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

2013

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ➤ Complete all entries in ac | cordance with the instru | ctions to the Form 5500 | -SF. | | | |
|---|--|---|---|---|--|--|--|--|
| Part I | Annual Report I | Identification Information | | | | | | |
| For calenda | ar plan year 2013 or fis | cal plan year beginning 01/01/2 | 2014 | and ending 03 | 3/31/2014 | | | |
| A This ret | turn/report is for: | a single-employer plan | a multiple-employer p | olan (not multiemployer) | a one-p | articipant plan | | |
| B This ret | turn/report is: | the first return/report | x the final return/report | | | | | |
| | | an amended return/report | a short plan year retur | n/report (less than 12 mo | nths) | | | |
| C Check b | box if filing under: | Form 5558 | automatic extension | | DFVC program | | | |
| | | special extension (enter descr | • • | | | | | |
| Part II | Basic Plan Infor | rmation—enter all requested info | ormation | | | | | |
| 1a Name | | | | | 1b Three-digit | | | |
| MI CASA ES | SU CASA INC. 401K | SAVINGS PLAN | | | plan numb | | | |
| | | | | - | (PN) • | 001 | | |
| | | | | | 1c Effective d | | | |
| 2a Dian or | noncor's name and add | draga, include room or quite numbe | or (ampleyor if for a single | omployer plan) | | 09/01/1997 | | |
| | ponsor's name and add S SU CASA INC. | dress; include room or suite numbe | er (employer, ir for a single- | -employer plan) | | dentification Number 22-3368740 | | |
| | | | | | • | telephone number | | |
| 76 SHORE F | ROAD JE. NY 11772 | | | | | 2-925-8756 | | |
| 7711011000 | | | | | | code (see instructions) 624100 | | |
| 3a Plan ad | dministrator's name and | d address XSame as Plan Spons | or Name Same as Plar | n Sponsor Address | 3b Administra | tor's EIN | | |
| | | | | | 3c Administra | tor's telephone number | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | plan sponsor has changed since t | the last return/report filed for | or this plan, enter the | 4b EIN | | | |
| name, | , EIN, and the plan num | plan sponsor has changed since to the from the last return/report. | the last return/report filed for | or this plan, enter the | 4b EIN 4c PN | | | |
| name, a Sponso | , EIN, and the plan num or's name | | · | · | | 15 | | |
| name, a Sponso 5a Total r | , EIN, and the plan num or's name number of participants a | nber from the last return/report. | | | 4c PN | 15 | | |
| name, a Sponso 5a Total r b Total r c Number | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a | at the beginning of the plan year at the end of the plan yearat the end of the plan year | the plan year (defined bene | efit plans do not | 4c PN 5a 5b | | | |
| name, a Sponso 5a Total r b Total r c Number comple | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of t | the plan year (defined bene | efit plans do not | 4c PN 5a 5b 5c | 0 | | |
| name, a Sponso 5a Total r b Total r c Number comple 6a Were | EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item) | at the beginning of the plan year at the end of the plan yearat the end of the plan year | the plan year (defined bene ligible assets? (See instruc | efit plans do not | 4c PN 5a 5b 5c | 0 0 X Yes No | | |
| name, a Sponsor b Total r c Numbo comple 6a Were b Are younder | EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of t during the plan year invested in el the annual examination and report | the plan year (defined bene ligible assets? (See instruc t of an independent qualifie ility and conditions.) | efit plans do not ctions.) | 4c PN 5a 5b 5c | 0 X Yes No | | |
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| name, a Sponsor b Total r c Number compl 6a Were b Are younder If you c If the p | EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eldithe annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan can | the plan year (defined bene- ligible assets? (See instruct of an independent qualified ility and conditions.) | efit plans do not ctions.) | 4c PN 5a 5b 5c PA) Form 5500. Yes N se is establishe | 0 | | |
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| name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Schee | EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of the annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan count plan, is it covered under the PBG or incomplete filing of this return the penalties set forth in the instruction disgned by an enrolled actuary, a | the plan year (defined bene- defined bene- tiof an independent qualified ility and conditions.) | efit plans do not ctions.)ed public accountant (IQF and must instead use F e ERISA section 4021)? unless reasonable caus examined this return/repo | 4c PN 5a 5b 5c PA) Form 5500. Yes N se is establishe ort, including, if a | 0 X Yes No X Yes No o Not determined d. applicable, a Schedule | | |
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| name, a Sponsor b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t | p. EIN, and the plan numor's name number of participants and participants are reflected by the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? I answered "No" to eit plan is a defined benefit a penalty for the late of participants of perjury and other plan is a completed and true, correct, and completed with authorized/virial plan is a defined benefit and penalty for the late of perjury and other plants of perjury and perjury an | at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year invested in eletannel examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filling of this return the penalties set forth in the instructed signed by an enrolled actuary, a solete. | the plan year (defined bene- digible assets? (See instruct t of an independent qualified ility and conditions.) | efit plans do not ctions.) ed public accountant (IQF and must instead use F E ERISA section 4021)? unless reasonable caus examined this return/report, GARY E. DIVIS | 4c PN 5a 5b 5c PA) Form 5500. Se is establisher ort, including, if a and to the best of the second s | O O Not determined D Not determined D D D D D D D D D D D D D | | |
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| name, a Sponsor b Total r c Number compl 6a Were b Are younder If you C If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE | EIN, and the plan numor's name number of participants and participants are of participants with a lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elet the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filling of this returnment per penalties set forth in the instructed signed by an enrolled actuary, a solete. | the plan year (defined bene- ligible assets? (See instruct t of an independent qualified ility and conditions.) | efit plans do not ctions.) | 4c PN 5a 5b 5c PA) Form 5500. Yes N se is establishe ort, including, if a and to the best of | O O Not determined D Not determined D D D D D D D D D D D D D | | |
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| name, a Sponsor b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under penass or Schebelief, it is t SIGN HERE | EIN, and the plan numor's name number of participants and participants are of participants with a lete this item) | at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elether annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filling of this returnment penalties set forth in the instructed signed by an enrolled actuary, a solete. | the plan year (defined bene- ligible assets? (See instruct t of an independent qualified ility and conditions.) | efit plans do not ctions.) | 4c PN 5a 5b 5c PA) Form 5500. Yes N se is establishe ort, including, if a and to the best of | O O Not determined Displicable, a Schedule of my knowledge and n administrator | | |

