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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pen	sion Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Par	t I	Annual Repor	t Identification Information						
For ca	alenda	ar plan year 2012 or	fiscal plan year beginning 01/01/2	012		and ending 1	0/31/	2012	
		urn/report is for: urn/report is:	a single-employer plan the first return/report		tiple-employer pla nal return/report	an (not multiemployer)		a one-particip	oant plan
J	113 100	um/report is.	an amended return/report		•	/report (less than 12 m	onths)	
C Cr	neck b	oox if filing under:	Form 5558	H	natic extension	7 C P O T (1030 that 12 th	OTTETO,	DFVC progra	ım
			special extension (enter descrip	otion)					
Part	t II	Basic Plan Inf	ormation—enter all requested info	rmation			1		
		of plan ARE, INC 401(K) SA	AVINGS PLAN				1b	Three-digit plan number (PN)	001
							1c	Effective date of 01/01/	f plan
		oonsor's name and a	ddress; include room or suite number	(employe	er, if for a single-e	employer plan)	2b	Employer Identii (EIN) 22-32	fication Number 70395
50 MAI	N ST	REET					2c	Sponsor's telep	
WHITE	PLAI	NS, NY 10606					2d	Business code (62161	,
3a ₽	lan ad	dministrator's name a	and address XSame as Plan Sponso	r Name	Same as Plan	Sponsor Address	3b	Administrator's I	EIN
							3c	Administrator's t	elephone number
r	name,	EIN, and the plan no	he plan sponsor has changed since th umber from the last return/report.	e last retu	urn/report filed fo	r this plan, enter the		EIN	
		or's name					+	PN	
5a ⊺	otal r	number of participant	s at the beginning of the plan year				5a		63
b T	otal r	number of participant	s at the end of the plan year				5b		0
			n account balances as of the end of th		,	•	5c		0
b A	Are yo under	ou claiming a waiver 29 CFR 2520.104-4	ets during the plan year invested in eliq of the annual examination and report 6? (See instructions on waiver eligibili either line 6a or line 6b, the plan ca	of an inde	ependent qualified nditions.)	d public accountant (IQ	PA)		X Yes No
			e or incomplete filing of this return/						
Under SB or	r pena Sche	alties of perjury and o	other penalties set forth in the instructi and signed by an enrolled actuary, as	ons, I ded	clare that I have e	examined this return/rep	port, ir	ncluding, if applic	
SIGN HERE		Filed with authorized	d/valid electronic signature.	05	5/13/2013	CAROL GREENBERG	3		
	•	Signature of plan	administrator	Da	ate	Enter name of individ	ual siç	gning as plan adn	ninistrator
SIGN									
HERE			loyer/plan sponsor		ate	Enter name of individ			
Prepa	ırer's	name (including firm	name, if applicable) and address; incl	ude room	n or suite number	(optional)	Prep	parer's telephone	number (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or	T		(b) En	d of V	oar		
<u>.</u>	Total plan assets	7a	(a) Deginning of Tea		-		(5) [1	<u> </u>		0	_
	Total plan liabilities	7b								0	_
	Net plan assets (subtract line 7b from line 7a)	7c	10)1)	_
	Income, Expenses, and Transfers for this Plan Year	,,,	101 (a) Amount				(b) Total				_
	Contributions received or receivable from:		(a) Amount				(D)	TOtal			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		7							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	18							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	8	
	Net income (loss) (subtract line 8h from line 8c)	8i							-10	1	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	s:		
b	 2E 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 										
D =											
Part	•				.,						_
10	During the plan year:	4: · · · · i da :		1	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					_
С	Was the plan covered by a fidelity bond?			10c	X					100	10
d	Did the plan have a loss, whether or not reimbursed by the plan's 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							
<u>g</u>			<u> </u>	10g		X					_
h —	2520.101-3.)			10h		X					
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							
Part	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
(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	e date o	the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk	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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С	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?	X	res 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		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

Employee Benefits Security Administration	, the inte	ernai Kev	renue Code (the Co	ide).		Ine	pection		
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordanc	e with the instruct	ions to the Form 550	0-SF.	"""	pection		
Part I Annual Report Identification Information									
For calendar plan year 2012 or fisc		01/0	1/2012	and ending		10/31/201	2		
A	a single-employer plan	Пат	ultiple ampleyer pla	ın (nat multiemplayer)		a one-particip	vant nlan		
_	_	=		in (not matternployer)		☐ a one-particip	rant plan		
B This return/report is:	the first return/report		final return/report						
	an amended return/report	X ash	hort plan year returr	n/report (less than 12 m	nonths)			
C Check box if filing under:	☐ Form 5558	auto	omatic extension			DFVC progra	ım		
	special extension (enter descr								
		<u> </u>							
	mation—enter all requested info	ormation			- 41				
1a Name of plan					10	Three-digit			
CONCEPT CARE, INC	401(K)					plan number (PN)	001		
SAVINGS PLAN	10								
511711105 11111					10	Effective date of 01/01/1999			
									
