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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.		, , , , , , , , , , , , , , , , , , ,
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011 -	
A	This return/report is for: a single-employer plan	a multiple	-employer plan (not multiemployer)	L	a one-particip	ant plan
В .	This return/report is: the first return/report	the final r	eturn/report			
	X an amended return/report	a short pla	an year return/report (less than 12 mo	nths)		
C	Check box if filing under: X Form 5558	automatic	extension	Ī	DFVC progra	m
	special extension (enter descriptio	n)		_	_	
Pa	rt II Basic Plan Information—enter all requested information	ation				
	Name of plan			1b	Three-digit	
CON	CEPT CARE, INC 401(K) SAVINGS PLAN				plan number	
					(PN) ▶	001
				1C	Effective date of 01/01/	•
22	Plan sponsor's name and address; include room or suite number (et	mployer if	for a single-employer plan)	2h	Employer Identif	
CON	CEPT CARE, INC	inployer, ii	Tot a single employer plan)		(EIN) 22-32	
					Sponsor's telep	hone number
50 M	AIN STREET				914-682	
	E PLAINS, NY 10606			2d	Business code (see instructions)
					62161	0
	Plan administrator's name and address (if same as plan sponsor, er CEPT CARE, INC 50 MAIN STR		")	3b	Administrator's E	EIN 70395
CON	WHITE PLAIN		606	30		elephone number
				-	914-682	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4c	DN	
	Sponsor's name Total number of participants at the beginning of the plan year				PN T	8
b	Total number of participants at the end of the plan year		-	5a		6
	Number of participants with account balances as of the end of the p			5b		0
С	complete this item)	• (•	5c		
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					— — — — — Na
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	υ.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor
a	Total plan assets	. 7a	107155		(b) Liid	101
b	Total plan liabilities					
C	Net plan assets (subtract line 7b from line 7a)	7c	107155			101
8	Income, Expenses, and Transfers for this Plan Year	1.0	(a) Amount		(b) T	·otal
а	Contributions received or receivable from:		(2) /		(~) 1	
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	545			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	6472			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				7017
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	106725			
е	Certain deemed and/or corrective distributions (see instructions) \ldots	. 8e	7346			
f	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				114071
i	Net income (loss) (subtract line 8h from line 8c)	8i				-107054
j	Transfers to (from) the plan (see instructions)	8j				
				_		

Form	5500.	SF.	201

Page	2	-	,		
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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 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:

art	V Compliance Questions								
0	During the plan year:		Yes	No			moun		
	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	100	X			inoun		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		X					
С	Was the plan covered by a fidelity bond?	10c	Χ					1	1000
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 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.)	10q	X						0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
İ	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	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						∏ Y€	es	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Ye	es X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.	nth							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	40h					
	Enter the minimum required contribution for this plan year			12b					
	Enter the amount contributed by the employer to the plan for this plan year			12c					
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Y	'es	No		N/A
art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol			Ye	es X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1					
1	3c(1) Name of plan(s):		13	c(2) E	EIN(s)		13c	(3) P	N(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estal	olishe	d.	1		
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	ort, in	cludi	ng, if a	pplicab			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/18/2012	CAROL GREENBERG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

