| | Form 5500-SF | | eturn/Report of Small Employee | | | OMB Nos. 1210-0110 1210-0089 | | | | |
|--|---|---------------------------------------|--------------------------------|---|-----------|--|--|--|--|--|
| | Department of the Treasury Internal Revenue Service | | Benefit Plan | | | 2010 | | | | |
| Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). | | | | | | This Form is Open to Public | | | | |
| Р | ension Benefit Guaranty Corporation | Inspection 00-SF. | | | | | | | | |
| Person benefit Guaranty corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information | | | | | | | | | | |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 | | | | | | | | | | |
| Α | This return/report is for: | single-employer plan | multiple-e | mployer plan (not multiemployer) | | one-participant plan | | | | |
| В | This return/report is for: | first return/report | final retur | n/report | | | | | | |
| | | an amended return/report | short plan | year return/report (less than 12 mo | nths) | | | | | |
| С | Check box if filing under: | Form 5558 | automatic | extension | | DFVC program | | | | |
| | | special extension (enter description | on) | | | | | | | |
| Pa | art II Basic Plan Inform | nation—enter all requested inform | ation | | | | | | | |
| | Name of plan | | | | 1b | Three-digit | | | | |
| MIC | ASA ES SU CASA, INC. 401(K) | SAVINGS PLAN | | | | plan number (PN) ▶ 001 | | | | |
| | | | | | 1c | Effective date of plan | | | | |
| | | | | | | 09/01/1997 | | | | |
| | Plan sponsor's name and addre | ess (employer, if for single-employer | plan) | | 2b | Employer Identification Number (EIN) 22-3368740 | | | | |
| | BOX 325 | | | | 2c | Plan sponsor's telephone number 212-925-8756 | | | | |
| OAK | DALE, NY 11769 | | | | 2d | Business code (see instructions) 624100 | | | | |
| | | address (if same as Plan sponsor, e | | ?") | 3b | Administrator's EIN | | | | |
| MI C | ASA ES SU CASA INC. | P.O. BOX 32 OAKDALE, N | | | 0 | 22-3368740 | | | | |
| | | | | | 30 | Administrator's telephone number 212-925-8756 | | | | |
| 4 | f the name and/or EIN of the pla | n sponsor has changed since the las | st return/re | port filed for this plan, enter the | 4b | EIN | | | | |
| name, EIN, and the plan number from the last return/report. Sponsor's name | | | | | | PN | | | | |
| 5a Total number of participants at the beginning of the plan year | | | | | 40 5a | 58 | | | | |
| b | | 8 8 1 9 | | | 5a 5b | 58 | | | | |
| b Total number of participants at the end of the plan yearc Total number of participants with account balances as of the end of the plan year (defined benefit plans do not | | | | | | | | | | |
| | | | | · · | 5c | 17 | | | | |
| - | • | o 1 j o | | (See instructions.) | | Yes No | | | | |
| b | | | | ident qualified public accountant (IQ ons.) | | X Yes 🗌 No | | | | |
| | , | | | SF and must instead use Form 55 | | | | | | |
| Pa | rt III Financial Informa | ition | | | | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year | | | | |
| а | Total plan assets | | . 7a | 569034 | | | | | | |
| b | • | | | |) | 0 | | | | |
| <u> </u> | | b from line 7a) | . 7c | 569034 | + | 554401 | | | | |
| 8 | Income, Expenses, and Transf | | | | (b) Total | | | | | |
| а | Contributions received or recei (1) Employers | vable from: | . 8a(1) | 13000 | C | | | | | |
| (2) Participants | | | 3487 | 1 | | | | | | |
| (3) Others (including rollovers) | | . 8a(3) | (|) | | | | | | |
| b | Other income (loss) | | . 8b | 58803 | 3 | | | | | |
| С | Total income (add lines 8a(1), | 3a(2), 8a(3), and 8b) | . 8c | | 10667 | | | | | |
| d | 121130 | | | | | | | | | |
| ۵ | to provide benefits) Certain deemed and/or corrective distributions (see instructions) | | | (| 5 | | | | | |
| Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) | | | | 17 | | | | | | |
| g | • | | | (|) | | | | | |
| 9 h | • | se, 8f, and 8g) | | | 1213 | | | | | |
| i | | 8h from line 8c) | | | | -14633 | | | | |
| i | | e instructions) | | |) | | | | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV **Plan Characteristics**

- 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
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part | V Compliance Questions | | | | | | | | |
|---|---|---------------|--------|-----------------|-----------------------------|--|--|--|--|
| 10 | 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 | | Х | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | Х | | 1000000 | | | | |
| 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 | | Х | | | | | |
| е | | | | | 3006 | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | Х | | 4697 | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | Х | | | | | |
| 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 com 5500)) | | | | | | | | |
| lf y b c | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 | ctions, th | and e | enter th | e date of the letter ruling | | | | |
| d | 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 | | | | | |
| | 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 during the plan year or any prior year? | | ·····- | | Yes X No | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a | | | | | | | | |
| b | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | | | | | | |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | | | | | | | | | |
| 1 | 3c(1) Name of plan(s): | | 130 | c (2) El | N(s) 13c(3) PN(s) | | | | |
| | | | | | | | | | |
| Caut | Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. | | | | | | | | |

