO PLAZA, SUITE 303
JERICHO, NY 11753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	104	PORTION OF INCENTIVE COMPENSATION PROGRAM.	3

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

CELESTE SPENCE

TWO JERICHO PLAZA, SUITE 303
JERICHO, NY 11753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	94	PORTION OF INCENTIVE COMPENSATION PROGRAM.	3

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

SETH DUHL

TWO JERICHO PLAZA, SUITE 303
JERICHO, NY 11753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	76	PORTION OF INCENTIVE COMPENSATION PROGRAM.	3

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

STEPHEN DUGANIERI

TWO JERICHO PLAZA, SUITE 303
JERICHO, NY 11753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	63	PORTION OF INCENTIVE COMPENSATION PROGRAM.	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	

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	5433728
5 Current value of plan's interest under this contract in separate accounts at year end	5	2353037

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	6168649
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c Additions: (1) Contributions deposited during the year	7c(1)	354755	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	99633	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	21458	

▶ **FORFEITURE APPLIED**

(6) Total additions	7c(6)	475846
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d Total of balance and additions (add lines 7b and 7c(6))	7d	6644495
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1138699	
(2) Administration charge made by carrier	7e(2)	1000	
(3) Transferred to separate account	7e(3)	40620	
(4) Other (specify below)	7e(4)	30449	

▶ **FORFEITURE; FORFEITURE INCURRED**

(5) Total deductions	7e(5)	1210768
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5433727
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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 C (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>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2012</div> 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>DEFINED CONTRIBUTION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.</u>	<table style="width: 100%;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ▶	<u>003</u>		
B Three-digit plan number (PN) ▶	<u>003</u>				
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAMILY AND CHILDREN'S ASSOCIATION, INC.</u>	D Employer Identification Number (EIN) <u>11-3422018</u>				

Part I	Service Provider Information (see instructions)
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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	
<u>FIDELITY MGMT RESEARCH GROUP</u>	<u>82 DEVONSHIRE ST</u> <u>BOSTON, MA 02109</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>THE VANGUARD GROUP</u>	<u>P.O. BOX 2600</u> <u>VALLEY FORGE, PA 18482</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>DEUTSCHE ASSET MGMT</u>	<u>P.O. BOX 5270</u> <u>DENVER, CO 80217</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>AMERICAN CENTURY INVESTMENT MGMT</u>	<u>P.O. BOX 1976</u> <u>KANSAS CITY, MO 64141</u>

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

CALVERT ASSET MGMT CO

4550 MONTGOMERY AVE STE 1000
BOTHESDA, MD 20814

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

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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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
DEFINED CONTRIBUTION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.

B Three-digit plan number (PN)	003
---------------------------------------	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FAMILY AND CHILDREN'S ASSOCIATION, INC.

D	Employer Identification Number (EIN)	11-3422018
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NO. 1

b Name of sponsor of entity listed in (a): **MUTUAL OF AMERICA LIFE INSURANCE CO.**

c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2353037
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 DEFINED CONTRIBUTION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY AND CHILDREN'S ASSOCIATION, INC.	D Employer Identification Number (EIN) 11-3422018	

<div style="display: inline-block; width: 10%; font-weight: bold;">Part I</div> <div style="display: inline-block; width: 90%; font-weight: bold;">Asset and Liability Statement</div>			
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) Beginning of Year	(b) End of Year
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)		
(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)	2034357	2353037
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6168649	5433728
(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	8203006	7786765

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	8203006	7786765
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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)	500024	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		500024
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)	99633	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		99633
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		244384
(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		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		844041

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34213	
(2) To insurance carriers for the provision of benefits	2e(2)	1225067	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1259280
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1260280

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-416239
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 VIRCHOW 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.			

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

**DEFINED CONTRIBUTION PENSION PLAN OF
FAMILY AND CHILDREN'S ASSOCIATION, INC.**

Mineola, New York

REPORT ON AUDITS OF FINANCIAL STATEMENTS

Including Independent Auditors' Report

For the Year Ended December 31, 2012

**DEFINED CONTRIBUTION PENSION PLAN OF
FAMILY AND CHILDREN'S ASSOCIATION, INC.**

Contents

Year Ended December 31, 2012

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Financial Statements

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Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 9

Supplemental Schedule

Schedule H, Part IV Item 4i - Schedule of Assets (Held at End of Year)	10
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Financial Statements



BAKER TILLY

formerly
HOLTZ RUBENSTEIN REMINICK

Baker Tilly Virchow Krause, LLP
125 Baylis Road, Suite 300
Melville, NY 11747-3823
tel 631 752 7400
fax 631 752 1742
bakertilly.com

INDEPENDENT AUDITORS' REPORT

Defined Contribution Pension Plan of
Family and Children's Association, Inc.
Mineola, New York

We were engaged to audit the accompanying financial statements of the Defined Contribution Pension Plan of Family and Children's Association, Inc. (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

Plan 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 6, which was certified by Mutual of America Life Insurance Agency, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian 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 custodian is complete and accurate.

