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

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in acco 	rdance with the instru	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/20	13	and ending 1	2/31/20	013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	_	
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
D 4 II	5 : 5: 1 (special extension (enter description)					
Part II		mation—enter all requested inform	nation				T
1a Name CONSOLIDA		INC. PROFIT SHARING PLAN			ı	Three-digit plan number	001
						(PN) ▶ Effective date o	
						12/31	
	oonsor's name and add	dress; include room or suite number (employer, if for a single-	-employer plan)			fication Number
200 MEDDIO					<u> </u>	Sponsor's telep	
300 MERRIO LYNBROOK	, NY 11563-2503				2d [(see instructions)
3a Plan a	dministrator's name and	d address X Same as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b /	Administrator's I	
		_	_		3c /	Administrator's t	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
name,	, EIN, and the plan num	plan sponsor has changed since the ober from the last return/report.	last return/report filed for	or this plan, enter the			
name, a Sponse	, EIN, and the plan num or's name				4c		4
name, a Sponse 5a Total r	EIN, and the plan num or's name number of participants a	nber from the last return/report.					4 0
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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End	of V	205		
		7a	(a) Beginning of Year				(b) End	וו ונ	: ai)	
	Total plan assets	7a 7b	200001		+					,	
	Net plan assets (subtract line 7b from line 7a)		209594	.9					()	
8		7c									
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	8834	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							88340		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	218428	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21	84289)	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-20	95949)	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	-,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	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	1	Amo	nt		
a				10a	100	X		AIIIC	Juni		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
	·				X						
C				10c						260	000
	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 										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10q		Χ					
h		(See instru	uctions and 29 CFR	10g		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	ne required	d notice or one of the	10ii							
Part		1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								Voc	П	No
44	5500) and line 11a below)								Yes	Ц	No
	Enter the unpaid minimum required contribution for current year fr		,		-	11a		—			
_12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			_4! - :		··	a dete C			liar :	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day		ne le Yea		ing	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				401	I				
b	Enter the minimum required contribution for this plan year					12b	I				

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 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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Information							
		01/2013	and ending	12/31/20	13			
			lan (not multiemployer)	a one-part	ticipant plan			
B This re	eturn/report is: the first return/report X tr	ne final return/report						
	an amended return/report a	short plan year retur	n/report (less than 12 m	onths)				
C Check		utomatic extension		DFVC pro	gram			
0,,000	special extension (enter description)				grant			
Part II	Basic Plan Information—enter all requested information	on.						
1a Name		UII		1b Three-digit				
	IDATED TEA COMPANY, INC. PROFIT SHARII	NG PLAN		plan number				
				(PN)	001			
				1c Effective date 12/31/19				
	sponsor's name and address; include room or suite number (emp. IDATED TEA COMPANY	oloyer, if for a single-	employer plan)	2b Employer Ide (EIN) 11-1	Intification Number			
				2c Sponsor's tel				
300 ME	RRICK ROAD			516-887-				
				2d Business cod	le (see instructions)			
LYNBRO				424400				
3a Plan a	administrator's name and address 🏻 Same as Plan Sponsor Nar	ne XSame as Plar	Sponsor Address	3b Administrator	's EIN			
				3c Administrator	's telephone number			
4 If the	name and/or EIN of the plan sponsor has changed since the last	return/report filed for	or this plan, enter the	4h FIN				
	name and/or EIN of the plan sponsor has changed since the last , EIN, and the plan number from the last return/report.	return/report filed fo	or this plan, enter the	4b EIN				
name a Spons	e, EIN, and the plan number from the last return/report.		•	4b EIN 4c PN				
a Spons 5a Total	e, EIN, and the plan number from the last return/report. sor's name number of participants at the beginning of the plan year				4			
name a Spons 5a Total b Total	e, EIN, and the plan number from the last return/report. Bor's name number of participants at the beginning of the plan year number of participants at the end of the plan year			4c PN	4 0			
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Pa	rt III Financial Information			***				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T		(b) End of Year	
a	Total plan assets	7a		9594	9			0
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a) .	7c	20:	9594	9			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a	Contributions received or receivable from:	0.40						
	(1) Employers	8a(1)			+			
_	(2) Participants	8a(2)			+			
h	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		8834	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	a real too	3031	<u> </u>		,	38340
	Benefits paid (including direct rollovers and insurance premiums	00			+			30310
	to provide benefits)	8d	218	8428	9			
е	Certain deemed and/or corrective distributions (see instructions)	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f			+			
	Other expenses	8g			-			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+			34289
	Net income (loss) (subtract line 8h from line 8c)	8i			+		-209	5949
	Transfers to (from) the plan (see instructions)	8j						
9a b	If the plan provides pension benefits, enter the applicable pension to 2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare fe							
10	During the plan year:				Yes	No	A a	
a		ions within	the time period described in		103		Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С				10c	X		26	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	d, that was caused by fraud	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all cinstructions.)	of the benef	fits under the plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		X		
h	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 2520.101			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							No
11a	Enter the unpaid minimum required contribution for current year from					11a		
12	Is this a defined contribution plan subject to the minimum funding	requiremen	its of section 412 of the Code	or se	ction :	302 of l	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 bein granting the waiver.	anne minio			and e	enter th Day	e date of the letter rulin Year	ng
	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year					12b		

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	Yes No	D
	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, 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) which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b T	rust's EIN	

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