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. | 10/06/2011 | GARY E. DIVIS | | | | | |
|------|---|------------|--|--|--|--|--|--|
| 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 | | | | | |

| | - | | | | MB Nos, 1210-0110 |
|---|---|------------------|---|--|----------------------------|
| Form 5500-SF S | hort Form Annual R | eturn/Re | port of Small Employe | | 1210-0089 |
| Department of the Treasury Internal Revenue Service | | Benefit P | +04 and 4085 of the Employee | | 019 |
| Department of Labor | Retfrement Income Security | Revenue Co | de (the Code). | ins | Open to Public pection |
| Appsion Benefit Guaranty Corporation | Complete all entries in accor | dance with th | ne instructions to the Form 5600- | | |
| Part I Annual Report Ident For calendar plan year 2010 or fiscal pla | in year beginning | 01/01/20 | | 12/31/2010 | |
| A This return/report is for. | ngle-employer plan | final return/r | oloyer plan (not multiemployer) eport ear return/report (less than †2 mon | one-participa | te plan |
| C Check box if filing under. | n amended return/report orm 5558 pecial extension (enter descript |] automatic el | | DFVC progra | 3 m |
| | ion-enter all requested inform | | | 1b Three-digit | T |
| fig. Nome of plan | | | | plan number | 007 |
| MI CASA ES SU CASA, 1 | INC. 401 (K) SAVINGS | | | (PN)) 1C Effective date | |
| | | | | 09/01/19 | 97 |
| 2a Plan sponsor's name and address MI CASA ES SU CASA I | (employer, if for single-employe NC - | er plan) | | 2b Employer Iden (EIN) 22-33 2c Plan sponsor's | 687 <u>4</u> C |
| P.O. BOX 325 | | | | 212-925- 2d Business code | 8756 |
| | NY 11769 | | <u> </u> | 624100 3b Administrator | |
| 3a Plan administrator's name and add MI CASA ES SU CASA I | fress (if same as Plan sponsor, NC. | enter "Same" |) | 22-33687 | 40 |
| P.O. BOX 325 | NY <u>11769</u> | | | 3C Administrator 212-925- | s telephone number 8736 |
| OAKDALE 4 If the name and/or EIN of the plan s | monsor has changed since the | last ratum/rep | ort filed for this plan, enter the | 4b EIN | |
| name. EIN, and the plan number n | ow we as remarked on the | | | 4C PN | 58 |
| 5a Total number of participants at th | e beginning of the plan year | | a angén jeut tang a Plante Managang da pangka bitang ang maka katé kakangan | 5a 5b | 58 |
| b Total number of participants at th c Total number of participants with | e end of the plan year | t of the plan ve | ear (defined benefit plans do not | | 17 |
| complete this item) | | | | 50 | X Yes No |
| 6a Were all of the plan's assets dur b Are you claiming a waiver of the under 28 CFR 2520.104-46? (So | annual examination and report | ot an indepen | ores) | 2PA) | X Yes 🚺 No |
| If you answered "No" to either Part III Financial Informat | 6a or 6b, the plan cannot use | a Form \$500- | SF and must instead use Form 5 | | |
| 7 Plan Assets and Llabilities | | · | (a) Beginning of Year | | nd of Year 554401 |
| a Total plan assets | | | 5690 | 34 | 0 |
| b Total plan liabilities | from line 721 | 7b 7c | 5690 | | 554401 |
| C Net plan assets (subtract line 7b 8 income, Expenses, and Transfer | s for this Plan Year | | (a) Amount | | b) Total |
| Contributions received of received | able from: | 8a(1) | 130 | 00 | |
| (1) Employers | * ************************************* | | . 348 | 7 | |
| (3) Others (including rollovers) | 96 (984 41946 - 981 1647 444 244 745 245 247 97 45 | | | 0 | |
| b Other Income (ioss) | | | 586 | 103 | 106674 |
| C Total income (add lines Ba(1), 8 d Benefits paid (including direct ro | a(2), 8a(3), and 8b) Novers and insurance oremium | s 80 | | | |
| to provide benefits} | | ····· | 1213 | 0 | |
| e Certain deemed and/or correctly | e distributions (see Instructions | 5) <u>80</u> | | 177 | |
| f Administrative service providers | | | | 0 | |
| g Other expenses | e, 8f, and 8g) | | | | 121307 |
| Net income (loss) (subtract line | 8h from line 8c) | <u>81</u> | · · · · · · · · · · · · · · · · · · · | · | -14533 |
| | e instructions) | 81 | 1 . | 0 | |

