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 B	Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	-SF.			
Part I	Annual Report I	dentification Information						
For calend	lar plan year 2013 or fis	cal plan year beginning 01/01/2	013	and ending 12	2/31/2	2013		
A This re	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan							
B This re	turn/report is:	the first return/report	the final return/report					
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)								
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am	
	T	special extension (enter descrip	,					
Part II		rmation—enter all requested info	rmation	T			1	
1a Name	•				1b	Three-digit		
CSD NET 4	01(K) PLAN					plan number (PN) ▶	001	
				-	1c	Effective date of		
					10		/2000	
2a Plan s CSD NET, I		dress; include room or suite number	employer, if for a single-	employer plan)	2b		ification Number	
874 MONTA	AUK HWY				2c	Sponsor's telep		
BAYPORT,					2d	Business code 5415	(see instructions)	
3a Plan a	administrator's name an	d address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	3b	Administrator's	EIN	
					3c	Administrator's	telephone number	
4 15.11		······································						
		plan sponsor has changed since the plan sponsor has changed since the plan sponsor.	ie last return/report filed fo	r this plan, enter the	4b	EIN		
	sor's name	iber from the last retainfreport.			4c	PN		
		at the beginning of the plan year			5a		75	
b Total	number of participants	at the end of the plan year			5b		78	
		account balances as of the end of th		-	30		70	
	•				5c		78	
_	•	during the plan year invested in eli	•	*			X Yes No	
		the annual examination and report (See instructions on waiver eligibility)					X Yes No	
		ther line 6a or line 6b, the plan ca	- T					
		t plan, is it covered under the PBG0				. – –	Not determined	
	•			•			<u> </u>	
		or incomplete filing of this return/					achla a Cabadula	
SB or Sch		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.						
SIGN	Filed with authorized/\	valid electronic signature.						
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ıal sig	gning as plan adı	ministrator	
SIGN								
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ıal sig	ning as employe	er or plan sponsor	
Preparer's		ame, if applicable) and address; inc	lude room or suite number				number (optional)	
				-				

Form 5500-SF 2013 Page **2**

Do	rt III Eingneigl Information							
_	rt III Financial Information						#\	
7	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year 3265985	
	Total plan liabilities	7a		0	_		0	
	Total plan liabilities	7b	258979		3265985			
	Net plan assets (subtract line 7b from line 7a)	7c						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers	8a(1)	13149	6				
	(2) Participants	8a(2)	23267	8				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	51357	0				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					877744	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17377	7				
е	Certain deemed and/or corrective distributions (see instructions)	8e	1680	0				
f	Administrative service providers (salaries, fees, commissions)	8f	1097	2				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					201549	
i	Net income (loss) (subtract line 8h from line 8c)	8i					676195	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension f	feature cod	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instructions:	
Part	t V Compliance Questions							
10	During the plan year:			ĺ	Yes	No	Amount	
а				10a		X	, and an	
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X		8000	
d		fidelity bor	d, that was caused by fraud	10d		X	3000	
-	Were any fees or commissions paid to any brokers, agents, or oth			100				
Ŭ	insurance service, or other organization that provides some or all of				Χ			
	instructions.)			10e	^		7660	
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	X		126895	
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 2520.101			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	•						
11a	Enter the unpaid minimum required contribution for current year from					11a		
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 0. 00	5.1511			
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ig amortize	ed in this plan year, see instruc		and 6	enter th	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juj		
	Enter the minimum required contribution for this plan year	•				12b		

Page	3 -		1
------	-----	--	---

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?	Y	es X 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, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X 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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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 Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instruc	tions to the Form 550	0-SF.	*****	pection
Part I Annual Repor	t Identification Information			****		() () () () () () () () () ()
For calendar plan year 2013 or	fiscal plan year beginning	01/01/2013	and ending		12/31/20	13
A This return/report is for:	🛛 a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This return/report is:	the first return/report	the final return/report				
,	an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC progra	am
• • • • • • • • • • • • • • • • • • •	special extension (enter desc	cription)				
Part II Basic Plan Info	ormation—enter all requested in					
1a Name of plan				1b	Three-digit	
CSD NET 401(k) PI	LAN				plan number	
				<u> </u>	(PN) •	001
				10	Effective date of 01/01/200	
2a Plan snonsor's name and a	ddress; include room or suite numb	per (employer if for a single-	employer plan)	2h		ification Number
CSD NET, INC.	·	or (omployor, mor a omgre	omproyor pramy	Ba No	(EIN) 11-341	
				2c	Sponsor's telep	
074 MONEGREE HERE					(631) 924	-7373
874 MONTAUK HWY				2d		(see instructions)
BAYPORT			11705		541512	
3a Plan administrator's name	and address $oxtimes$ Same as Plan Spon	sor Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN
				3c	Administrator's	telephone number
					, tarminotrator o	toropriorio marribor
			•			
· ·						
	he plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b	EIN	
name, EIN, and the plan n a Sponsor's name	umber from the last return/report			Ac	PN	
	ts at the beginning of the plan year			+		75
_	ts at the end of the plan year			-		
, ,	, ,			5b		78
	h account balances as of the end o			5c		78
	ets during the plan year invested in					X Yes No
	of the annual examination and repo					
under 29 CFR 2520-104-4	6? (See instructions on waiver eligi	bility and conditions.)				X Yes No
-	either line 6a or line 6b, the plan					7
C If the plan is a defined ben	efit plan, is it covered under the PB	GC insurance program (see	ERISA section 4021)?	<u>L</u>	Yes	Not determined
Caution: A penalty for the late	e or incomplete filing of this retu	rn/report will be assessed	unless reasonable ca	use is	established.	
	other penalties set forth in the instru					
SB or Schedule MB completed belief, it is true, correct, and cor	and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	t, and	to the best of m	y knowledge and
belief, it is true, correct, and cor	mpiete.				www.comentanteenseenseenseenseenseenseenseenseensee	
SIGN MALE	14 24 04.	7/8/2019	JASON MICELI			
HERE Signature of plan		Date	Enter name of individ	dual si	gning as plan ad	ministrator
SIGN JA /	11. 1	718/2014	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u> </u>	
HERE 7/7	laura/alar annan	•		امرامنا	anina ao amalay	or or plan appear
	loyer/plan sponsor name, if applicable) and address;	Date include room or suite number	Enter name of individer (optional)			er or plan sponsor e number (optional)
			(kma)			
				ALEXANDER A		
				<u></u>		
				*		
				3		