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

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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 schedules other than that derived from the information certified by the custodian, 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
July 5, 2013

DEFINED CONTRIBUTION PENSION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2012	2011
Assets		
Investments	\$ 7,786,765	\$ 8,203,004
Employer Contributions Receivable	37,728	53,081
Net Assets Available for Benefits	<u>\$ 7,824,493</u>	<u>\$ 8,256,085</u>

**DEFINED CONTRIBUTION PENSION PLAN OF
FAMILY AND CHILDREN'S ASSOCIATION, INC.**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2012

Additions to Net Assets Attributed to:	
Employer contributions	\$ 484,671
Interest income	99,633
Net appreciation in fair value of investments	244,384
Total	<u>828,688</u>
Deductions from Net Assets Attributed to:	
Benefits paid to participants	1,259,280
Administrative expenses	1,000
Total	<u>1,260,280</u>
Decrease in Net Assets Available for Benefits	(431,592)
Net Assets Available for Benefits, beginning of year	8,256,085
Net Assets Available for Benefits, end of year	<u><u>\$ 7,824,493</u></u>

DEFINED CONTRIBUTION PENSION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.

Notes to Financial Statements

Year Ended December 31, 2012

1. Description of Pension Trust

The following brief description of the Defined Contribution Pension Plan of Family and Children's Association, Inc. (the "Plan") is provided for general information purposes. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a non-contributory defined contribution pension plan covering all eligible employees of Family and Children's Association, Inc. (the "Agency" and "Plan Administrator"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility and vesting requirements - Employees must be at least 21 years of age, have completed one year of service, as defined in the Plan document, and be employed as of the last day of the Plan year in order to participate in the Plan. In addition, employer contributions made on a participant's behalf vest as follows:

<i>Years of Participation as of the End of the Plan Year</i>	<i>Vesting Percentage</i>
1 to 2 years	20%
2 to 3 years	40%
3 to 4 years	60%
4 to 5 years	80%
5 years or more	100%

Contributions - Each month, the Agency contributes for each participant (a) an approved percentage of a participant's monthly compensation and (b) 1% of such compensation, if any, over the social security taxable earnings maximum in effect on the first day of the Plan year. The approved percentage was 5.5% through April 2, 2012 and was amended to 5.0% on April 2, 2012. Additional amounts may be contributed at the option of the Agency's board of trustees. All employer contributions are invested in funds that are determined by the participant.

Participant accounts - Each participant's account is credited with the Agency's contributions, an allocation of the Plan's earnings (losses) and charged with an allocation of administrative expenses. The amount of income (losses) a participant's account is allocated is contingent upon the nature of the investments elected.

Pension benefits - Any Plan member who attains the normal retirement age of 65 while employed by the Agency is entitled to a retirement pension. The Plan permits early retirement beginning at age 55 provided ten years of service has been completed. At retirement, the total value of the individual account, including interest and earnings, will be available for pension benefits. Participants may elect to receive pension benefits in the form of a qualified joint and survivor annuity, lump-sum payment, or certain periodic payment arrangements.

Disability benefits - Any participant, who ceases active employment with the Agency by reason of total and permanent disability, as certified by the Plan Administrator, shall become eligible for disability benefits as of the date of the disability. The disability pension payable upon the disability retirement date is 100% of the participant's account balance at retirement.

Death benefits - The Plan provides a death benefit prior to normal retirement equal to 100% in his or her account, or annual installments over the life, or over a period not greater than the life expectancy, of the beneficiary.

Termination - Participants who terminate employment with the Agency other than by reason of retirement, death or disability are entitled to the vested balances of their participants' accounts. Such amounts may be paid in a lump-sum or remain invested with the Plan.

DEFINED CONTRIBUTION PENSION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.

Notes to Financial Statements

Year Ended December 31, 2012

Participant loans - Participants may borrow up to a maximum equal to the lesser of \$50,000 or 50% of their combined vested account balance. The loans are made with other funds of Mutual of America Life Insurance Agency and are collateralized by the balances in the participants' accounts and bear interest at market rates. For the years ended December 31, 2012 and 2011, \$296,860 and \$263,849, respectively, of participant loans were outstanding.

Forfeitures - Forfeiture allocations may be used first to pay certain expenses and, if any amounts remain, may be used to reduce employer contributions. For the years ended December 31, 2012 and 2011, approximately \$20,000 and \$30,000, respectively, of forfeitures were used to offset employer contributions.