| | Form 5500-SF 2010 | | | | | | | | |
|--|--|----------------|--|------------|--|-------------|---------|--|--|
| Part | 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; 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; | | | | | | | | |
| 9a II | 9a If the plan provides pension benefits, enter the applicable persion receiver of | | | | | | | | |
| 9a If the plan provides period points of points, particular periods from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, order the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, order the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | | | |
| D " | B II the plan provides weather benomen and and and and and and and and and an | | | | | | | | |
| Part | Compliance Questions | | Yes | No | Amp | unt | | | |
| | | | 100 | | | | | | |
| 10 | During the plan year: During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in Was there a failure to transmit to the plan any participant contributions within the time period described in | 10a | | X | | | | | |
| | Was there a failure to transmit to the plan any participant contributions intervented on Program | | | x | | | | | |
| b | b were there any notexempt transactions with any party-infineeest too the second s | | | | | | | | |
| | | 10c | x | | 1000000 | | | | |
| 6 | Was the plan covered by a fidelity bond? | | | x | | | | | |
| d | Was the plan covered by a nucleary concernation and the plan's fidelity bond, that was caused by fraud Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 100 | ļ | | | | | | |
| | or dishonesity? | | 1 | | | | 7006 | | |
| e | Were any fees or commissions paid to any brokers, agents, or other passing of antitation of the service of other organization that provides some or all of the benefits under the plan? (See | 10e | X | | | | 3006 | | |
| | insurance service or other organization that provides some of as a didle official and a service of the service | 16 | | X | | | | | |
| f | the star failed to provide any benefit when due under the plan r | | X | + | | | 4697 | | |
| | and the sector in the sector in the sector is the sector in the sector is the sector i | 10g | <u> </u> | + | | | | | |
| 2 | the same share a blackout DPCUI (1.155 Handouvie with the | 101 | | X | · : | | | | |
| 54 | If this is an individual account plan, was more a blackout person your store or one of the 2520.101-3.) | - | 1 | | | | | | |
| i | 2520.101-3.) | 10 | <u> </u> | | | | | | |
| · | exceptions to providing the natice appared divide 20 of the | | | | | | | | |
| Part | VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and or | mpleu | e Sche | dula SB | (Form | Yes | No No | | |
| 11 | is this a defined benefit plan subject to minimum funding requirements? (If "Yes, see its definition of a section \$12 of the Co | | | | EDIGA2 | Yes | N NO | | |
| | 5500)} | de or : | section | 1 302 01 | | | | | |
| 12 | - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 | | | t ontor th | w date of the | latter ru | ling | | |
| а | If a waiver of the minimum funding standard for a prior year is being whether and the minimum funding standard for a prior year is being | האחם | | _ Day | Y | ear | | | |
| | graning the wavet | 3. | | <u> </u> | T | | | | |
| 31 | you completed line 12a, complete titles of a talk it of a sear. Enter the minimum required contribution for this plan year. | | | 125 | ļ | | | | |
| t; | | | | 120 | | | | | |
| c | Enter the amount contributed by the employer to the pain for this pain year and the second states a minus sign to the l Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l | en of a | ÷ | 12d | ł | | | | |
| C | Subtract the amount in line 12c from the amount in line 12c. Enter the resolution (enter to make up to the resolution) negative emount) | | | L | T Yes | No | N/A | | |
| - | negative emotent) | | | | | <u></u> | | | |
| | the second Transfers of Assets | | | | ······································ | | s 🗙 No | | |
| (Fai | inter the stan been adopted during the plan year or any prior year? | | | | | 1 | | | |
| 13a | Has a resolution to terminate the plan assets that revented to the employer this year | | | 130 | | | | | |
| <u>.</u> | IFYes," enter the amount of any plan assets that revenued to the employer tills year | ព្រះ នោ | der tha | a control | | Ye | s 🔀 No | | |
| K. | Were all the plan assets distributed to participants of beneficiants, between the sector of the PBGC? | fy the | plants | 5) (0 | | _ | | | |
| C | is the start way any assets or liabilities were transferred from this plant to another plantary count | | | | | | | | |
| | which assets or liabilities were transiented. Laze included in the | | 13c(2) EIN(s) 13c(3) PI | | | (3) PN(S) | | | |
| | 13c(1) Name of plan(s): | — I. | | | | | | | |
| | | | | | | | | | |
| . — | | | | | | | | | |
| | | | _ | | | ⊶ل <u>⊸</u> | | | |
| | ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reast | inable | caus | e 15 esta | ion if soul | ble, a S | chedule | | |
| Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless return/report, including, if applicable, a Schedule 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 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 | | | | | | | | | |
| 30 20 | belicí, it is true, cornect, april complete | | | | | | | | |
| | | | | | | Interate | | | |
| | GN Date / 0/6/.// Enter nam | <u>) of in</u> | individual signing as plan administrator | | | | | | |
| - F | Gary 1. | | | | | | | | |
| | IGN Date /C/t//n Enter nam | e of in | dividu | al signin | g as employe | r or plan | sponsor | | |
| ្រុម | ERE Signature of employed bian sponsor Date /C/E// Enter Hall | | | | | | | | |

| SIGN | Munch | wit }- |
|------|------------------------------------|----------|
| | Signature of employeriblan sponsor | <u>.</u> |

Page Z-