Part III Financial Information			TORNO WOR					
7 Plan Assets and Liabilities	n Assets and Liabilities (a) Beginning of Yea					(b) End of Year		
a Total plan assets	7a	2,589	, 790)		3,265,985		
b Total plan liabilities	7b		(0		
C Net plan assets (subtract line 7b from line 7a)	7с	2 , 589	, 790			3,265,985		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
a Contributions received or receivable from:	8a(1)	131	,496	5				
(1) Employers		and the second s	, 678	_		and the second section of the second		
(2) Participants		entre entre de la companya del companya de la companya del companya de la companya del la companya de la compan	(***************************************			
b Other income (loss)		513	3,570			andrianis and an artistic process of the second		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			,	1	Cortesidad (contrador)	877,744		
d Benefits paid (including direct rollovers and insurance p			CENTRAL PROPERTY AND INC.					
to provide benefits)	1 1		, 77	_				
e Certain deemed and/or corrective distributions (see inst	ructions) 8e	. 16	,800					
f Administrative service providers (salaries, fees, commis	sions) 8f	10	, 972	2				
g Other expenses	8g		()	11.			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					201,549		
i Net income (loss) (subtract line 8h from line 8c)	8i					676,195		
j Transfers to (from) the plan (see instructions)	8j		(0				
Part IV Plan Characteristics		is a see and of the Control of the State of the State of the Control of the Control of the Control of the Control				ikalan (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904		
9a If the plan provides pension benefits, enter the applicate 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicab								
Part V Compliance Questions								
10 During the plan year:				Yes	No	Amount		
a Was there a failure to transmit to the plan any participation 29 CFR 2510.3-102? (See instructions and DOL's Volume 1997).			10a		Х			
b Were there any nonexempt transactions with any part on line 10a.)			10b		Х			
C Was the plan covered by a fidelity bond?			10c	Χ		8,000		
d Did the plan have a loss, whether or not reimbursed b or dishonesty?			10d		Х			
Were any fees or commissions paid to any brokers, and insurance service or other organization that provides sinstructions.)	gents, or other persons l some or all of the benefi	oy an insurance carrier, is under the plan? (See	10e	Χ		7,660		
f Has the plan failed to provide any benefit when due u	nder the plan?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter	er amount as of year en	d.)	10g	Χ	***************************************	126,895		
h If this is an individual account plan, was there a blacked 2520.101-3.)			10h		Х			
i If 10h was answered "Yes," check the box if you eithe exceptions to providing the notice applied under 29 C			10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum fundi 5500) and line 11a below)								
11a Enter the unpaid minimum required contribution for cu	······································	~~~ 			11a			
12 Is this a defined contribution plan subject to the minin	num 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				PORFETTIMOUS				
If a waiver of the minimum funding standard for a prior granting the waiver.	AND THE PROPERTY OF THE PROPER			and	enter th Day			
If you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form	5500), and skip to line 13.			enderstanderstanderstanderstanderstanderstanderstanderstanderstanderstanderstanderstanderstanderstanderstander			
b Enter the minimum required contribution for this plan	year			<u>L</u>	12b			

Form 5500-SF 2013 130118 Page 3 -						
Enter the amount contributed by the employer to the plan for this plan year		12c				
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to	o the left of a	12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes	No	N/A	
t VII Plan Terminations and Transfers of Assets					, married to the second second	
			∕es [X]	No		
		13a				
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or	r brought under the	control		∏ Ye	s 🛚 No	
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s),	identify the plan(s)	to				
	. 1	3c(2) E	IN(s)	13c	(3) PN(s)	
	THE STATE OF THE S		•			
	родовления					
- VIII Trust Information (ontional)	2					
			14b Trust's EIN			
A Manie of flast						
	Enter the amount contributed by the employer to the plan 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 of a 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 under the of the PBGC? 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.) 13c(1) Name of plan(s):	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	