2a Plan sponsor's name and addr	ress; include room or suite numbe	er (emplo	yer, if for a single-e	mployer plan)	2b	Employer Identif		per	
CONCEPT CARE, INC					_	(EIN) 22-327			
					2c	Sponsor's teleph		r	
EA MATAL CORRECT					<u> </u>	(914) 682-			
50 MAIN STREET					2d	Business code (see instruction	ons)	
WHITE PLAINS				10606		621610			
3a Plan administrator's name and	Jaddress ⊠Same as Plan Spons	or Name	e ∐Same as Plan S	Sponsor Address	3b	Administrator's E	EIN		
									
					3c Administrator's telephone number				
4 If the name and/or EIN of the	4b	4b EIN							
•	ber from the last return/report.				4				
a Sponsor's name					4c	PN			
5a Total number of participants a	at the beginning of the plan year	• • • • • • • • • • • • • • • • • • • •			5a			63	
b Total number of participants a	at the end of the plan year				5b			0	
c Number of participants with a	ccount balances as of the end of t	the plan v	year (defined benef	it plans do not					
					5c		,	0	
6a Were all of the plan's assets	during the plan year invested in e	licible as	sets? (See instructi	ons.)			X Yes	∏No	
	the annual examination and repor						_	_	
	(See instructions on waiver eligib						X Yes	∏No	
If you answered "No" to eit	her line 6a or line 6b, the plan o	annot u	se Form 5500-SF a	ınd must instead use	Form	5500.			
Caution: A penalty for the late of	r incomplete filing of this return	/report	will be assessed u	niess reasonable cau	ıse is	established.			
Under penalties of perjury and other							able, a Sche	dule	
SB or Schedule MB completed and	d signed by an enrolled actuary 2	s well as	the electronic vers	ion of this return/report	, and	to the best of my	knowledge a	and	
belief, it is true, correct, and compl)	_	•		·	_		
	11111	/ T	E 60/12	15,2	- 45 -	$\sim 1/\sim$	$\overline{\Omega}$		
SIGN W	X	\sim	2/4/13	(12/21/C	W.	21100	271		
HERE Signature of plan ad	Iministrator) `	Date	Enter name of individ	ual sig	ning as plan adm	ninistration		
SIGN (M) (X 301-1		5/9/13	(RNA)	, ,	40N/	J 🗶		
HEDE C	7		, ,		- 1	· /4/			
Signature of employ	ver/plan sponsor		Date	Enter name of individ		ning as employe parer's telephone			
Preparer's name (including firm na	ime ir applicable) and address; in	iciuae ro	om or suite number	(οριιοπαι)	Lueb	arer s reiebuoue	number (Op)	ional)	
]	
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							ang Projection Lightness of the Control of the Cont	47.5 - 6.1	

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	Till Financia: Information						# T T T T	***	
<u> </u>	Plan Assets and Liabilities	_	(a) Beginning of Yea	r 10	7		(b) End	of Year	0
	Total plan assets	7a		10	'-				
	Total plan liabilities	7b		1.0					0
	Net plan assets (subtract line 7b from line 7a)	. 7c		10	'- 				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	. 8a(1)							
	(2) Participants	. 8a(2)							e e
	(3) Others (including rollovers)	8a(3)							**************************************
b	Other income (loss)	. 8b			7				Vi i
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							7
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		10	8				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				- 100			
f	Administrative service providers (salaries, fees, commissions)	. 8f							
q	Other expenses	. 8g						- 45.45	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							108
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i							(101)
j	Transfers to (from) the plan (see instructions)	- 8j							
Pai	t IV Plan Characteristics			•			***************************************	**********	
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Charac	cterist	ic Coc	des in t	he instructi	ons:	
Par	t V Compliance Questions								·
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions with	n the time period described in rection Program)	10a		х			
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х			
C				10c	Х				1,000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	3	Х			
e	Were any fees or commissions paid to any brokers, agents, or other	her persor	s by an insurance carrier,						
	insurance service or other organization that provides some or all instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х			
F	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10	he require)1-3	d notice or one of the	10i					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							Yes	∏No
11:	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding			orse	ection	302 of	ERISA?	Yes	XNo
(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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year									
H	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.		-	я			
<u>k</u>	Enter the minimum required contribution for this plan year					12b	L		

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Enter the amount contributed by the employer to the plan for this plan year	12c		
		Yes	No N/A
VII Plan Terminations and Transfers of Assets			
Has a resolution to terminate the plan been adopted in any plan year?	X	Yes N	o
			(
			X Yes No
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.)	plan(s) to		
13c(1) Name of plan(s):	13c(2) E	N(s)	13c(3) PN(s)
t VIII. Trust Information (optional)			
Name of trust	14b т	rust's EIN	
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC? 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.) 13c(1) Name of plan(s):	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year