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).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance with	n the instructions to the Form 5500	0-SF.		
Pa	art I Annual Report Id	dentification Information					
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	1	and ending 0	1/31/	2011	
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	int plan
В.	This return/report is for:	first return/report	final retur	n/report		_	
	·	an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am
	Sheek box ii iiiiig anaci.						
Do	rt II Pacia Plan Infor	special extension (enter description) mation—enter all requested inform	,				
		mation—enter all requested inform	ation		1h	Three-digit	
	Name of plan COMMUNICATIONS 401(K) SA	VINGS PLAN & TRUST			טו	plan number	004
						(PN) •	001
					1c	Effective date o	
						03/01/1	999
	Plan sponsor's name and addr COMMUNICATIONS, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identi	
IVID C	OWINDINICATIONS, INC.				20	(LIIV)	telephone number
	3 DONNA DRIVE						2-6222
PLAII	NVIEW, NY 11803				2d	Business code ((see instructions)
					-	541800	
MD (Plan administrator's name and OMMUNICATIONS, INC.	address (if same as Plan sponsor, e		? ")	30	Administrator's 11-319	
		PLAINVIEW	, NY 11803		3c	Administrator's	telephone number
						516-97	2-6222
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
ı	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN	
5a	Total number of participants a	t the beginning of the plan year			5a		6
b		t the end of the plan year					
		rith account balances as of the end o		:	5b		0
С	• •			` .	5c		0
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the	he annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)		
		See instructions on waiver eligibility		•			^ Yes No
Do		ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.		
		ation					
7	Plan Assets and Liabilities			(a) Beginning of Year 270437	,	(b) End	of Year
	Total plan assets		. <u>7a</u>	270407	_		0
b	'			270437			0
<u>c</u>		7b from line 7a)	. 7с				
8	Income, Expenses, and Trans			(a) Amount		<u>Fotal</u>	
а	Contributions received or rece (1) Employers	ivable from:	. 8a(1)	C)		
	, , , ,		` '	C)		
	` '	.)		C	0		
b	, ,	,	` '	1038)38		
C	,	8a(2), 8a(3), and 8b)					1038
d		rollovers and insurance premiums		000000			
			. 8d	208228	_		
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	63247	_		
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	С)		
g	Other expenses		. 8g	C)		
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h				271475
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-270437
i	Transfers to (from) the plan (se	ee instructions)	. 8i	C)		

	F	Form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions:			
	2E 2F 2G 2J 2K 2T 3D									
b	If the 4B	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in t	the instruct	ons:			
Par	t V	Compliance Questions								
10		ng the plan year:		Yes	No		Amount			
а	Was	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.)	10b		X					
С	Was	/as the plan covered by a fidelity bond?						50000		
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
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 uctions.)	10e	X				55		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х					
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 thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						X N		
40							Yes	-		
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 of	ERISA?	Yes	No No		
а		'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	and e	enter th	e date of th	ne letter ri	ılina		
	gran	ting the waiverMon	th							
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1				
b	Ente	r the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan year									
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d					
е	Will t	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 during the plan year or any prior year?					X Yes	No No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							0		
b	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					X Yes	No 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.)	he pla	n(s) to	1					
	13c(1)	Name of plan(s):		13	c(2) El	(2) EIN(s)		3) PN(s)		
Cau	tion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.				
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this reti					ble, a Sch	nedule		

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

Date

Date

11/04/2011

BECKY KONG

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

belief, it is true, correct, and complete.

SIGN HERE

SIGN HERE Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Peneron Benefit Quaranty 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 6056(s) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0029