Subsequent events - The Plan has evaluated subsequent events through July 5, 2013, the date the financial statements were available to be issued, for inclusion or disclosure in the financial statements.

2. Summary of Significant Accounting Policies

Basis of accounting - The financial statements of the Plan are prepared using 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 5 for discussion of fair value measurements.

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 and sold, as well as held during the year.

Payment of benefits - Benefits are recorded when paid.

Plan expenses - Expenses of the Plan are allocated to the participants' accounts based on their account balances.

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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Plan Termination

Although it has not expressed any intention to do so, the Agency reserves the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions set forth by ERISA.

4. Investments

Investments consist of the following at:

December 31,	2012	2011
Mutual of America General Account	\$ 5,433,728	\$ 6,168,648
Other Investments (a)	2,353,037	2,034,356
Total Investments	<u>\$ 7,786,765</u>	<u>\$ 8,203,004</u>

(a) Investment funds that individually represent less than 5% of the net assets available for benefits are grouped together for disclosure purposes.

DEFINED CONTRIBUTION PENSION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.

Notes to Financial Statements

Year Ended December 31, 2012

5. 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:

Interest accumulation account - Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Pooled separate accounts - Valued by using the quoted price obtained from the underlying mutual funds, which is then adjusted to apply the expense factor disclosed in the annuity contract.

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.

DEFINED CONTRIBUTION PENSION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.

Notes to Financial Statements

Year Ended December 31, 2012

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

<i>December 31, 2012</i>	Quoted Prices for Similar Assets in Active Markets (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Interest Accumulation Account	\$ -	\$ 5,433,728	\$ 5,433,728
Pooled Separate Accounts:			
Equity Funds	1,402,454	-	1,402,454
Fixed Income Funds	447,522	-	447,522
Asset Allocation Funds	174,321	-	174,321
Balanced Funds	9,196	-	9,196
Retirement Funds	319,544	-	319,544
	<u>\$ 2,353,037</u>	<u>\$ 5,433,728</u>	<u>\$ 7,786,765</u>

<i>December 31, 2011</i>	Quoted Prices for Similar Assets in Active Markets (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Interest Accumulation Account	\$ -	\$ 6,168,648	\$ 6,168,648
Pooled Separate Accounts:			
Equity Funds	1,228,979	-	1,228,979
Fixed Income Funds	450,669	-	450,669
Asset Allocation Funds	150,939	-	150,939
Balanced Funds	13,470	-	13,470
Retirement Funds	190,299	-	190,299
	<u>\$ 2,034,356</u>	<u>\$ 6,168,648</u>	<u>\$ 8,203,004</u>

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

<i>Years Ended December 31,</i>	2012	2011
Balance, beginning of year	\$ 6,168,648	\$ 5,806,982
Interest Income	99,633	119,129
Purchases	345,764	605,338
Sales	(1,179,317)	(361,701)
Administrative Expenses	(1,000)	(1,100)
Balance, end of year	<u>\$ 5,433,728</u>	<u>\$ 6,168,648</u>

6. Information Certified by Mutual of America Life Insurance Agency

The Plan assets at December 31, 2012 and 2011 are invested in an interest accumulation account and pooled separate accounts. Investments at December 31, 2012 and 2011, totaling \$7,786,765 and \$8,203,004, respectively, were certified by Mutual of America Life Insurance Agency as complete and accurate in accordance with Section 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA. Investment income totaling \$344,017 for the year ended December 31, 2012, consisting of \$244,384 of net appreciation in fair value of investments and \$99,633 of investment income, was also certified by Mutual of America Life Insurance Agency.

DEFINED CONTRIBUTION PENSION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.

Notes to Financial Statements

Year Ended December 31, 2012

7. Related Party Transactions

Certain Plan investments are shares of funds managed by Mutual of America Life Insurance Agency. Mutual of America Life Insurance Agency is the 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.

8. Tax Status

The Plan has obtained a determination letter dated July 7, 2010, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since the date of the IRS determination letter. 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, 2009, 2010, 2011 and 2012 are currently open to examination by the taxing authorities.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

December 31,	2012	2011
Net Assets Available for Benefits per the Financial Statements	\$ 7,824,493	\$ 8,256,085
Contribution Receivable Not Reflected on Form 5500	(37,728)	(53,081)
Net Assets Available for Benefits per Form 5500	<u>\$ 7,786,765</u>	<u>\$ 8,203,004</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500:

Year Ended December 31, 2012

Changes in Net Assets Available for Benefits per the Financial Statements	\$ (431,592)
Current Year Contribution Receivable Not Reflected on Form 5500	(37,728)
Prior Year Contribution Receivable Reflected in the Current Year	53,081
Changes in Net Assets Available for Benefits per Form 5500	<u>\$ (416,239)</u>

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 statements of net assets available for benefits.

