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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part I	Annual Report	Identification Information						
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012		
	turn/report is for:	a single-employer plan		olan (not multiemployer)		a one-particip	oant plan	
B This ret	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	rn/report (less than 12 mo	onths)			
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	ım	
		special extension (enter descri	iption)					
Part II	Basic Plan Info	rmation—enter all requested info	ormation					
1a Name		•			1b	Three-digit		
		IT, LLC EMPLOYEES' 401(K) PRO	FIT SHARING PLAN AND	TRUST		plan number		
						(PN) •	001	
					1c	Effective date o	•	
30 Diam		des estado de marco estado est	. (O.L.	01/01		
	ponsor's name and ad ASSET MANAGEMEN	dress; include room or suite numbe NT, LLC	er (employer, if for a single	-employer plan)	20	Employer Identification (EIN) 36-42	fication Number 40268	
					2c	Sponsor's telep	ephone number	
150 SOUTH	WACKER DRIVE, SU	JITE #3200				312-230	6-1166	
CHICAGO, I	L 60606				2d	Business code (see instructions)	
						52314	10	
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN	
					30	Administrator's	telephone number	
					30	Administrator 5	lelephone number	
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b	EIN		
		mber from the last return/report.			4 -			
	or's name				4c	PN		
		at the beginning of the plan year			5a		14	
b Total i	number of participants	at the end of the plan year			5b		14	
		account balances as of the end of t	. , ,	•	5c		14	
_		s during the plan year invested in el					X Yes No	
_	•	f the annual examination and report	•	•				
under	29 CFR 2520.104-46	? (See instructions on waiver eligibi	lity and conditions.)				X Yes No	
If you	answered "No" to e	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.		
		or incomplete filing of this return						
		her penalties set forth in the instruc						
	true, correct, and com	nd signed by an enrolled actuary, a olete.	s well as the electronic ve	rsion of this return/report	, and i	o the best of my	knowledge and	
,	· · · · · ·		<u> </u>	1				
SIGN HERE	Filed with authorized/	valid electronic signature.	03/28/2013	MICHAEL HERST				
IILIKE	Signature of plan administrator Date Enter name of individual				ual sig	ning as plan adn	ninistrator	
SIGN HERE	Filed with authorized/	valid electronic signature.	electronic signature. 03/28/2013 MICHAEL HERST					
	Signature of emplo		Date		ividual signing as employer or plan sponsor			
Preparer's	name (including firm n	ame, if applicable) and address; inc	clude room or suite number	er (optional)	Prep	arer's telephone	number (optional)	

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Do	t III Financial Information								
7	rt III Financial Information Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voor		
		7-	(a) Beginning of Yea				(b) End of Year		
	Total plan assets Total plan liabilities	7a 7b	204448				3012269		
		76 7c	254440	0			0		
	Net plan assets (subtract line 7b from line 7a)	76		2544497			3012269		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
а	(1) Employers	8a(1)	4						
	(2) Participants	8a(2)	8498	39					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	33369	9					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					467772		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	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					0		
i	Net income (loss) (subtract line 8h from line 8c)	8i					467772		
j	Transfers to (from) the plan (see instructions)	8i		0					
Pai	t IV Plan Characteristics		•						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	Amaiint		
a				10a	103	X	Amount		
b		? (Do not	include transactions reported	10a		X			
					Χ				
C				10c			1000000		
d	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 cinstructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan					X			
				10f	V				
g		-		10g	X		26548		
	2520.101-3.)			10h		Х			
	exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	1a Enter the amount from Schedule SB line 39								
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b			

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	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?		res 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 of the PBGC?	control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
	3c(1) Name of plan(s):	3c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