2010

This Form is Open to Public Inspection

Par			10015			1001			
	e calendar plen year 2010 or flecal plan year beginning		/2011	and ending	01	./31/2011			
Thi	e return/report is for: single-employer plan	•	nployer plan (r	not multiemployer)	l	one-participant plan			
Thi	s return/report is for:	final return	/report						
	an amended return/report	short plan	year return/rep	ort (less than 12 moni	lhs)				
C Check box if filing under: 💢 Form 5558 automatic extension						DFVC program			
	special extension (enter description)							
Part	Basic Plan Information enter all requested infor	mation							
	ame of plan	11100071.			1b	Three-digit			
м	D COMMUNICATIONS 401(K) SAVINGS PLAN & TRUST					plan number (PN) ► 001			
	m members described and feet messages result a second					Effective date of plan			
						03/01/1999			
	tan sponsor's name and address (employer, if for single-employer pl	an)				Employer Identification Number			
Ж	D COMMUNICATIONS, INC.				(EIN) 11-3195241				
3	DONNA DRIVE				20	2C Plan sponsor's telephone number (516) 972-6222			
					2d	Business code (see instructions)			
	LAINVIEW NY 11803 lan administrator's name and address (If same as plan employer, en	der "Comod				541800 Administrator's EIN			
	ын артымынаюға пате ағы асстеза (п жате аз рал өтіркіует, ет але	iter "Same",	ļ		36	ACMINISTRAICES EIN			
					3C	Administrator's telephone number			
				·		····			
· (f	the name and/or EIN of the plan sponsor has changed since the las ame, EIN and the plan number from the last return/report. Sponsor's	t return/repo Name	ort filed for this	plan, enter the	4b EIN				
_ '"	wine? Some man hall the liber with our wreet forest stober of should be	710(10			4c PN				
a To	otal number of participants at the baginning of the plan year	, , ,			5a	6			
b Yotal number of participants at the end of the plan year						0			
	otal number of participants with account balances as of the end of the implete this item)				5c	0			
	ere all of the plan's assets during the plan year invested in eligible a				_				
	e you claiming a waiver of the annual examination and report of an	,	•						
	oder 29 CFR 2520 104-467 (See instructions on walver eligibility and		•	· . • <u>•</u> • • <u>•</u>		X Yes □ No			
	you enswered "No" to either 6a or 5b, the plan cannot use Form	6500-5F a	nd must inste	ed use Form 5500.					
	Hi Financial Information								
	an Assets and Liabilities	H	(4) 194	eginning of Year		(b) End of Year			
	otal plan assets	78		270,437	+				
	otal plan liabilities	7b		0 437		0			
	et plan assets (subtract line 7b from line 7a)	7c		270,437	+-	<u> </u>			
	come, Expenses, and Transfers for this Plan Year	—		a) Amount	+	(b) Total			
	entributions received or receivable from Employers	8a(1)		0					
•) Participants	8a(2)		0		* **			
	Others (including rallovers).	8a(3)		0	7	,			
•	ther income (loss)	8b		1,038	7				
	stat income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	,		 	1,038			
j Be	nefits paid (including direct rollovers and insurance premiums				7-				
to	provide benefits)	84		208,228					
Ce	ertain deamed and/or corrective distributions (see instructions)	50		63,247	_				
	transstrative service providers (salaries, fees, commissions)	87		0	↓ .				
3 01	ther expenses	8g		0	 				
) To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h				271,475			
Ne	at income (loss) (subtract line 8h from line 8c)	81				(270, 437)			
To	ansfers to (from) the plan (see instructions)	Bj		0					

	Form 5500-SF 2010	<u></u>	age 2-		_				
irl	Plan Characteristics							-	•
*****	If the plan provides pension benefits, enter the applicable pension i	eature codes from the Li	t of Plan Charac	teristic (Codes	In the	Instructions	:	
þ	25. 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe 4B	ature codes from the List	of Plan Characte	eristic C	odes l	n the 1	nstructions:		
	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a h	Was there a failure to transmit to the plan any participant contribution of CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidurations).	ciary Correction Program)	. 10a	<u></u>	×	<u> </u>		
, D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			. 10b		x			
c	Was the plan covered by a fidelity bond?		, .	. 10c	x				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that was ca		· 10d		х			
6	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all instructions.)	of the benefits under the	ce carrier, pian? (See	10e	×				55
f	Has the plan failed to provide any banefit when due under the pla			. 10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a					x		_	
ĥ	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructions and 29		. 10h		×			
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	he required natice or one	of the	. 101					
-	THE COLUMN TO TH					_			
11	is this a defined benefit plan subject to minimum funding requiran \$500))	nents? (If "Yes," see inst	uctions and com	plete Sc	hedul	e SB (Form	. 🗆 Yes	X No
12	is this a defined contribution plan subject to the minimum funding	requirements of section	412 of the Code	or sectio	on 302	of ER	ISA?	, Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appli-	-							
	If a waiver of the minimum funding standard for a prior year is beigranting the waiver		M				date of the I	_	
b	Enter the minimum required contribution for this plan year				. [12b			
c	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. Entenegative amount)	r the result (enter a minu			. [12d			
	Will the minimum funding amount reported on line 12d be met by		. <u></u>				Yes	□ No	□N/A
	Plan Terminations and Transfers of Asset								
13 a	Has a resolution to terminate the plan been adopted during the plan		?. <i>.</i>		٠,	٠,	• • •	X Yes	∏No
	if "Yes," enter the amount of any plan assets that reverted to the				• •	13a			0
	Were all the plan assets distributed to participants or beneficiaries of the PBGC? If during this plan year, any assets or liabilities were transferred from					ra! , ,		· XYes	□No
_	which assets or liabilities were transferred. (See Instructions.)			1-		-/ 6 \ F	111/45	45.45	S ALLO
	3c(1) Name of plan(s):	··			13	c(2) E	IN(S)	13c(3)	PN(8)
Cautio	n: A penalty for the late or incomplete filing of this return/repo	rt will be assessed uni	es reasonable	cau se (s osta	biishe	d		
Under SB or Sbellef.	penalties of perjuly and other benalties set forth in the instructions, Schedule MB completer and alghed by an enrolled actuary, as well It is true comect, and complete.	if declare that I have exa t as the electronic version	mined this return of this return/re	i/report, port, and	includ to th	ling, if e best	applicable, a of my knew	a Schedule liedge and	
(Carriery)	T. T. WALL .	x11-3-11	ERIC S. MAI						
	Significan of gian schming rator	Date	Enter name of it		i slani	ng éé gn	blan admini	strator	
	× Hill Hill	K 11-2-11	ERIC \$. MAI						
	Signatura of employer by aponsor	Date	Enter name of i	ndividua	l signi	ng as	employer or	plan spons	10r