Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	rt I		t Identification Informatio	n								
For	calenda	ar plan year 2013 or	fiscal plan year beginning 01/0	01/2013	and ending 1	2/31/2	2013					
A	Γhis ret	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan					
В -	Γhis ret	urn/report is:	the first return/report	the final return/repor	t							
			an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths))					
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC program					
			special extension (enter des	scription)			_					
Pa	rt II	Basic Plan Info	ormation—enter all requested	information								
1a	Name	of plan				1b	Three-digit					
THE (CHILD	ABUSE PREVENTIC	ON PROGRAM PROFIT SHARING	S PLAN			plan number (PN) • 001					
						10	Effective date of plan					
						'	01/01/2000					
			ddress; include room or suite num	nber (employer, if for a single	e-employer plan)	2b	Employer Identification Number					
THE	CHILD	ABUSE PREVENTION	ON PROGRAM				(EIN) 11-2864750					
						2c	Sponsor's telephone number 212-344-1905					
		R SQUARE, 15TH FL , NY 10004	.OOR			24	Business code (see instructions)	١				
	,					24	624100	,				
3a	Plan ad	dministrator's name a	and address XSame as Plan Spo	onsor Name Same as Pla	an Sponsor Address	3b	Administrator's EIN					
			-	_								
						3C	Administrator's telephone number	er				
4			he plan sponsor has changed sind	e the last return/report filed	for this plan, enter the	4b	EIN					
а		or's name	umber from the last return/report.			4c	PN					
	•		s at the beginning of the plan year	r		5a		13				
b	Total r	number of participant	s at the end of the plan year			5b		13				
С	Numbe	er of participants with	account balances as of the end	of the plan year (defined ber	nefit plans do not							
	comple	ete this item)			· · · · · · · · · · · · · · · · · · ·	5c		13				
6a		·	ets during the plan year invested in	•	•		X Yes	No				
b			of the annual examination and rep 6? (See instructions on waiver elig				X Yes	No				
			either line 6a or line 6b, the plar	-								
С	If the p	olan is a defined bene	efit plan, is it covered under the Pl	BGC insurance program (se	e ERISA section 4021)?		Yes No Not determined	d				
Cau	tion: A	nenalty for the late	or incomplete filing of this retu	ırn/renort will he assessed	d unless reasonable cau	ise is	established					
			other penalties set forth in the instr									
		edule MB completed a true, correct, and con	and signed by an enrolled actuary	, as well as the electronic ve	ersion of this return/report	t, and	to the best of my knowledge and					
Delle	i, it is t	rue, correct, and con	inpiete.									
SIG		Filed with authorized	d/valid electronic signature.	09/26/2014	DANIEL RICHARDS							
HER	KE.	Signature of plan	administrator	Date	Enter name of individ	ual sig	gning as plan administrator					
SIG												
HEF	HERE Signature of employer/plan sponsor Date Enter name of indivi				ual siç	gning as employer or plan sponso	r					
Prep	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)				Prep	parer's telephone number (optiona	al)					

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	f Voor			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella c	528 ⁴	414		
	Total plan liabilities	7a 7b						020	•		
	Net plan assets (subtract line 7b from line 7a)	76 7c	45047	6				5284	114		_
8	Income, Expenses, and Transfers for this Plan Year	70					(b) To				
	Contributions received or receivable from:						(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	7793	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						779	938		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i						779	938		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
Par	t V Compliance Questions										
	·				Yes	No				—	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tione withi	n the time period described in		162	NO	,	Amoun	τ	—	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.) Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
~	on line 10a.)	`	•	10b		X					
				10c	X				E	5000	00
<u> </u>				100					_	1000	00
	or dishonesty?	······		10d		X					
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 										
	instructions.)			10e	Х					478	80
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10q		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i							
Daw		1-3		101							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								5		
	5500) and line 11a below)							Y	es)	(r	No
	Enter the unpaid minimum required contribution for current year fr		,			11a	<u> </u>		г	_	
_12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	Y	es)	<u> </u>	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							1.4			
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		e letter ⁄ear _	rulin	g	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			1		I				
h	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -		1
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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?	Y	es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No		
С	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.))				
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

