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

		Complete all entries in accor	uance with the motifu	ctions to the Form 550	00-3F.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/201	2	and ending	12/31/2012	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-partic	cipant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC prog	ram
		special extension (enter description	on)			
Part II	Basic Plan Info	rmation—enter all requested inform	ation			
1a Name	of plan				1b Three-digit	
	SU CASA, INC. 401(F	K) SAVINGS PLAN			plan number	
					(PN) ▶	001
					1c Effective date	of plan
					09/0	1/1997
		dress; include room or suite number (e	employer, if for a single	-employer plan)	2b Employer Iden	tification Number
MI CASA ES	S SU CASA INC.				(EIN) 22-3	3368740
					2c Sponsor's tele	phone number
76 SHORE F					212-9	25-8756
PATCHOGL	JE, NY 11772				2d Business code	e (see instructions)
					6241	100
3a Plan a	dministrator's name ar	id address XSame as Plan Sponsor N	Name Same as Pla	n Sponsor Address	3b Administrator's	s EIN
					20 Administration	
					3c Administrator's	s telephone number
1 If the a					41	
		e plan sponsor has changed since the nber from the last return/report.	last return/report filed t	or this plan, enter the	4b EIN	
	or's name	mber from the last return/report.			4c PN	
5a Total r	number of participants	at the beginning of the plan year			. 5a	30
b Total r	number of participants	at the end of the plan year			- 5b	17
C Numb	er of participants with	account balances as of the end of the	plan year (defined ben	efit plans do not	_	
·	•				•	17
		during the plan year invested in eligib				X Yes No
		the annual examination and report of				X Yes No
		? (See instructions on waiver eligibility ther line 6a or line 6b, the plan canr				M 100 100
		or incomplete filing of this return/re				Saabila a Oabaabila
		ner penalties set forth in the instruction nd signed by an enrolled actuary, as w				
	true, correct, and comp				, a 2001 0	.yougo aa
			07/00/00/0			
SIGN HERE	Filed with authorized/	valid electronic signature.	07/29/2013	GARY E. DIVIS		
TEILE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan ac	dministrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual signing as employ	er or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; includ	de room or suite numb		Preparer's telephon	
Ī						

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year	r		
a	Total plan assets	. 7a		364659			398253				
	Total plan liabilities	7b	33.10	0			0				
	Net plan assets (subtract line 7b from line 7a)		36465					398	3253		
8			(a) Amount				(b) To		200		
	Contributions received or receivable from:		(a) Amount				(6) 10	tai			
	(1) Employers	8a(1)	223	35							
	(2) Participants	8a(2)	550)9							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	. 8b	2697	7 4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						34	718		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	96	64							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	16	0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1124		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						33	3594		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	c Cod	des in t	he instruction	ns:			
Par	t V Compliance Overtions										
	•			1	V		<u> </u>				
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in	Г	Yes	No	,	Amou	nt		
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
c	Was the plan covered by a fidelity bond?			10c	Χ				10	1000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			10	<i>,</i>	300
	Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of				~						
	instructions.)			10e	X					16	662
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					256	659
h	If this is an individual account plan, was there a blackout period? 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											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							<u> </u>	⁄es		No
112	Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	П	⁄es	X	No
				. OI 30	JUIT	JUZ UI	o	<u> </u>		* *	
a	(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										
If	granting the waiver					Day		Year _			
	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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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	Yes	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

