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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	mopeonon
Pa	art I	Annual Repor	t Ide	ntification Information				
For	calenda	ar plan year 2010 or	fiscal	plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α	This ret	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
		urn/report is for:	П	first return/report	final retur	n/report		
_	11113 101	diff/report is for.	H	an amended return/report	<u>,</u>	n year return/report (less than 12 mo	nthe)	
_			X	·	<u>,</u>		111113)	
C	Check b	box if filing under:		Form 5558	automatio	extension		DFVC program
				special extension (enter description	on)			
Pa	art II	Basic Plan Inf	orm	ation—enter all requested inform	nation			
	Name						1b	Three-digit
MD (COMMU	JNICATIONS 401(K)	SAVI	NGS PLAN & TRUST				plan number 001
							4 -	(PN) •
							1C	Effective date of plan 03/01/1999
20	DI			- /			26	
		ponsor's name and a JNICATIONS, INC.	adares	s (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 11-3195241
WID (2c	Plan sponsor's telephone number
	NNA D							516-972-6222
PLAI	NVIEW	, NY 11803					2d	Business code (see instructions)
								541800
3a	Plan a	dministrator's name a JNICATIONS, INC.	and a	ddress (if same as Plan sponsor, e 3 DONNA D	enter "Same	e")	3b	Administrator's EIN 11-3195241
IVID	JOIVIIVIC	JNIOATIONS, INC.		PLAINVIEW		3	20	
							30	Administrator's telephone number 516-972-6222
4	If the na	me and/or EIN of the	e plan	sponsor has changed since the la	st return/re	port filed for this plan, enter the	4h	EIN
				from the last return/report. Sponso		,		
							4c	PN
5a	Total r	number of participant	ts at tl	ne beginning of the plan year			5a	9
b	Total r	number of participant	ts at tl	ne end of the plan year			5b	6
С	Total r	number of participant	ts with	account balances as of the end o	f the plan y	vear (defined benefit plans do not		
	compl	ete this item)					5c	6
6a	Were	all of the plan's asse	ets du	ring the plan year invested in eligib	ole assets?	(See instructions.)		Yes No
b						ndent qualified public accountant (IQ		X vos □ No
			•	• •		ions.)		Yes No
Da	ırt III	Financial Info		· · ·	orm 5500-	SF and must instead use Form 55	00.	
			IIIIai					# \ =
7		Assets and Liabilities			_	(a) Beginning of Year	1	(b) End of Year 270437
a		olan assets			. 7a)	0
b						63267		270437
<u>C</u>		•		from line 7a)	. 7с	03207	<u> </u>	210431
8		e, Expenses, and Tra				(a) Amount		(b) Total
а		butions received or re			90(1)		0	
						2170	-	
	` ,	•			· · ·)	
_	. ,	,	,				_	
b	Other	income (loss)			. 8b	35860	J	
С		•	. ,	a(2), 8a(3), and 8b)	. 8c			38030
d				llovers and insurance premiums		391710		
_	•	*			. 8d)	
e				e distributions (see instructions)			_	
f	Admin	istrative service prov	/iders	(salaries, fees, commissions)	. 8f	8554	_	
g	Other	expenses			. 8g)	
h	Total e	expenses (add lines 8	8d, 8e	e, 8f, and 8g)	. 8h			400264
i	Net in	come (loss) (subtract	t line t	Bh from line 8c)	. 8i			-362234
j	Transf	fers to (from) the plar	n (see	instructions)	. 8j		0	

	F	Form 5500-SF 2010 Page 2-		_				
Pai	t IV	Plan Characteristics						
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2F 2G 2J 2K 2T 3D	acteris	stic Co	des in	the instruction	ons:	
b	If the 4B	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in t	he instructio	ns:	
Par	t V	Compliance Questions						
10	Duri	ng the plan year:		Yes	No	Α	mount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	insactions with any party-in-interest? (Do not include transactions reported					
С	Wa	s the plan covered by a fidelity bond?	10c	X				50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X				1674
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				63197
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	: VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes	X No
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
а	lf a v	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru						
If	-	ting the waiverMon ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day	Y	ear	
	-	er the minimum required contribution for this plan year			12b			
C		er the amount contributed by the employer to the plan for this plan year			12c			
d	Subt	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)			
	13c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)

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 instructions, 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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2011	BECKY KONG
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 Lisbor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Fc Annual Return/Report of Small Annual Return/Report of Small Annual Return/Report of Small

This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

> Complete all entries in accordance with the instructions to the Form 6500-8F.