F	ension Bene	efil Guaranty Corporation	► Complete all entries in acc	ordance with the instruction	ons to the Form 5500	-SF.	1110		
P	art I	Annual Report	Identification Information				10/01/001	2	
	calendar	plan year 2013 or fis	scal plan year beginning	01/01/2013	and ending		12/31/201		
Α	This retu	rn/report is for:	🛛 a single-employer plan	a multiple-employer plan	n (not multiemployer)	L	a one-particip	ant plan	
		rn/report is:	the first return/report	the final return/report					
_		•	an amended return/report	a short plan year return/r	eport (less than 12 mo	nths) -	_		
C	Chack ho	ox if filing under:	Form 5558	automatic extension			DFVC progra	m	
•	CHECK DO	ox ii iiiiig dilaoi.	special extension (enter descri	iption)					
D	art II	Basic Plan Info	rmation—enter all requested info						
_	Name o						Three-digit		
			revention Program Pro	fit Sharing			plan number (PN)	001	l
	Plan	11114 110400 1			ì		Effective date of		-
							01/01/200		
20	Dlange	annor's name and ad	ldress; include room or suite numbe	er (employer, if for a single-e	mployer plan)	2b	Employer Identi	fication Num	ber
Zđ	The C	hild Abuse P	revention Program	(0			(EIN) 11-286	4750	
						2c	Sponsor's telep		ŀΓ
							(212) 344-		
	5 Han	over Square,	15th Floor			2d	Business code	(see instructi	ons)
	New Y				10004	26	624100 Administrator's	CINI	
3a	l Plan ad	lministrator's name ar	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	30	Administrators	EIIA	
						3с	Administrator's	telephone nu	ımber
					(1.1. 1	4la	FINA		
4	If the n	ame and/or EIN of th	ne plan sponsor has changed since	the last return/report filed for	this plan, enter the	4D	EIN		
		EIN, and the plan hu or's name	imber from the last return/report.			4c	PN		
			s at the beginning of the plan year			5a			13
			s at the end of the plan year						13
			account balances as of the end of						1 .
	compl	ete this item)			••••••	5c		п	13
6:	a Were	all of the plan's asset	ts during the plan year invested in e	eligible assets? (See instruct	ions.)			X Yes	∐ No
ı	A Arous	u daimina a waiyer c	of the annual examination and repo	rt of an independent qualified	d public accountant (IC	(API		X Yes	∏ No
	under	29 CFR 2520.104-46	6? (See instructions on waiver eligite either line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	1 5500 .	L.	
	IT you	answered NO 10 6	efit plan, is it covered under the PB0	C insurance program (see	ERISA section 4021)?		Yes No	Not deten	mined
_C	aution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed u	unless reasonable ca	use Is	established.	cable a Sch	edule
U	nder pena	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have on the control of the	examined this return/repor	rt, and	to the best of m	y knowledge	and
be	elief, it is t	true, correct, and con	nplete.						
		1170	2 0.00	XXIIII	Marion White				
	IGN ERE		muhilt	0/10/17	1147942 4.	أمّ امياه	anina ne nlan ac		
	EKE	Signature of plan		Date '	Enter name of individ	uuai si	grilling as plan ac	IIIII II dii dicoi	
	IGN	× mu	× marin while X3/10/14 Marion White				0 108	Marie Se	and the same
	ERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individual signing as employer or plan spons optional) Preparer's telephone number (option				ntional
Р	reparer's	name (including firm	name, if applicable) and address; i	nclude room or suite numbe	r (optional)	Fre	parer a reception	io Indiniber (o	paronal)
						17			
								1,000	1//
F	or Paperw	ork Reduction Act Not	tice and OMB Control Numbers, see t	he instructions for Form 5500-	SF.			Form 5500-	SF (2013 v. 13011

Part III Financial Information				_		MATERIAL CONTROL OF THE PARTY O
7 Plan Assets and Liabilities		(a) Beginning of Year		_		(b) End of Year
a Total plan assets	7a	450	, 476	5		528,414
b Total plan liabilities	7b			_		F00 414
C Net plan assets (subtract line 7b from line 7a)	7c	450	, 476	6		528,414
8 Income, Expenses, and Transfers for this Plan Year	on the	(a) Amount		1	5.11	(b) Total
a Contributions received or receivable from:	0-(4)					
(1) Employers	8a(1)				100	NOOS AS TOUR DAY I'M
(2) Participants	8a(2)			10:21	No Ci	
(3) Others (including rollovers)	8a(3)	77	, 93	8	V file	
b Other income (loss)	8b	VALUE OF THE PARTY	109	1		77,938
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			TAV	5.30	III Les Temper Se Ver
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			1317	314	
e Certain deemed and/or corrective distributions (see instructions)	8e			58		
f Administrative service providers (salaries, fees, commissions)	8f				1540	
g Other expenses	8g			1		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
Net income (loss) (subtract line 8h from line 8c)	8i		V			77,938
Transfers to (from) the plan (see instructions)	8j	k .			Y E	
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2H 2J 2K 3D						
10 During the plan year:				Yes	No	Amount
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Control of the Policy Control of the	itions withir	the time period described in ection Program)	10a		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not i	nclude transactions reported	10Ь		Х	
c Was the plan covered by a fidelity bond?			10c	Х		50,000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bor	nd, that was caused by fraud	10d		Х	
• Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	or the pene	and under the plant (See	10e	Х		4,780
f Has the plan failed to provide any benefit when due under the plan			10f		X	
Character and Methods and Control of the Control of			10g		Х	
h If this is an individual account plan, was there a blackout period?	(See instru	ictions and 29 CFR	10g		Х	
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 require	d notice or one of the	10i			
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "	Yes," see instructions and cor	nplete	Sche	dule Si	3 (Form Yes No
11a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39			11a	
12 Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Cod	e or s	ection	302 of	ERISA? Tes F. NO
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as applic	cable.)			ontor t	ho date of the letter ruling
If a waiver of the minimum funding standard for a prior year is be granting the waiver.			ilui_	s, and	Day	Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu					12b	
b Enter the minimum required contribution for this plan year						

	Fo	orm 5500-SF 2013 130118 Page 3 -					
	Entor	the amount contributed by the employer to the plan for this plan year	12c				
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		П.		NI/A
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes		0 1	N/A
Part		Plan Terminations and Transfers of Assets		(77			
		resolution to terminate the plan been adopted in any plan year?		Yes X	No		
		es," enter the amount of any plan assets that reverted to the employer this year	13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes 🛚	No
С	If dur	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	:o	20002 20			
1		Name of plan(s):	3c(2) E	EIN(s)	-	13c(3) PN	N(S)
Part	VIII	Trust Information (optional)	4.41				
		of trust	14b	Trust's El	N		