## 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 the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

Р	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	•			
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	2/31/2	2011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participa	ant plan		
В	This return/report is: the first return/report	the final re	eturn/report		_			
_			in year return/report (less than 12 m	onths)				
^	H_			0111110)	_	_		
C	Check box if filing under:		extension		DFVC prograr	n		
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
2 & 0	C CONSULTING ASSOCIATES PROFIT SHARING PLAN				plan number	004		
				4	(PN) •	. 001		
				10	Effective date of 01/01/2	•		
22	Plan sponsor's name and address; include room or suite number (et	mployer if	for a single ampleyor plan)	2h				
	C CONSULTING ASSOCIATES, INC.	ilipioyei, ii	ioi a sirigie-employer plani	20	Employer Identification (EIN) 13-409			
				20	Sponsor's teleph			
				20	212-777			
	MERCER STREET, SUITE 11E YORK, NY 10003			2d	Business code (s	ee instructions)		
				_~	621330			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b	Administrator's E	IN		
	C CONSULTING ASSOCIATES, INC. 300 MERCER	STREET			13-4091096			
	NEW YORK,	NY 10003		3с	Administrator's te			
					212-777-	4885		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DNI			
_	Total number of participants at the beginning of the plan year							
				5a				
b	1 1 ,			5b	5b			
С	Number of participants with account balances as of the end of the p complete this item)	• (	•	5c		2		
60	·					X Yes No		
	Were all of the plan's assets during the plan year invested in eligible.  Are you claiming a waiver of the annual examination and report of a		,			X Yes   No		
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			,		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	341961			281247		
b	Total plan liabilities	7b	0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	341961			281247		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	ntal .		
а			(a) Amount		(6) 10	, tul		
ŭ	(1) Employers	8a(1)	0					
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)	0					
b		8b	-48318					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-48318		
d	Benefits paid (including direct rollovers and insurance premiums	- 60						
u	to provide benefits)	8d	12396					
е		. 8e	0					
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				12396		
;	• • •					-60714		
:	Net income (loss) (subtract line 8h from line 8c)	8i				00714		
J	Transfers to (from) the plan (see instructions)	8j	0					

Form		

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Part IV	Plan	Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art '	/ Compliance Questions						
0	During the plan year:		Yes	No		Amount	
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			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
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			
	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 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 of year end.)	10g		Χ			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
	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					
art \	/I Pension Funding Compliance						
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp				•	Ye	s X N
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA?	Ye	s X N
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver						
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	''		Day .		I Cal	
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c negative amount)		[	12d			
е	Nill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art \	/II Plan Terminations and Transfers of Assets						
I3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	0	
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up the PBGC?					Ye	s X N
	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 plar	n(s) to				
13	c(1) Name of plan(s):		130	(2) EII	V(s)	13c(	<b>3)</b> PN(s
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	ished.		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					ble, a Sc	hedule

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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/10/2012	GERALDINE COSTA				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	09/10/2012	GERALDINE COSTA				
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