OMB Nos. 1210-0115 1210-0069

2010

This Form is Open to Fublic inspection

	Annual Report identification information	n.						
or th	e celendar plan year 2010 or fiscal plan year beginning		01/03	/2010	and ending	1:	2/31/2010	
l TE	is return/report is for:		multiple-er	mployer plan (no	ol multiemployer)		one-participa	nt plan
T)	is neturn/report is for:	Π̈	final return	/report			_	
	an amended return/report	Ħ	short plan	year return/repo	orl (less than 12 mont	its)		
C	eck box if filing under: Form 5558	Ħ	automatic	extension			DFVC progra	m
Ψ,	epacial extension (enter descri	LLI Oction						•••
	<u> </u>							
L.L	Basic Plan Information — enter all requested lame of plan	inton	metion.			1h	Three-digit	
	·					116	plan number	
Þ	D COMMUNICATIONS 401(K) SAVINGS PLAN & TRU	8 T				4.5	(PN) ►	001
						10	Effective date 0: 03/01/1999	f plan
n F	ten spensors name and address (employer, if for single-employ	er niz	5.7)			2b	Employer Identi	fication Number
	D COMMUNICATIONS, INC.						(EIN) 11-31:	95241
						2c		elephone number
3	DONNA DRIVE					2-4	(516) 972-6	see instructions)
B \$	LAINVIEW NY 11803					20	541800	aga alan negionia)
	tan administrator's name and address (if same as plan employe	r, en	ter "Same",)		3b	Administrators I	EIM
8	ang							
						3c	Administrator's 1	elephone number
10	the name and/or EIN of the plan sponsor has changed since th	e lasi	return/rep	ort filed for this	plan, enter the	4b	EIN	
	ame. EIN and the plan number from the last return/report. Spon					4c	PN	
	otal number of participants at the beginning of the plan year.					52	- 	9
	otal number of participants at the end of the plan year.					5b		6
	otal number of participants with account balances as of the end							
	omplete this item)					50		
	Vermall of the plan's assets during the plan year invested in milgi					• •		X Yes No
	re you claiming a waiver of the annual examination and report o nder 29 CFR 2520.104-467 (See instructions on waiver eligibility				C SCCOUNTAIN (ICITA)			X Yes No
	you answered "No" to either &s or \$b, the plan cannot use i							_
	Financial Information							
P	lan Assets and Liabillies			(a) B*	ginning of Year		(b) End	of Year
Т	otal plan assets		78		632,671			270,437
T	otal plan liabilities	, ,	7b	-	0			0
N	et plan essets (subtract line 7b from line 7a)		70		632,671			270,437
ln.	come, Expenses, and Transfers for this Plan Year			(4) Amount		(p)	l Otal
	untributions received or receivable from:			_				
(1) Employers		6a(1)		0			
(1	n Participants		_Ba(2)		2,170			
•) Others (including rollavers)	• •	_Be(3)	_	0			
	ther Income (Inse) , , ,	٠.	85		35,860			
	otal Income(acid lines 8a(1), 8a(2), 8a(3), and 5b)		<u>Bc</u>			٩_		36,030
	provide benefits)		8 d		391,710			
	ertain deemed and/or corrective distributions (see instructions)				0			
	dministrative service providers (selaries, fees, commissions) .		- Of		0,554			
_	ther expenses		8g		0			
	otel expenses (add lines 8d, 8e, 8f, and 8g)		Bh					400,264
	at knooms (loss) (subtract line Sh from line Sc).	• •	81					(362,234)
	ranefers to (from) the plan (see Instructions)		54		D			
		- 1	1		•			

