

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b> For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<b>B</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)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>		
<b>1a</b> Name of plan <u>THE CENTER FOR FAMILY SUPPORT HEALTH REIMBURSEMENT ACCOUNT</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>510</u>	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE CENTER FOR FAMILY SUPPORT</u>  <u>333 SEVENTH AVENUE</u> <u>9TH FLOOR</u> <u>NEW YORK, NY 10001</u>	<b>1c</b> Effective date of plan <u>01/01/2010</u>	<b>2b</b> Employer Identification Number (EIN) <u>13-1913807</u>	<b>2c</b> Plan Sponsor's telephone number <u>212-629-7939</u>
333 SEVENTH AVENUE 9TH FLOOR NEW YORK, NY 10001	333 SEVENTH AVENUE 9TH FLOOR NEW YORK, NY 10001	<b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/18/2018	MICHAEL MAZZOCCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/18/2018	MICHAEL MAZZOCCO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)  
v. 170203

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  <b>THE CENTER FOR FAMILY SUPPORT</b>  <b>333 SEVENTH AVENUE</b> <b>9TH FLOOR</b> <b>NEW YORK, NY 10001</b>	<b>3b</b> Administrator's EIN <div style="text-align: right; color: blue;">13-1913807</div>
	<b>3c</b> Administrator's telephone number <div style="text-align: right; color: blue;">212-629-7939</div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span style="color: blue;">116</span> </div>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span style="color: blue;">116</span> </div>
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span style="color: blue;">101</span> </div>
<b>b</b> Retired or separated participants receiving benefits .....	<div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span style="color: blue;">0</span> </div>
<b>c</b> Other retired or separated participants entitled to future benefits .....	<div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span style="color: blue;">0</span> </div>
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span style="color: blue;">101</span> </div>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span></span> </div>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....	<div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span></span> </div>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span></span> </div>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span></span> </div>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> <span></span> </div>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
<b>(1)</b> <input type="checkbox"/> Insurance	<b>(1)</b> <input type="checkbox"/> Insurance
<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts	<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts
<b>(3)</b> <input type="checkbox"/> Trust	<b>(3)</b> <input type="checkbox"/> Trust
<b>(4)</b> <input checked="" type="checkbox"/> General assets of the sponsor	<b>(4)</b> <input checked="" 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**

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☐ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_