Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number CONCORD ASSET MANAGEMENT, LLC EMPLOYEES 401(K) PROFIT SHARING PLAN AND TRUST (PN) ▶ 001 1c Effective date of plan 01/01/1989 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CONCORD ASSET MANAGEMENT, LLC 36-4240268 (EIN) 2c Sponsor's telephone number 312-236-1166 150 SOUTH WACKER DRIVE, SUITE #3200 CHICAGO, IL 60606 2d Business code (see instructions) 523140 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 150 SOUTH WACKER DRIVE, SUITE #3200 36-4240268 CONCORD ASSET MANAGEMENT, LLC CHICAGO, IL 60606 3c Administrator's telephone number 312-236-1166 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 14 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 14 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (b) End of Year (a) Beginning of Year 2956129 2544497 Total plan assets..... 7a n 7b Total plan liabilities..... 2956129 2544497 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 53145 8a(1) (1) Employers 72601 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 4728 **b** Other income (loss)..... 8b 130474 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 542106 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 542106 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h

8i

0

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

-411632

Form	5500.	SE	201	
COILLI	:);)()():	7	/()	

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2H 2J 2K 3D
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

7	V Compliance Questions							
art	•		V			_		
10	During the plan year:		Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	IVa						
	, , , , , , , , , , , , , , , , , , , ,	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				100	00000
	-							
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,							
	insurance service or other organization that provides some or all of the benefits under the plan? (See			Χ				
	instructions.)	10e						
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ				(61538
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp					П,	., [J
	5500))							X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction 3	302 of E	ERISA?	□ '	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	'		Day _		rear_		
	Enter the minimum required contribution for this plan year		Г	12b				
				12c				
	Enter the amount contributed by the employer to the plan for this plan year		⊢	120				
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)			12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	, П	N/A
art								
				\Box	es X N	ام		
ısa	Has a resolution to terminate the plan been adopted in any plan year?			r	es X N	10		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up at the page 200	nder	the co	ntrol		П	Vac	X No
_	of the PBGC?					Ш	163	110
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e piai	1(8) 10					
1	Sc(1) Name of plan(s):		130	c(2) EII	V(s)	13	3c(3) F	PN(s)
				.,			,	\-\'\
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establi	shed.			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return							
SR OF	Schedule MR completed and signed by an enrolled actuary, as well as the electronic version of this return/re	oport	and t	o tha h	oct of my	knowle	dan a	nd

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/16/2012	MICHAEL HERST
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/16/2012	MICHAEL HERST
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 section 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

2011

This Form is Open to Public Inspection

27,172,20	Annual Report Identification Information		/2024		104 10655			
For	the calendar plan year 2011 or fiscal plan year beginning	*	/2011 and ending	12/	/31/2011			
Α	This return/report is for: x a single-employer plan	a multiple-	employer plan (not multiemployer)	a one-participant plan				
В	This return/report is: the first return/report	the first return/report the final return/report						
	an amended return/report	a short plai	n year return/report (less than 12 mont	ns)				
С	Check box if filing under: Form 5558	automatic e	extension		DFVC prograr	m		
	special extension (enter description)			_				
Б	Basic Plan Information enter all requested information							
	Name of plan	nauon.		1b т	hree-digit			
	•		_,, ,_	р	lan number	224		
	Concord Asset Management, LLC Employees' 401(k)	Profit	Sharing Plan and Trus		PN) ► ffective date of	001		
					1/01/1989	pian		
2a	Plan sponsor's name and address; include room or suite number (emp	lover, if for	single-employer plan)			ication Number		
	Concord Asset Management, LLC				EIN) 36-424			
				2c Plan sponsor's telephone number				
	150 South Wacker Drive, Suite #3200			(312) 236-1	166		
	·,					see instructions)		
	Chicago IL 60606				23140			
3a	Plan administrator's name and address (If same as plan sponsor, ente	er "Same")		3b A	dministrator's E	EIN		
	Same							
				3c A	dministrator's te	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	ort filed for this plan, enter the	4b EIN				
а	name, EIN, and the plan number from the last return/report. Sponsor's Name			4c PN				
	Total number of participants at the beginning of the plan year	5a 17						
b	Total number of participants at the end of the plan year		and the second s	5b		14		
С	Number of participants with account balances as of the end of the plan complete this item)			5c				
6a						X Yes No		
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	ndependen conditions	t qualified public accountant (IQPA)			X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form							
T.	Financial Information				<u>.</u>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	2,956,129			2,544,497		
b	Total plan liabilities	7b	0			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	2,956,129			2,544,497		
8	Income, Expenses, and Transfers for this Plan Year	20.5	(a) Amount		(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	53,145					
	(2) Participants	8a(2)	72,601					
	(3) Others (including rollovers)	8a(3)	0		4,1			
b	Other income (loss)	8b	4,728			# 1722		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	And The William			130,474		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	542,106					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	0			# ## *		
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	the state of the	· .		542,106		
i	Net income (loss) (subtract line 8h from line 8c)	8i				(411,632)		
j	Transfers to (from) the plan (see instructions)	8j	0	14				