Page 2-	

Form		

	Plan Characteristics						
b If	the plan provides penalon benefits, enter the applicable penalon feature codes from the List of Plan Character 2B 2F 2G 2J 2K 2T 3D	istic (Codes	in the	instruction	4:	
	the plan provides welfare benefits, enter the applicable welfare teature codes from the List of Plan Characterists 4B	tic C	odes i	n the ir	structions	:	
	Compliance Questions						
0	During the plan year:		Y00	No		Amount	
	Was there a failure to trensmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		×			
	on line 10s.)	10b		×			
C 1	Was the plan covered by a fidelity bond?	10c	x				50,000
d i	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	•	×			
i	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	100	x				1,674
f	Has the plan failed to provide any benefit when due under the plan?	101		×			
8 1	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				63,197
. 4	If this is an individual account plan, was there a blackout pariod? (See instructions and 29 CFR 2520.101-3.)	10h		x			
	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	101					
	Pension Funding Compliance	4- C-		- 65 (
	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))	Ke SC	neduk	2 SB (I	·om	, 🛄 Yes	X No
(is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (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 instructio	ns, ar	nd ente	er (Isa c	date of the	tetter ruling	X No
	granting the walver	th		Day		Year	
b 8	Enter the minimum required contribution for this plan year		. [12b			
C E	Enter the amount contributed by the employer to the plan for this plan year	 	· [12b 12c 12d			
c 6	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 negative amount)		· [120	Yes	□No	□ N/A
c 6	Enter the amount contributed by the employer to the plan for this plan year		. [120	Yes	□No	□N/A
d s	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 inegative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets	. ,		12c 12d		E1v	
d s d s e v	Enter the amount contributed by the employer to the plan for this plan year	· ·	٠,	12d		E1v	
d s d s e v	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? Plan Terminations and Transfers of Assets. Has a resolution to terminate the plan bean adopted during the plan year or any prior 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 enother plan, or brought unter the PBGC?	ler the	contr	12d		Yes	
d s d s e v	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 inegative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan bean adopted during the plan year or any prior year? If "Yea," 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	ler the	contr	12d		Yes	□N ₀
d s e v	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? Plan Terminations and Transfers of Assets. Has a resolution to terminate the plan been adopted during the plan year or any prior 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 plan year, any sasets or liabilities were transferred from this plan to another plan(s), identify the plan glan year, any sasets or liabilities were transferred from this plan to another plan(s), identify the plan glan year, any sasets or liabilities were transferred from this plan to another plan(s), identify the plan glan year, any sasets or liabilities were transferred from this plan to another plan(s), identify the plan glan year.	ler the	conti	12d		· Yes	□N ₀
d s e v	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 inegative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yea," 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 und of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred.	ler the	conti	12d		· Yes	□ N0 0 X N0
d s e v	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 inegative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yea," 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 und of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred from this plan to another plan(s), identify the participants or liabilities were transferred.	ler the	conti	12d		· Yes	□ N0 0 X N0
C E S S S S S S S S S S S S S S S S S S	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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan bean adopted during the plan year or any prior year? If "Yea," enter the amount of any plan assets that reverted to the employer this year Avera all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.) If I have a plan(s):	(er the	to ta	12d 12d 13a 13a rol (c(2) E	iN(s)	. XYes	No 0 X No
C E S F S C S C S C S C S C S C S C S C S C	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 regative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior 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 unit the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.) If I penalty for the late or incomplete filling of this return/report will be assessed unless reasonable calculation of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report bedule MB completed and aloned by an enrolled actuary, as well as the electronic version of this return/report bedule MB completed and aloned by an enrolled actuary, as well as the electronic version of this return/report.	(er the	to to	12d 12d 13a 13a rol ic(2) E	iN(s)	Yes	No 0 X No
C E S F S C S C S C S C S C S C S C S C S C	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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior 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 und of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.) If I Name of plan(s): If A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable calculations of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reported the electronic version of this return/report is true-correct, and complete.	(er the	to to	12d 12d 13a 13a rol ic(2) E	iN(s)	Yes	No 0 X No
C E S F S C S C S C S C S C S C S C S C S C	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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior 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 enother plan, or brought und of the PBGC? If during the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.) If I) Name of plan(s): If A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable calculation of the plant of the penalties set forth in the instructions, I declare that I have examined this return/reported the Completed and signed by an enrolled actuary, as well as the electronic version of this return/report is true-coverd, and complete.	ler the	to 13	12d 12d 13a 13a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15	d. applicable, of my know	Yes 13e(3	No 0 X No
C E S F S C S C S C S C S C S C S C S C S C	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 negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior 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 und of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.) If I Name of plan(s): If A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable calculations of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reported the electronic version of this return/report is true-correct, and complete.	use it	to 13	12d 12d 13a 13a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15	d. applicable, of my know	Yes 13e(3	No 0 X No