Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art i Annual Report Identification information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011				
Α	This return/report is for:	a multiple-	employer plan (not multiemployer)		a one-particip	ant plan			
		the final re	eturn/report	!					
_			•	antha)					
_	H_		n year return/report (less than 12 mo	(פווווונ	П				
С	Check box if filing under:	automatic	extension		DFVC progra	m			
	special extension (enter description	n)							
Pa	art II Basic Plan Information—enter all requested informa	ation							
1a	Name of plan				Three-digit				
MI C	ASA ES SU CASA, INC. 401(K) SAVINGS PLAN				plan number				
					(PN) ▶	001			
				1C	Effective date of				
20			(and a standard standard)	O.L.	09/01/				
	Plan sponsor's name and address; include room or suite number (er ASA ES SU CASA INC.	nployer, if	for a single-employer plan)		Employer Identif				
					(=114)				
				2C	Sponsor's telep				
	BOX 325 DALE, NY 11769			24					
OAK	DALL, NT 11709			Zu	62410	see instructions)			
32	Plan administrator's name and address (if same as plan sponsor, en	tor "Como	2)	3h	Administrator's I				
	ASA ES SU CASA INC. P.O. BOX 325		,	30		68740			
	OAKDALE, N	Y 11769		3c	Administrator's t	elephone number			
					212-925				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN				
_	name, EIN, and the plan number from the last return/report.			4.					
	Sponsor's name				4c PN				
	Total number of participants at the beginning of the plan year			5a	1				
	Total number of participants at the end of the plan year			5b		30			
С	Number of participants with account balances as of the end of the p		•	5c		17			
0 -	complete this item)					п. п.			
	Were all of the plan's assets during the plan year invested in eligible		· · · · · · · · · · · · · · · · · · ·			X Yes No			
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		· ·						
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
a	Total plan assets	7a	554401		(0) =	364659			
	Total plan liabilities	7b	0			0			
		7c	554401			364659			
_	·	70			/b) T	'etel			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	Uldi			
u	(1) Employers	8a(1)	7130						
	(2) Participants	8a(2)	21014						
	(3) Others (including rollovers)	8a(3)	0						
h	Other income (loss)	8b	-21720						
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				6424			
c d	Benefits paid (including direct rollovers and insurance premiums	00							
u	to provide benefits)	8d	195999						
е	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	167						
			0						
g	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g				196166			
n :		8h							
!	Net income (loss) (subtract line 8h from line 8c)	8i				-189742			
J	Transfers to (from) the plan (see instructions)	8j	0						
	Panerwork Reduction Act Notice and OMB Control Numbers, see the instructions for I					Form 5500-SF (2011)			

Form	5500	SF	201

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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
- 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		Amou	ınt		
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		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X						
С	Was the plan covered by a fidelity bond?	10c	X				10	0000	00
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					27:	38
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					2619	90
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	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 comp 5500))					П	Yes		No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ī	Yes	X	No
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 instruct	tions,	and e	enter the	e date of the	e lette	er rulii	ng	
14.	granting the waiver	h		Day ₋	`	Year .			
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b					
	Enter the minimum required contribution for this plan year			12c					
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d					
	negative amount)				7 v F	٦ ٨١٠		N1/	^
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/	Α
art									
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol		П	Yes	X	۷o
С	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.)	e plar	n(s) to						
1	Sc(1) Name of plan(s):		130	c(2) Ell	N(s)	1:	3c(3)	PN(s	3)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.				
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re								

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/13/2012	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

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011 and ending		12/31/2011				
Α	This return/report is for: a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is: the first return/report	the final	return/report						
	an amended return/report	a short pl	an year return/report (less than 12 m	onths)	1				
С	Check box if filing under: X Form 5558	automati	c extension		DFVC program				
_	special extension (enter descripti								
P	art II Basic Plan Information—enter all requested inform	•							
	Name of plan	iiau o ii		1h	Three-digit				
	CASA ES SU CASA, INC. 401(K) SAVINGS PI	LAN		16	plan number				
	. , ,		(PN) • 001						
					Effective date of plan				
		 -			09/01/1997				
	Plan sponsor's name and address; include room or suite number (casa Es Su Casa Inc.	employer, i	f for a single-employer plan)	2b	Employer Identification Number				
	3,13,1, 2,2, 3,1,2,1, 2,1,2,1			20	(EIN) 22-3368740				
P.	O. BOX 325			20	Sponsor's telephone number 212-925-8756				
				2d	Business code (see instructions)				
OA	KDALE NY 11769				624100				
3a	Plan administrator's name and address (if same as plan sponsor, e CASA ES SU CASA INC.	enter "Same	∍")	3b	Administrator's EIN				
					22-3368740				
	O. BOX 325 KDALE NY 11769			3C	Administrator's telephone number 212-925-8756				
	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4h	EIN				
	name, EIN, and the plan number from the last return/report.		rapert made for the principle of the first	-1.0	117				
	Sponsor's name			4¢	PN				
_	Total number of participants at the beginning of the plan year			5a	58				
þ	Total number of participants at the end of the plan year			5b	30				
C	Number of participants with account balances as of the end of the complete this item)	plan year (defined benefit plans do not	5c					
6a	Were all of the plan's assets during the plan year invested in eligit				X Yes No				
	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	A)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No				
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F irt III Financial Information	-orm 5500-	SF and must instead use Form 550	0.					
7	Plan Assets and Liabilities	1	(=) Parissins of Y		(L) FJEV				
ʻa	Total plan assets	7a	(a) Beginning of Year 55440	1	(b) End of Year 364659				
b	Total plan liabilities			-	304039				
_	Net plan assets (subtract line 7b from line 7a)	<u> </u>	55440	+	364659				
8	Income, Expenses, and Transfers for this Plan Year	10		1					
а	Contributions received or receivable from:		(a) Amount	1	(b) Total				
	(1) Employers	8a(1)	713	0					
	(2) Participants	8a(2)	2101	4	원함 왕당 그리를 하는 것이				
	(3) Others (including rollovers)	8a(3)		<u>o</u>	요화시민은 이 기계가 그 하는				
b	Other income (loss)	8b	-2172	0					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			6424				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19599						
е	Certain deemed and/or corrective distributions (see instructions)			0					
f	Administrative service providers (salaries, fees, commissions)		16	7					
g	Other expenses			ō					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				196166				
i	Net income (loss) (subtract line 8h from line 8c)		· · · · · · · · · · · · · · · · · · ·	1	-189742				
i	Transfers to (from) the plan (see instructions)		, , , , , , , , , , , , , , , , , , , ,						