	Form 5500-SF 2011	P	age 2-		_				
Pai	BIV Plan Characteristics						· · · · · · · · · · · · · · · · · · ·		
	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the Lis	t of Plan Characte	ristic C	Codes	in the	instructions:		
h	2A 2E 2F 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare featu	ra aadaa from tha List	of Dian Characteri	atia C		a tha in			
IJ	in the plan provides wellare benefits, enter the applicable wellare leatu	re codes from the List	oi Fian Characten	Suc Co	ou e s ii	ii tiie ii	istructions.		
Pa	tV Compliance Questions						_		
10	During the plan year:				Yes	No	Ar	nount	
а				10a		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? (100					
	on line 10a.)		•	10b		х			
C	Was the plan covered by a fidelity bond?			10c	x			1,0	000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid		used by fraud			x			
	or dishonesty?			10d					
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of								
	instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g	х				61,538
h	The state of the s		CFR .	40.		x			4. 1997
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the		of the	10h			4		
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					120
	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	•	•			•		∏Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re-			-					X No
-	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate			000				_	_
а	If a waiver of the minimum funding standard for a prior year is being								
	granting the waiver			nth		Day	′Y	ear	
b	you completed line 12a, complete lines 3, 9, and 10 of Schedule M Enter the minimum required contribution for this plan year		-		٦	12b			·
C	Enter the amount contributed by the employer to the plan for this plan					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the				. -	40.1			
	negative amount)				· L	12d			
е	hard reference and the second	funding deadline? .		•	• •		Yes _	No	∐N/A
	Plan Terminations and Transfers of Assets	*		-					X No
13a	Has a resolution to terminate the plan been adopted in any plan year		• • • • • •		٠.		<u> </u>	Yes	X NO
	If "Yes," enter the amount of any plan assets that reverted to the em				<u> </u>	13a	<u> </u>		
Į,	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another p	olan, or brought un-	der the	e cont	rol		Yes	X No
C	If during this plan year, any assets or liabilities were transferred from	this plan to another p	an(s), identify the p	plan(s) to				
	which assets or liabilities were transferred. (See instructions.)					(0) =	1817->	40-(0)	DN(a)
	13c(1) Name of plan(s):			<u> </u>	13	ic(2) E	IN(S)	13c(3)	PN(S)
							•		
				<u> </u>				<u> </u>	
	ion: A penalty for the late or incomplete filing of this return/report								
Unde	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and								
	f, it is true, correct, and explete.			,	,		,		
SI	Make aff	4/13/12	Michael Herst						
2000	Signature of plan administration	Date	Enter name of inc	dividua	al sign	ing as	plan adminis	rator	
	Medelly	4/13/12	Michael Hers	st					
	Signature of employer/plan sponsor	Date	Enter name of inc	dividua	al sign	ing as	employer or p	olan spon	sor