OME Nos, 1210-0110 1210-0089

2012

This Form is Open to Public

_	Panalon Behafit Guarenty Corporation	Complete all ontries in acc	ordance with the inst	ructions to the Form 55	00-SF.	Inspection
	Part I Annual Report or calendar plan year 2012 or fi	Identification Information				
		100000000000000000000000000000000000000	01/01/2012	and ending		12/31/2012
_	This return/report is for:	2	a multiple-employer	plan (not multlemployer))	a one-participani plan
В	This return/report is:	the first return/report	he final return/repo	rt		
		an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)
C	Check box if filing under:	X Form 5558	automatic extension			DFVC program
		special extension (enter descrip				_ si to program
	art II Basic Plan Info	rmation—enter all requested infor	mation			
	Name of plan			15/00-30	1 1b	Three-digit
M	I CASA ES SU CASA,	INC. 401(K) SAVINGS E	?LAN			plan number
						(PN) 001
					10	Effective date of plan 09/01/1997
2a	Plan sponsor's name and add	dress; Include room or suite number	(employer, if for a single	B-employer Alan	-	
M	I CASA ES SU CASA I	INC.	(s ciribiosos biaiti		Employer Identification Number (EIN) 22-3368740
7/	- 0114DH DAN-				-	Sponsor's telephone number
/ (5 SHORE ROAD					212-925-8756
PA	ATCHOGUE	htv 0.4500			2d	Business code (see instructions)
		NY 11772 d address XSeme as Plan Sponsor				624100
~~	Light agreementators traine stiff	address IXISeme as Plan Sponsor	Name XSame as Pla	n Sponsor Address	3b	Administrator's EIN
					30	Administrator's telephone number
					7.	Commission a telephonic number
4	If the name and/or FIN of the	Plan enonger has obtained along the	1. 4. 4. 4	7/5		
	name, EIN, and the plan numi	plan sponsor has changed since the ber from the last return/report.	last return/report filed f	or this plan, enter the	4b	EIN
	Sponsor's name				4c	PN
5a	Total number of participants a	t the beginning of the plan year			5ล	30
b	Total number of participants at	t the end of the plan year	***************************************		5b	
C	Number of participants with ac	count balances as of the end of the	olan year (defined hone	afit plane do ant	715	17
	complete this nam)		September 11 (1905)			
ba	Were all of the plan's assets of				5c	17
u	Anatom to the total and	during the plan year invested in eligib	ole assets? (See Instruc	tions)		17
	Are you dairning a waiver of tr	during the plan year invested in eligible annual examination and report of	ole assets? (See Instruc	dions.)		X Yes No
	under 29 CFR 2520.104-46? (during the plan year invested in eligit he annual examination and report of (See instructions on waiver eligibility	ble assets? (See Instruction independent qualifie and conditions.)	clions.)ed public accountant (IQP	'A)	Yes No
	under 29 CFR 2520.104-46? (If you answered "No" to eith	during the plan year invested in eligible annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan cann	ble assets? (See Instruction independent qualifier and conditions.)	clions.)d public accountant (IQP	A)	
Cau	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or	during the plan year invested in eligible annual examination and report of (See instructions on walver eligibility ter line 6a or line 6b, the plan cannual incomplete filing of this return/re	ble assets? (See Instruction independent qualifier and conditions.)	clions.) ad public accountant (ICP and must instead use F unless reasonable caus	A) form 5	Yes No X Yes No No 600.
Cau Undi SB c	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and	during the plan year invested in eligible annual examination and report of (See instructions on walver eligibility ter line 6a or line 6b, the plan cannincomplete filing of this return/report and the set of the instruction signed by an emplied ectuary, as we	ble assets? (See Instruction independent qualifier and conditions.)	clions.) ad public accountant (ICP and must instead use F unless reasonable caus	A) form 5	Yes No X Yes No No 600.
Cau Undi SB c	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or	during the plan year invested in eligible annual examination and report of (See instructions on walver eligibility ter line 6a or line 6b, the plan cannincomplete filing of this return/report and the set of the instruction signed by an emplied ectuary, as we	ble assets? (See Instruction independent qualifier and conditions.)	clions.) ad public accountant (ICP and must instead use F unless reasonable caus	A) form 5	Yes No X Yes No No 600.
Cau Undi SB c belie	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and of, it is true, correct, and comple	during the plan year invested in eligible annual examination and report of (See instructions on walver eligibility ter line 6a or line 6b, the plan cannincomplete filing of this return/report and the set of the instruction signed by an emplied ectuary, as we	ble assets? (See Instruction independent qualifier and conditions.)	ed public accountant (ICP and must instead use F unless reasonable caus examined this return/report, sion of this return/report,	A) form 5	Yes No X Yes No No 600.
Cau Undi SB c belie	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and of, it is true, correct, any comple	during the plan year invested in eligible annual examination and report of (See Instructions on waiver eligibility ter line 6a or line 6b, the plan cannon incomplete filing of this return/report penalties set forth in the instruction signed by an enrolled actuary, as well.	ble assets? (See Instruction independent qualifier and conditions.)	elions.) and must instead use Funless reasonable cause examined this return/report, the E. Divis	Orm 5 orm 5 se la ex ort, incl and to	Yes No Yes No Yes No No Stablished. uding, if applicable, a Schedula the best of my knowledge and
Cau Undi SB c belie	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and of, it is true, correct, and comple	during the plan year invested in eligible annual examination and report of (See Instructions on waiver eligibility ter line 6a or line 6b, the plan cannon incomplete filing of this return/report penalties set forth in the instruction signed by an enrolled actuary, as well.	ble assets? (See Instruction independent qualifier and conditions.)	ed public accountant (ICP and must instead use Funless reasonable cause examined this return/report, sion of this return/report, Ener name of individual	Orm 5 orm 5 se la ex ort, incl and to	Yes No X Yes No No 600.