At December 31, 2012 and 2011, 70% and 74%, respectively, of total investments of the Plan were invested in the Mutual of America General Account.

Supplemental Schedule

DEFINED CONTRIBUTION PENSION PLAN OF FAMILY AND CHILDREN'S ASSOCIATION, INC.

Schedule H, Part IV, Item 4i; (EIN): 11-3422018; (PN): 003

Schedule of Assets (Held at End of Year)

December 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	* Mutual of America General Account	Interest Accumulation Account		\$ 5,433,728
	* Mutual of America Aggressive Allocation Fund	Pooled Separate Account		13,585
	* Mutual of America All America Fund	Pooled Separate Account		70,536
	* Mutual of America Bond Fund	Pooled Separate Account		246,410
	* Mutual of America Composite Fund	Pooled Separate Account		5,556
	* Mutual of America Conservative Allocation Fund	Pooled Separate Account		16,874
	* Mutual of America Equity Index Fund	Pooled Separate Account		190,562
	* Mutual of America Moderate Allocation Fund	Pooled Separate Account		143,862
	* Mutual of America Money Market Fund	Pooled Separate Account		111,604
	* Mutual of America Mid-Cap Equity Index Fund	Pooled Separate Account		40,646
	* Mutual of America Mid-Term Bond Fund	Pooled Separate Account		71,107
	* Mutual of America Mid-Cap Value Fund	Pooled Separate Account		26,339
	* Mutual of America Retirement Income Fund	Pooled Separate Account		2,258
	* Mutual of America Small-Cap Growth Fund	Pooled Separate Account		92,144
	* Mutual of America Small-Cap Value Fund	Pooled Separate Account		87,287
	* Mutual of America 2010 Retirement Fund	Pooled Separate Account		957
	* Mutual of America 2015 Retirement Fund	Pooled Separate Account		4,770
	* Mutual of America 2020 Retirement Fund	Pooled Separate Account		105,995
	* Mutual of America 2025 Retirement Fund	Pooled Separate Account		11,743
	* Mutual of America 2030 Retirement Fund	Pooled Separate Account		43,441
	* Mutual of America 2035 Retirement Fund	Pooled Separate Account		17,553
	* Mutual of America 2040 Retirement Fund	Pooled Separate Account		70,557
	* Mutual of America 2045 Retirement Fund	Pooled Separate Account		61,310
	* Mutual of America 2045 Retirement Fund	Pooled Separate Account		960
	* Mutual of America International Fund	Pooled Separate Account		342
	American Century VP Cap Appreciation Fund	Pooled Separate Account		26,702
	Calvert VP SRI Balanced Portfolio	Pooled Separate Account		2,026
	DWS Capital Growth Fund	Pooled Separate Account		114,639
	DWS International Fund	Pooled Separate Account		65,264
	DWS Bond Fund	Pooled Separate Account		18,401
	Fidelity Investments VIP Contrafund	Pooled Separate Account		357,733
	Fidelity VIP Equity-Income Fund	Pooled Separate Account		75,941
	Fidelity VIP Mid-Cap Fund	Pooled Separate Account		52,582
	Fidelity Investments VIP Asset Manager Fund	Pooled Separate Account		1,615
	Oppenheimer Main Street VA Fund	Pooled Separate Account		52,176
	Vanguard VIF International Fund	Pooled Separate Account		89,083
	Vanguard VIF Diversified Value Fund	Pooled Separate Account		60,477
				<u>\$ 7,786,765</u>

* Indicates party-in-interest.

Note: Column (d) cost information is not required when reporting investments directed by participants.

Attachment to 2012 Form 5500
Schedule H. line 4i – Schedule of Assets (Held at End of Year)

Employee Benefit Plan of
Plan Name: Family and Children's Association, Inc. EIN: 11-3422018
Plan Sponsor's Name: Family and Children's Association, Inc. PN: 003

(a)	(b) identity of issue, borrower. Lessor or similar party	(c) Description if investment including maturity data, rate of interest, collateral, par or maturity value.	(d) Cost	(e) Current Value
*	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT Cost represents contrib. remitted during the current plan year.		5,433,728
*	Mutual of America	GROUP ANNUITY CONTRACT SEPARATE ACCOUNT Cost represents contrib. remitted during the current plan year.		2,353,037
*	PARTICIPANT LOANS	Represents outstanding Participant Loan Balance Current & Prior Plan Years Highest Int. Charged 5.0% Lowest Int. Charges 4.5%		296,860