10/17/2012 15:08 FAX

CONCEPT: CARE

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	Form 5500-SF Doppriment of the Treasury	Short Form Annua	71440 I Retu Ber	FH RF11 IFN/Report of refit Plan	Small Empl	oye	e	OMB Nos. 1210-01
•	Internal Revenue Service Department of Labor	This form is required to be Retirement income Security A the income.	a filad		4 65 of the Emplo	yes		2011
	Employee Benefits Security Administration Females Benefit Guaranty Corporation	the in	ternal Rev	enue Code (the Code	on: 8057(b) and 60 de'	58(a) c	This Form	is Open to Publi
		▶ Complete eti everies to		with the instructi	, 55 i to the S to		.	rie Open is Public Tepection
	or calandar plan year 2011 or fiscal	entification Information			on a co me bottl 3:	-6-BD	-	<u> </u>
	A This return/report is for:			1/2011	and ending		12/31/20	11
_	This return/report is:	- , , , , , , , , , , , , , , , , , , ,	∐ a mı	iltiple-employer plan	() of multiemployer)	a one-partic	cipant plan
	- mareummepon is:	the first return/report	255	nai return/report				
(Check box if filing under:	an amended return/report	∐ a sho	rt pian year ratum/n	p of (less than 12)	Months	1)	
•	Check box if filing under:	Form 5558	auto	natic extension			DFVC progr	am
	Basic Dies Jeferin	special extension (enter descr	iption)				—	
7	a Name of plan	ation—enter all requested infe	ormation					
	CONCEPT CARE, INC 40	11.7K)				15	Three-digit	1
	SAVINGS PLAN	- 1447				1	plan number	
						10	(PN) P	001
2	& Plan sponsor's name and address	I facilitate and a second				'-	01/01/199	rpien 9
	Plan aponsor's name and address CONCEPT CARE, INC	e; indinge tools of shife unuper	r (employe	r, if for a aingle-emp	pyer pian)	Zb	Employer identi	-
							(EIN) 22-327	0395
	SO MAIN STREET					2c	Sponsor's telep	поле питьог
	_					<u> </u>	(314) 985-	7990
3:	WHITE PLAINS			NY 10	506	20	Business code (621610	see instructions)
	Pian administrator's name and add SAME	ireas (if same as plan aponsor,	enter "Se	me")		3Б	Administrator's I	iN
4	If the corresponding Fig. 1					3c /	Administrator's to	elephone number
•	If the name end/or EIN of the plan name, EIN, and the plan number t	sponsor has changed since the	o leat retu	m/report filed for thi	plan, enter the	4b	EIN	
<u>_a</u>	Sponsor's name							
5a	Total number of participants at the Total number of participants at the	beginning of the plan year	» Daniel Marie			4c	PN	
						5 <u>a</u>		81
C	Number of participants with account complete this item)	nt balances as of the end of the	olan yası	(defined banner -1		5b		63
6a	complete this Item)			teemen selient bi	ine ao llot	5c		2
b	Are you deimine a make a set	A high Your WASPING ILL SING!	Dia assats	? (See Instructions	3			M Yes No
	40001 48 UFR 2520 104-487 (6pg	forthern and the second	. w 11 15 6 15	surpain ANSKUBO DA)	IIC BCCOUNtant (IMP	At	**************	
	If you answered "No" to either 6:	or 6b, the plan cannot use f	orm 550)-SF and must in:			************	Yes No
7		П			OZO GRE POPIN DOU	<u>u.</u>		
·	Plan Assets and Liabilities			(a) Begin	ning of Year	T	(b) C-3	
Б	Total plan essets		. 7a		107,155		(b) End of	
c	Total plan (labilities		. 7b					101
}	income, Expenses, and Transfers for	m line 7a)	. 7c		107,155			101
a	Contributions received or receivens	Asses.		(a) V	mount		(b) Tol	
	(1) Employers	[* * * * * * * * * * * * * * * * * * *	Ba(1)			!	(3) (0)	a-
	(2) Perticipants	4	84/31	·	t a m			
_	(3) Others (including rollovers)	~#~}#}	Ba(3)	 	545			
Ų	Uther Income (loss)	***************************************	8b		6,472			
C	i otai income (e¢¢ linea Ba(1), 8a/2).	Ra/S\ and Dhi	80		0,772			
- 1	Senefits paid (including direct rollove provide benefits)	ers and insurance premiums				12.	the state of the s	7,017
B (Certain deemed and/or corrective dis	Iributions (see jost and and	80		106,725			·
•	zoministustiva setvice broxideté (akie	rice, fees, commissions)	68 64		7,346			
	uner expenses	******	8/					
. ,	ousi expenses (add lines 8d, 6e, 8f,	and 80)	<u>p8</u>					
r	iel income (ioss) (subtract line 8h fro	m line 8c\	8)					114,071
T	ransfers to (from) the plan (see Instr	uctions)	Bi Bi					(107,054)