Cau Undi SB c belie SIGN HER	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and if, it is true, correct, and comple	during the plan year invested in eligible annual examination and report of (See Instructions on walver eligibility ter line 6a or line 6b, the plan cannon incomplete filling of this return/representation in the instruction signed by an enrolled actuary, as well as the complete filling of this return/representation in the instruction of the complete filling of this return/representation in the instruction and the complete filling of this return/representation in the instruction in the	ble assets? (See Instruction independent qualifier and conditions.)	ed public accountant (ICP and must instead use Funless reasonable cause examined this return/report, E. Divis Enter name of individual Gary E. Divis	orm 5 orm 5 ort, incl and to	Yes No Yes No Yes No No Habilished. uding, if applicable, a Schedule the best of my knowledge and high as plan administrator
Cau Undi SB c belie SIGN HER	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and if, it is true, correct, and comple	during the plan year invested in eligible annual examination and report of (See Instructions on walver eligibility ter line 6a or line 6b, the plan cannon incomplete filling of this return/representation in the instruction signed by an enrolled actuary, as well as the complete filling of this return/representation in the instruction of the complete filling of this return/representation in the instruction and the complete filling of this return/representation in the instruction in the	ble assets? (See Instruction independent qualifier and conditions.)	ed public accountant (ICP and must instead use Funless reasonable cause examined this return/report, E. Divis Enter name of individus Gary E. Divis	orm 5 orm 5 of la ex ord, incl and to	Yes No Yes No Yes No No Habilished. Uding, if applicable, a Schedule the best of my knowledge and high as plan administrator.
Cau Undi SB c belie SIGN HER	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and if, it is true, correct, and comple	during the plan year invested in eligible annual examination and report of (See Instructions on walver eligibility ter line 6a or line 6b, the plan cannot incomplete filing of this return/representation as the plan in the instruction along the plan in the instruction are problem.	ble assets? (See Instruction independent qualifier and conditions.)	ed public accountant (ICP and must instead use Funless reasonable cause examined this return/report, E. Divis Enter name of individus Gary E. Divis	orm 5 orm 5 of la ex ord, incl and to	Yes No Yes No Yes No No Habilished. uding, if applicable, a Schedule the best of my knowledge and high as plan administrator
Cau Undi SB c belie SIGN HER	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and if, it is true, correct, and comple	during the plan year invested in eligible annual examination and report of (See Instructions on walver eligibility ter line 6a or line 6b, the plan cannon incomplete filling of this return/representation in the instruction signed by an enrolled actuary, as well as the complete filling of this return/representation in the instruction of the complete filling of this return/representation in the instruction and the complete filling of this return/representation in the instruction in the	ble assets? (See Instruction independent qualifier and conditions.)	ed public accountant (ICP and must instead use Funless reasonable cause examined this return/report, E. Divis Enter name of individus Gary E. Divis	orm 5 orm 5 of la ex ord, incl and to	Yes No Yes No Yes No No Habilished. Uding, if applicable, a Schedule the best of my knowledge and high as plan administrator.
Cau Undi SB c belie SIGN HER	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and if, it is true, correct, and comple	during the plan year invested in eligible annual examination and report of (See Instructions on walver eligibility ter line 6a or line 6b, the plan cannon incomplete filling of this return/representation in the instruction signed by an enrolled actuary, as well as the complete filling of this return/representation in the instruction of the complete filling of this return/representation in the instruction and the complete filling of this return/representation in the instruction in the	ble assets? (See Instruction independent qualifier and conditions.)	ed public accountant (ICP and must instead use Funless reasonable cause examined this return/report, E. Divis Enter name of individus Gary E. Divis	orm 5 orm 5 of la ex ord, incl and to	Yes No Yes No Yes No No Habilished. Uding, if applicable, a Schedule the best of my knowledge and high as plan administrator.
Cau Undi SB c belie SIGN HER	under 29 CFR 2520.104-46? (If you answered "No" to eith tion: A penalty for the late or er penalties of perjury and other or Schedule MB completed and if, it is true, correct, and comple	during the plan year invested in eligible annual examination and report of (See Instructions on walver eligibility ter line 6a or line 6b, the plan cannon incomplete filling of this return/representation in the instruction signed by an enrolled actuary, as well as the complete filling of this return/representation in the instruction of the complete filling of this return/representation in the instruction and the complete filling of this return/representation in the instruction in the	ble assets? (See Instruction independent qualifier and conditions.)	ed public accountant (ICP and must instead use Funless reasonable cause examined this return/report, E. Divis Enter name of individus Gary E. Divis	orm 5 orm 5 of la ex ord, incl and to	Yes No Yes No Yes No No Habilished. Uding, if applicable, a Schedule the best of my knowledge and high as plan administrator.