	P Complete all critics in accordance with the instructions to the Form	0000-01.			
P	Annual Report Identification Information				
	the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending	12,	/31/2011		
Α :	This return/report is for:   x   a single-employer plan     a multiple-employer plan (not multiemployer	) Г	a one-participant plan		
	This return/report is:	· L.	a one participant plan		
- '	an amended return/report a short plan year return/report (less than 12	months)			
<b>~</b> ,		1110111113)	DEVC program		
<b>(</b>		L	DFVC program		
ee e 1 1 1 2	special extension (enter description)				
	Basic Plan Information enter all requested information.				
1a	Name of plan		Three-digit Dlan number		
	C & C Consulting Associates Profit Sharing Plan	,	PN) > 001		
		1c	Effective date of plan		
			01/01/2003		
2a	Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) C & C Consulting Associates, Inc.	4	Employer Identification Number		
			EN) 13-4091096		
			Plan sponsor's telephone number (212) 777-4885		
	300 Mercer Street, Suite 11B		Business code (see instructions)		
TT C	New York NY 10003	i i	521330		
		3h /	Administrator's EIN		
	SAME	/	The second secon		
		30	Administrator's telephone number		
		30 /	этинговатого тетерлопе пиниет		
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			
а	Sponsor's Name	4c	4c PN		
5a	Total number of participants at the beginning of the plan year	. 5a	5a 2		
b	Total number of participants at the end of the plan year	. <u>5b</u>	2		
C	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).	. 5c	,		
6a	complete this item)				
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQ				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				
10-257F3V	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 550	10.	WWW.		
	irtill Financial Information	·			
7	Plan Assets and Liabilities (a) Beginning of Year	,	(b) End of Year		
a	Total plan assets	51	281,247		
b	Total plan liabilities	0	0		
C	Net plan assets (subtract line 7b from line 7a) 7c 341,90	51.	281,247		
8	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (a) Amount	risession	(b) Total		
а	(1) Employers	0			
	(2) Participants	<del>о</del>			
	(3) Others (including rollovers) 8a(3)	0			
b	Other income (loss)	3)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c		(48,318)		
d	Benefits paid (including direct rollovers and insurance premiums		(,,		
	to provide benefits) 8d 12,39				
e	Certain deemed and/or corrective distributions (see instructions) 8e	0			
f	Administrative service providers (salaries, fees, commissions) 8f	0			
g	Other expenses	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g) 8h		12,396		
1	Net income (loss) (subtract line 8h from line 8c)		(60,714)		
ĺ	Transfers to (from) the plan (see instructions) 8i	0			

Part	Part IV Plan Characteristics								
9a 1	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
Ьп	2度 2G  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pari	V Compliance Questions								
10					Yes No	<b>5</b> T	Amount		
a	During the plan year: Was there a failure to transmit to the plan any participant contribution	ns within the time neric	ud described in					***************************************	
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a	X	<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (I		•		x	.			
	on line 10a.)			10b					
C	Was the plan covered by a fidelity bond?			10c	X X	<u> </u>			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d	Y Z	<u> </u>			
е	Were any fees or commissions paid to any brokers, agents, or other p	ersons by an insuranc	e carrier.						
_	insurance services or other organization that provides some or all of	the benefits under the	plan? (See	10e		τ			
	instructions.)			1	, ,	,	····		
Ť	Has the plan failed to provide any benefit when due under the plan?				<b> </b>				
g	Did the plan have any participant loans? (If "Yes," enter amount as o			10g	2	S PRI CANADA PROPERTO	est calconial similarity	40.600.VEVANGO VENG	
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h	, ,	c l			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the						
Part	VI Pension Funding Compliance	······		L	<del></del>				
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 rec			•			, Yes	x No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate								
а									
	granting the waiver			nth		Day	Year	***************************************	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M					I			
b	Enter the minimum required contribution for this plan year	• • • • • • •		• •					
C	Enter the amount contributed by the employer to the plan for this pla				. 12	!C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		s sign to the left of		. 12		yearning	********	
<b>e</b>	Will the minimum funding amount reported on line 12d be met by the	e 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	r?			- ,		. Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		• •	• • 13	Ba 📗			
b	Were all the plan assets distributed to participants or beneficiaries, to	ransferred to another p	olan, or brought ur	nder th	e control		<b></b>		
С	of the PBGC?		ian(s), identify the	plan(s	 s) to		Yes	x No	
				Т	40-//	33 5" [\$1/ <sub>m</sub> }	42-/2)	DN(a)	
	3c(1) Name of plan(s):	***************************************		<del></del>	130(/	2) EIN(s)	13c(3)	PN(S)	
							-		
		······································							
			······································					·····	
	on: A penalty for the late or incomplete filing of this return/report								
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 belief, it is true, correct, and complete.									
		9.5.2010	Geraldine C	osta				······································	
SIG		Date	Enter name of in			as plan admi	nistrator		
GA VA	VI all all all all all all all all all al	9.5,3012	Geraldine C			, p. 10077 36367411			
SIG			i "				or plan	nor.	
	Signature of employer/plan sponsor	Date	Enter name of in	aividu	aı sıgnıng	as employer	or pian spon	SOF	

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