## 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

	Complete all entries in accord	uance witi	i the manachons to the Form 3300	-3F.				
	art I Annual Report Identification Information							
For	alendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α .	This return/report is for:	a multiple	ultiple-employer plan (not multiemployer) a one-participant plan					
В	This return/report is:	the final return/report						
	x an amended return/report	a short pla	an year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558	extension	☑ DFVC program					
	special extension (enter description	on)						
Pa	art II Basic Plan Information—enter all requested information	ation						
1a	Name of plan			1b	Three-digit			
NJ N	ICASTRO ASSOCIATES LLP 401 K PROFIT SHARING PLAN TRU	ST			plan number			
			-		(PN) •	. 001		
				1 <b>C</b>	Effective date of 01/01/	•		
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identifi	cation Numb	er	
NJ N	IICASTRO ASSOCIATES LLP				(EIN) 43-204			
				2c	Sponsor's teleph			
	ROUTE 347 STE 52		-	0.1	631-928			
POR	T JEFFERSON STATION, NY 11776-2060			<b>2</b> a	Business code (s 62121		ns)	
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	<u>,")</u>	3h	Administrator's E			
	ICASTRO ASSOCIATES LLP 5225 ROUTE	347 STE	52		43-204	10225		
	PORT JEFFE	ATION, NY 11776-2060	3c	Administrator's to 631-928		nber		
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b				
	name, EIN, and the plan number from the last return/report.		' '					
	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year		<b> </b>	5a			10	
b			<del> </del>	5b			1	
С	Number of participants with account balances as of the end of the promplete this item)			5c				
6a	Were all of the plan's assets during the plan year invested in eligib		•			X Yes	No	
b	3						- 	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,			X Yes	No	
Do	If you answered "No" to either 6a or 6b, the plan cannot use Formation	orm 5500-	SF and must instead use Form 550	0.				
	art III   Financial Information							
7	Plan Assets and Liabilities	_	(a) Beginning of Year 284815		(b) End	of Year 32694	0	
a	Total plan assets		0			0		
b	Total plan liabilities		284815				0	
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	. 7c						
а			(a) Amount	(b) Total				
_	(1) Employers	. 8a(1)	4572					
	(2) Participants	. 8a(2)	44064					
	(3) Others (including rollovers)	. 8a(3)	0					
b	Other income (loss)	. 8b	-6511					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				4212	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0	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)					(	0	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				4212	5	
j	Transfers to (from) the plan (see instructions)	- 8j	0	)				

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Part IV   Plan Characteristics
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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 2G 2J 2K 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

)			.,					
_	During the plan year:		Yes	No		Am	ount	
	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				
b	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	Χ					2848
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.)	10g	X					1716
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art \	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Г	Yes	X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							=
		e or se	ction 3	302 of I	ERISA?		Yes	X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	802 of I	ERISA?		Yes	X
а	(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 instrugranting the waiver	ctions,	and e	nter th	e date o	of the le	tter rul	ing
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	nter th	e date o	of the le	tter rul	ing
a If y	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,	and e	nter th	e date o	of the le	tter rul	ing
a If y b	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,	and e	nter th Day	e date o	of the le	tter rul	ing
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.  Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.	ctions,  th  of a	and e	nter th Day	e date o	of the le	tter rul	ing
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.  Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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	ctions,	and e	nter th Day 12b 12c 12d	e date o	of the le	tter rul	ing
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	nter th Day 12b 12c 12d	e date d	of the le	etter rul	ing
a  If y b c d e art \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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 negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, hth of a	and e	12b 12c 12d	e date o	of the le	etter rul	ing
a If y b c d e	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date o	of the le	etter rul	ing
a If y b c d e art 1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  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 negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date o	of the le Yea	etter rul	ing
a If y b c d e urt \b a b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date o	of the le Yea	etter rul	ing
a If y b c d e art \( ^1 \)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Yes X	of the le Yea	etter rul	N/A
a If y b c d e art \( ^1 \)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.  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 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 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.)	of a	and e	12b 12c 12d	Yes X	of the le Yea	No Yes	N/A

SB or Schedule MB completed and sig belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/23/2012	NJ NICASTRO ASSOCIATES LLP
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