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	3	6465	9		398253
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	3	6465	9		398253
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from:			223	5		
	(1) Employers	8a(1)		550	_		
	(2) Participants	8a(2)		350	0		
	(3) Others (including rollovers)	8a(3)		2697	14		
_	Other income (loss)	8b		2091	4		24710
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		34718
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		96	54		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f		16	0		
q	Other expenses	8g			0	-	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1124
-	Net income (loss) (subtract line 8h from line 8c)	81					33594
÷	Transfers to (from) the plan (see instructions).	8j			_		
De	rt IV Plan Characteristics	0 1					
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare fe						
Par	t V Compliance Questions						
10	During the plan year:			-	Yes	No	Amount
a				10a		Х	74110411
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	clude transactions reported	10b		Х	
	Was the plan covered by a fidelity bond?			10c	Х		1000000
- 0	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	I, that was caused by fraud	10d		Х	
6		ner persons l of the benefi	by an insurance carrier, ts under the plan? (See	10e	Х		1662
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	Х		25659
r	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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
118	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts 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						
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortized	l in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Form	5500), and skip to line 13.				
L.	Enter the minimum required contribution for this plan year			******		12b	

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C	Enter the amount contributed by the employer to the plan for this plan ye	ear	222	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 fur	nding 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	es _	No	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?					_ Y	es 🛛 No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	is plan to another plan(s), identify the pla	n(s) to	•			
	13c(1) Name of plan(s):		130	c(2) El	N(s)	130	(3) PN(s)
						_	
-							
Part	VIII Trust Information (optional)						
14a	Name of trust		1	4b ⊺ı	rust's Ell	V	