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rom	DOM:		7/34

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<u></u>											- 1
	t IV Plan Characteristics								 ,		7
<i>5</i> સ	if the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K										
Ь	If the plan provides welfare benefits, enter the applicable welfare feetu	ure codes from th	e List of Plan Chare	cterisi	ic Coc	les in	the instru	ctions:			
Par		**************************************	· · · · · · · · · · · · · · · · · · ·								┪
10	During the plan year:				Yes	Na		Ame	punt		+
	Was there a failure to transmit to the plan any participent contribution 28 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducial	ry Correction Pro	(menu	10a		х					1
	Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)			10b		X					1
C	Was the plan covered by a fidelity bond?		***************************************	10c	Х				10	0000	,
đ	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х		-,	/		+
•	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of the instructions.)	dersons by an ins a benefits under (urance canier, he plan? (See	100	х	W-Parameter				27.	3 6
f	Has the plan falled to provide any benefit when due under the plan? $\boldsymbol{\pi}$		*****************	101		х	·				+
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year and.)	M	100	х		ļ			2619	t
	If this is an individual account plan, was there a blackout pariod? (See 2620-101-3.)	instructions and	29 CFR	10h		х	* * .		*****		
<u> </u>	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3	auland natice or a	no of the	101	_				•	\ -	+
Part '	VI Pension Funding Compliance			101			10 10 0000				+
11	is this a defined benefit plan subject to minimum funding requirements' 5500))	? (If "Yes," see in	structions and com	plete S	chedi	le SB	(Form		V		1
12	is this a defined contribution plan subject to the minimum funding requ	Inements of section	on 412 of the Cose	<u> </u>	*************************	30 44 (_	Yes	N N	+
8	(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 am granting the waiver	.) nortized in this pla	an year, see instruc					_			
•	Enter the minimum required contribution for this plan year	i (comi save), ar	id skip to line 13.								ļ
Ç I	Enter the amount contributed by the employer to the plan for this plan y	**************************************			·	2b					Ļ
u ;	Subtract the amount in line 12c from the amount in line 12b. Enter the n legative amount)	March de March		_		2c	·		······································		+
# 1	Mill the minimum funding amount reported on line 12d be met by the ful	nding deadline?			· L		Yes	ΠN	<u>. i</u>	N/A	ł
Part ∨	II Plan Terminations and Transfers of Assets			*********	12 11 17 12 17		100	11		IVA	╁
13a (las a resolution to terminate the plan been adopted in any plan year?				r	7 v	95 X		**************************************		╀
	f "Yes," enter the amount of any plan easets that reverted to the employ	yer this year		43			- []				╁
b v	Vere all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	sferred to anothe	plan, or brought u	nder tr	10 CON	trol		П	Yas	X No	Ц
Ç !	f during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)	s plan to another	plan(s), identify the	plan(B) 10	•••		U	1 440	E 140	
13:	:(1) Name of plan(s):				13c(Z) EIN	(6)	1:	lc(3) l	PN(8)	Γ
										,	,-
Cautho	2° A nongity for the late or leasured to Alley and the			~				٠	·		_
Joder s	n: A penalty for the late or incomplete filling of this returnizeport with an allege of perjury and other penalties set forth in the instructions, I described the MR/completed and signed by an excelled and signed and signed by an excelled and signed by an excelled and signed and s	il De assossed	inless reasonable	Caus	to es	tabih	ihad.				_
	chedule McCompleted and signed by an enrolled actuary, as well as the true, confect, and complete.	he electronic ven	examined this return/re	n/repo port, z	rt, incl ind to	uding. the ba	if applica set of my	ible, a knowie	Sched dge s	alut nd	
SIGN HERE	fail colding a truste	4.	Gary B. Div		¥ 	<u></u>				· · · · · · · · · · · · · · · · · · ·]
	De	010 10/1/12-	Enter name of Ind		signir	9 25	lan admi	nistrat	or		1
BION LERE	(Car Chill		Gary E. Div						7.00 · · · · · · · · · · · · · · · · · ·		
	Signature of employer/plan sponsor Da	ate	Enter name of Indi	ividual	signir	g as e	mployer	or plan	spor	isor	J
1										i	