50 J	Annual Repor	t Identification Information	24 /24 /2242	and andian	12/2	31/2012			
For o	calendar plan year 2012 or		01/01/2012	and ending					
A 1	his return/report is for:	x a single-employer plan	nultiple-employer pla	n (not multiemployer)	mployer) a one-participant plan				
В٦	This return/report is:		e final return/report						
		an amended return/report as	short plan year retur	n/report (less than 12 mo					
C	Check box if filing under:	Form 5558	tomatic extension		<u> </u>	DFVC program			
		special extension (enter description)							
	Basic Plan In	formation enter all requested informa	ition						
1a	Name of plan					ree-digit In number			
	Concord Asset Man	agement, LLC Employees' 401(k) Profit Shar	ing Plan and		N) ▶ 001			
						fective date of plan			
		1	-laver if for a single	omployer plan)	01/01/1989 2b Employer Identification Number				
2a	Plan sponsor's name and Concord Asset Man	address; include room or suite number (emagement, LLC	ployer, it for a single	employer plan)		IN) 36-4240268			
						onsor's telephone number			
	150 Grath Machan	D Sto #3200				312) 236-1166			
	TOU SOUTH WACKER	Drive, Suite #3200				usiness code (see instructions)			
US	Chicago	IL 60606				23140			
3a	Plan administrator's name	and address X Same as Plan Sponsor N	Name Same as F	Plan Sponsor Address	JD AC	Iministrator's EIN			
				Ì		I I I I I I I I I I I I I I I I I I I			
					JC AC	Iministrator's telephone number			
4	If the name and/or EIN of	or this plan, enter the	4b E	N					
name, EIN, and the plan number from the last return/report.									
a Sponsor's name						N			
		nts at the beginning of the plan year			5a 5b	14			
b		nts at the end of the plan yearthe end of the plan				***			
	complete this item)				5c	14			
6a		ets during the plan year invested in eligible			***********	Yes No			
b	Are you claiming a waive	r of the annual examination and report of an	independent qualifie			X Yes □No			
		46? (See instructions on waiver eligibility an							
_		either line 6a or line 6b. the plan cannot							
_ <u>C</u> ;	aution: A penalty for the l	ate or incomplete filing of this return/report of the return/report of the return/report of the return of the retu	I declare that I have	e evamined this return/re	enort inc	luding, if applicable, a Schedule			
SI	nder penaities of perjury an B or Schedule MB complete	d other penalties set forth in the instructions ed and signed by an enrolled actuary, as we	Il as the electronic v	ersion of this return/repor	rt, and to	the best of my knowledge and			
be	elief, it is true, correct, and	complete.							
	no Wule	Michael Herst							
						dual signing as plan administrator			
Well 0/45 Michael Herst						·			
Signature of employer/plan sponsor Date Enter name of individ						vidual signing as employer or plan sponsor			
Р		rm name, if applicable) and address; include	e room or suite numb	oer (optional)	Prepar	er's telephone number (optional)			
						The state of the s			
1						the contract of the second of			

	Financial Information							
7 P	lan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
	otal plan assets	7a	7a 2,544,497		3		3,012,269	
b T	otal plan liabilities	7b	7b C				0	
C N	et plan assets (subtract line 7b from line 7a)	7c	7c 2,544,497			3,012,269		
	ncome, Expenses, and Transfers for this Plan Year	Marian Barana	(a) Amount				(b) Total	
	ontributions received or receivable from:	8a(1)	49,08	4				
) Employers	8a(2)	84,98		Keys Same	And the second s		
$\overline{}$	2) Participants	8a(3)		0	de se same			
-	Other income (loss)	8b	333,69	The state of the s			The second secon	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					467,772	
d E	lenefits paid (including direct rollovers and insurance premiums provide benefits)	8d		0				
e 0	Certain deemed and/or corrective distributions (see instructions)	8e		0	i.			
f A	dministrative service providers (salaries, fees, commissions)	8f		0			and the second s	
g	Other expenses	8g		0	Ber Like	Wales	and the second second second	
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
i N	let income (loss) (subtract line 8h from line 8c)	8i					467,772	
<u>j</u> 1	ransfers to (from) the plan (see instructions)	8j		0			Secure Secure	
	Plan Characteristics							
9a 1	f the plan provides pension benefits, enter the applicable pension for	eature cod	les from the List of Plan Charact	eristi	c Code	es in t	he instructions:	
+	2A 2E 2F 2H 2J 2K 3D							
b	f the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Characte	ristic	Codes	s in th	e instructions:	
(Car	Compliance Questions							
10	V- N- 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)					х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?			10c	х		1,000,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	х		26,548	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х		
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			10i				
11-71	Pension Funding Compliance							
11	A Company of the Comp							
11a	Enter the amount from Schedule SB line 39					11a		
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
a		ing amorti	zed in this plan year, see instruc	tions	, and e	enter t	the date of the letter ruling ay Year	
lf ·	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b						12b	· · · · · · · · · · · · · · · · · · ·	

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c	Enter the amount contributed by the employer to the plan for this plan ye	ear		12c			
d —	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	•		12d			
_ е	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?		🗀	Yes [□ No □	N/A
	Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		***************************************	☐ Ye	es X N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), id	entify the plan(s) to)			
	13c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN	l(s)
						:	
(de	Trust Information (optional)		- <u> </u>		-	<u></u>	
14a Name of trust				14b Trust's EIN			
				I			