Form 5500-SF 2013 Page **2**

| Pa | rt III Financial Information | | | | | | | |
|------|---|-------------|---------------------------------|---------|----------|-----------------|-------------------|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | · · | | (b) End of Your | | |
| | Total plan assets | 7a | (a) beginning of Tea | | | (b) End of Year | | |
| | Total plan liabilities | 7b | | 0 | | 0 | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 37682 | | + | | 0 | |
| | Income, Expenses, and Transfers for this Plan Year | 70 | (a) Amount | | | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (b) Total | |
| | (1) Employers | 8a(1) | | 0 | | | | |
| | (2) Participants | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | |
| b | Other income (loss) | 8b | 198 | 4 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 1984 | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 37610 | 0 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 271 | 0 | | | | |
| g | Other expenses | 8g | | 0 | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 378810 | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -376826 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | |
| Pai | t IV Plan Characteristics | <u> </u> | L | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 3H | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cterist | ic Cod | es in t | he instructions: | |
| | <u> </u> | | | | | | | |
| Par | | | | | I I | | Ι | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| a | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | ıciary Corı | ection Program) | 10a | | X | | |
| b | 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 | | 1000000 | |
| 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 | of the ben | efits under the plan? (See | | | Х | | |
| | instructions.) | | | 10e | | Χ | | |
| f | Has the plan failed to provide any benefit when due under the pla | n? | | 10f | | | | |
| g | g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | | | 10g | | X | | |
| h | 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 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 requirem 5500) and line 11a below) | | | | | | | |
| 11a | Enter the unpaid minimum required contribution for current year fr | | | | | 11a | 135 140 | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requirem | ents of section 412 of the Code | or se | ection 3 | 302 of | ERISA? Yes X No | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | , as applic | able.) | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | - | | | , and e | enter th Day | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedulo | | | | | | | |
| h | Enter the minimum required contribution for this plan year | | | | | 12b | | |

| Page | 3 - | . 1 | |
|------|-----|-----|--|
| raye | J | | |

| 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 | es No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | 0 |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | | | | 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) to which assets or liabilities were transferred. (See instructions.) | :0 | | | |
| 1 | 3c(1) Name of plan(s): | 3 c(2) EI | N(s) | 13c(3) | PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| 14a Name of trust | | | | • | |
| | | | | | |

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pontion Bonefil Custonly 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).

2013

OMB Nos. 1210-0110

1210-0089

Form 6500-9F (2013)

This Form is Open to Public Inspection Complete all entries in accordance with the Instructions to the Form 5500-SF.