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CONCEPT: CARE

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671440FH RF11

	Form 5500-SF 2011		reyo	2 - /	1					
	Plan Characteristics									
9a	If the plan provides peneion benefits, 2E 2F 2G 2J 2K 3D	enter the applicable pension	n feature codes from	1 the List	of Plan Cha	racter	etic Go	odea ir	n the Inc	him intides:
ь		enter the applicable welfare	feature codes from t	the List c	Pien Chan	ctoris	ie Cod	Sans In	the tret	nutiaes.
È	Compliance Questions		**************************************						A IO III IA I	ocuone.
10	During the plan year.							·	_	
3	Was there a failure to transmit to the 29 CFR 2510.3-1027 (See instruction)	plan any participant contric	outlons within the time	pariod :	lescribed in		Yes	No	-	Amount
	29 CFR 2510.3-102? (See instruction) Were there any nonexempt transaction line 10s.)	And with east party in letters.	Suciary Correction Pr	ogram) .	**********	10a		x	 	
¢	Was the plan covered by a fidelity by	ond?			**********	105		Х		
d	Old the plan have a loss, whether or or defronasty?	not raimburead by the auto-	- Maria Della III della III			10c	х			
e	insurance service or other organizations.)	o any brokers, agenta, or of on that provides some or all	ther persons by an in of the banafits under	curance the plai	carrier, 7 (See	10d		x		•
f	cas ma bigg (Siled to buoyide guy per	nefit when due under the pig	in?					X		-
9	Did the plan have any participant loss	97 (if "Yes." enter amount s	is of year and \			101	\mathbf{x}^{\dagger}	^		
h	2520.101-3.)	there a blackout period?	(See instructions and	d 29 CFI (١	10g		х		9 777 7838 1
	If 10h was answered "Yes," check the exceptions to providing the notice app. Pension Funding Compl.	oox if you alther provided t lied under 29 CFR 2620.10				101	7			
12	la this a defined bonefit plan aubject to 5500))	minimum funding requirem	FROUITEMANN AF soni	nstructi: r	ns and comp	lete S	chedu	le SB	(Form	Yes
11 12 a	la this a defined contribution plan aubject to 5500)). It this a defined contribution plan aubject (if "Yes," complete 12a or 12b, 12c, 12 if a walver of the minimum funding star granting the waiver. You completed time 12a, complete time	minimum funding requirem ect to the minimum funding d, and 12e below, as applic adard for a prior year is being to 3, 9, and 10 of Schedule	requirements of sections) able.) g amortized in this p	ion 412 c	see Instruct	or sec	ilon 30)2 of E	RISA7	Yes
11 12 a if yo	la this a defined contribution plan aubject to 5500)). It this a defined contribution plan aubject to this a defined contribution plan aubject if a waiver of the minimum funding ster granting the waiver. Ou complete line 12s, complete line Enter the minimum required contribution.	minimum funding requirem ect to the minimum funding d, and 12e below, as applic idard for a prior year is bein \$ 3, 9, and 10 of Schedule of for this plan year	requirements of sect able.) ag amertized in this p a MB (Form 3500), a	ion 412 c	see Instruct Month	or sec	ion 30)2 of E	RISA7	Yes
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12 a if yo b i c i d :	la this a defined bonefit plan aubject to \$5500)). Is this a defined contribution plan aubject to \$5500). Is this a defined contribution plan aubject to \$5500). Is this a defined contribution plan aubject to the service of the minimum funding star granting the waiver. Our completed time 12a, complete time and the minimum required contributed and the amount contributed by the end \$5000 at the amount in line 12c from the negative amount). Will the minimum funding amount report Plan Terminations and T	minimum funding requirem ect to the minimum funding d, end 12e below, as applic dard for a prior year is bein e 3, 9, and 10 of Schedule n for this plan year	requirements of sect able.) og amertized in this p a MB (Form 3500), a len year the result (enter a mi	ion 412 c	see instruct Monti to line 13.	or sec	ind eni	2 of E	RISA7	Yes
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17 12 a my b l c l l c l l c l l c l l c l l c l l c l l c l l c l l c l l c l	la this a defined benefit plan aubject to \$5500)). Is this a defined contribution plan aubject to \$5500)). Is this a defined contribution plan aubject to \$5500). Is this a defined contribution plan aubject to the minimum funding star granting the waiver. Out completed the 12a or 12b, 12c, 12c, 12c, 12c, 12c, 12c, 12c, 12c	minimum funding requirem out to the minimum funding d, and 12e below, as applicated for a prior year is being to 3, 9, and 10 of Schedular for this plan year	requirements of sections.) In amerized in this parents of sections of sections of the parents of the result (enter a mineral funding deadline? In this plan to enother this plan to enother	ien year, nd skir (inus sig) r plan, pr	see instruct Month to line 13. to the left of	or sec	1: 12 12 13 13 13 13 13 13 13 13 13	2 of E ter the	Yes	the letter rulli Year No Yea
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