Part I Annual Report Identification Information 03/31/2014 and andling: 01/01/2014 For colonder plan year 2013 or fiscal plan year beginning a one-participant plan a multiple-employer plan (not multiemployer) a single-employer plan A This return/report is for: X the final return/report the first return/report B This return/report is: x a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box If filling under: special extension (enter description) Part II | Basic Plan Information-enter all requested Information Three-digit 1a Name of plan plan number MI CASA ES SU CASA INC. 401K SAVINGS PLAN 001 (PN) } 1c Effective date of plan 09/01/1997 Employer Identification Number 2a Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) (EIN) 22-3368740 MI CASA ES SU CASA INC. Sponsor's telephone number 212-925-8756 76 SHORE ROAD Business code (see Instructions) 624100 11772 NY PATCHOGUE Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor Address 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 1.5 5a Totel number of participants at the beginning of the plan year '5a 5b 0 b Total number of participants at the end of the plan year Number of perticipants with account balances as of the end of the plan year (defined benefit plans do not 0 5c complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).... Yes No Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520,104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?...... Yes No. 1 Not determined 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 instructione, 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 boller, it is true, correct, and complete Gary E. Divis SIGN HERE Enter name of Individual algoing as plan administrator Date Signature of pla E. Divis 8IGN Enter name of Individual signing as employer or plan aponsor Signature of employef/plan sponsor Date Preparer's telephone number (optional) Preparer's name (Including firm name, inapplicable) and address; include room or sulte number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, 500 the instructions for Form 5500-9F.

| Pa | rt III Financial Information | | | | | | | | |
|-------|--|-------------------|--|---------|--------|-----------------|----------------|--------------------------|---------------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End o | of Year | |
| a | Total plan assets | 7a | | 7682 | 6 | | | | 0 |
| b | Total plan liabilities | 7b | | | 0 | | | | 0 |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | 3. | 7682 | 6 | | | | 0 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) To | otal | |
| a | Contributions received or receivable from: | | | | | | | | |
| | (1) Employers | 8a(1) | | | 0 | | | | |
| | (2) Participants | 8a(2) | | | 0 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | | |
| b | Other income (loss) | 8b | | 198 | 4 | | | | |
| _ c | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 1 | 1984 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 3. | 7610 | 0 | | | | |
| е_ | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 271 | 0 | | | | |
| g | Other expenses | 8g | | | 0 | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 378 | 3810 |
| ī | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | -376 | 5826 |
| j | Transfers to (from) the plan (see instructions) | 81 | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | |
| 9a | | feature co | des from the List of Plan Char | acteris | tic Co | des in | the instruct | ions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Chara | cterist | ic Cod | des in t | he instruction | ons: | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| | | | | 10a | | Х | | | |
| ŀ | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not | include transactions reported | 10b | | Х | | | |
| - | | | | 10c | Х | | | 1000 | 0000 |
| _ | Did the plan have a loss, whether or not reimbursed by the plan's | | | 100 | | | | | _ |
| | or dishonesty? | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 10d | | X | | | |
| 6 | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) | of the ben | efits under the plan? (See | 10e | | х | | | |
| f | | | | 10f | | Х | | | |
| _ | | 500000000 | | | _ | | - | | |
| | | | TOTAL CONTRACTOR CONTR | 10g | | Х | | | |
| | 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 to exceptions to providing the notice applied under 29 CFR 2520.10 | he require 1-3 | d notice or one of the | 10i | | | | | |
| Par | t VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | Yes | No |
| 11: | Enter the unpaid minimum required contribution for current year fi | | | | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | 302 of | ERISA? | Yes X | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | | | | | | | | |
| | If a waiver of the minimum funding standard for a prior year is bei granting the waiver. | ng amortiz | ed in this plan year, see instru | ctions | , and | enter tl Day | ne date of t | ne letter ruling Year | J |
| | f you completed line 12a, complete lines 3, 9, and 10 of Schedul | | | | | | | | |
| | Enter the minimum required contribution for this plan year | | | | | 12b | | | |
| | The state of the s | | | | | | * | | $\overline{}$ |

| Form 5500-SF 2013 | Page 3 - | - | | |
|---|--|----------|---------|--------------|
| | | | | |
| C Enter the amount contributed by the employer to the plan for this p | olan year | 12c | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter negative amount) | | 12d | | West was |
| e Will the minimum funding amount reported on line 12d be met by t | 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 | Yes 🔲 N | No |
| If "Yes," enter the amount of any plan assets that reverted to the | employer this year | 13а | | |
| b Were all the plan assets distributed to participants or beneficiaries of the PBGC? | | | | X Yes No |
| c If during this plan year, any assets or liabilities were transferred frowhich assets or liabilities were transferred. (See instructions.) | om this plan to another plan(s), identify the plan | s) to | | |
| 13c(1) Name of plan(s): | | 13c(2) E | IN(s) | 13c(3) PN(s) |
| · | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part VIII Trust Information (optional) | | | | |

14a Name of trust

14b Trust's EIN