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

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	the instructions to the Form 55	00-SF.				
Pä	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011			
Α	This return/report is for: X a single-employer plan	a multiple	multiple-employer plan (not multiemployer) a one-participant plan					
В	This return/report is:	the final re	eturn/report					
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC progran	า		
	special extension (enter descriptio	n)						
Pa	art II Basic Plan Information—enter all requested information	ation						
1a	Name of plan			1b -	Three-digit			
CBD	DESIGN AND CONSTRUCTION CORP 401K PLAN				olan number			
					(PN) •	001		
				10	Effective date of 01/01/2			
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b E	Employer Identific	cation Number		
CBD	DESIGN AND CONSTRUCTION CORP			(EIN) 11-351	6413		
				2c S	2c Sponsor's telephone number			
	ENTRAL AVENUE			24 5	631-234-			
HAUI	PPAUGE, NY 11788-4733			2a E	Business code (s 236200			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b /	Administrator's E			
	DESIGN AND CONSTRUCTION CORP 29 CENTRAL HAUPPAUGE	AVENUE			11-351	6413		
	HAOFFAOGL	-, INT 117C	0-4733	3c /	Administrator's te 631-234-			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b				
	name, EIN, and the plan number from the last return/report.		,					
	Sponsor's name			4c	PN T			
5a	Total number of participants at the beginning of the plan year			. 5a		!		
b	Total number of participants at the end of the plan year			5b				
С	Number of participants with account balances as of the end of the p complete this item)			. 5c				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of a							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes ∐ No		
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.				
7	Plan Assets and Liabilities		(a) Danimain a of Vaca		(h) F., d.	.f. V = = =		
-	Total plan assets	70	(a) Beginning of Year 433637		(b) End o	364371		
a b	Total plan liabilities	7a 7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	433637			364371		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	ntal		
а	Contributions received or receivable from:		(a) / illiount		(3) 10			
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-22297					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-22297		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	46944					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f	25					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				46969		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-69266		
j	Transfers to (from) the plan (see instructions)							

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1 0111 3300-31 2011	i age z

Part IV	Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2T 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

·				I			
During the plan year:		Yes	No		Amo	ount	
Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X				
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	d 10b		X				
C Was the plan covered by a fidelity bond?	10c	X				1	10000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau or dishonesty?	d 10d		X				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X					84
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				
h If this is an individual account plan, was there a blackout period? (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	10i						
rt VI Pension Funding Compliance	•						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (5500))					П	Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C						Yes	X N
(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 ins granting the waiver.	lonth						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Γ	12b				
b Enter the minimum required contribution for this plan year			12c				
Deter the amount contributed by the employer to the plan for this plan year	eft of a		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	П	No	N/A
rt VII Plan Terminations and Transfers of Assets						•	
Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	_				J		
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	ht under	the co			П	Yes	X N
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s
ution: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able car	use is	estah	lished			
der penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this reti	return/re	port, ii	ncludin	g, if appl			

SIGN	Filed with authorized/valid electronic signature.	06/25/2012	MARIANNE MUNDY					
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 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).

2011

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

	art I Annual Report Identification Information	1 701 70	0011		12/31/201	1
_ For		1/01/2				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final i	return/report			
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	_	
С	Check box if filing under:	automati	c extension		DFVC progra	m
	special extension (enter description	on)				
Pa	art II Basic Plan Information—enter all requested information	ation				
1a	Name of plan			1b	Three-digit	
	CBD DESIGN AND CONSTRUCTION CORP 401K PL	AN			plan number (PN) ▶	001
				1c	Effective date of	
				, ,	01/01/2000	<u>. </u>
2a	Plan sponsor's name and address; include room or suite number (e	mployer, i	f for a single-employer plan)	2b	Employer Identil	
	CBD DESIGN AND CONSTRUCTION CORP				(EIN) 11-351	
				2c	Sponsor's teleph	
	29 CENTRAL AVENUE			24	(631) 234-	
			NY 11788-4733	Zu	236200	see instructions)
3a	HAUPPAUGE Plan administrator's name and address (if same as plan sponsor, ea	nter "Same		3b	Administrator's E	EIN
	SAME		,			····
				3с	Administrator's t	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the	ast return/	report filed for this plan, enter the	4b	FIN	- tan-
•	name, EIN, and the plan number from the last return/report.	400,000	roport mod for and plant, other and	-1~		
a	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		9
b			•	5b		8
С	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants.			5c		8
	complete this item)					X Yes No
	Are you claiming a waiver of the annual examination and report of				••••••••	
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)			X Yes ∐ No
<u> </u>	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.		
	rt III Financial Information	r		1	415 =t	
7	Plan Assets and Liabilities		(a) Beginning of Year 433, 63	7	(b) End	364,371
a	Total plan assets		455,65	4-		304,371
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)		433,63	7		364,371
- <u>c</u>	• • •	7c		′	(b) T	
_	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	 	(a) Amount		(b) T	Vidi
	(1) Employers	8a(1)		4		
	(2) Participants	8a(2)	· · · · · · · · · · · · · · · · · · ·	4		
	(3) Others (including rollovers)	8a(3)		4		
b	Other income (loss)	8b	(22,297)		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(22,297)
d	Benefits paid (including direct rollovers and insurance premiums	8d	46,94	4		
е	to provide benefits)	8e	10,51	7		
f	Administrative service providers (salaries, fees, commissions)	8f	2	5		
	Other expenses	8g		Ť		
g h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		T		46,969
i	Net income (loss) (subtract line 8h from line 8c)	81		1		(69,266)
i	Transfers to (from) the plan (see instructions)	8)		1		
For F	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for		<u></u>			Form 5500-SF (2011)
						11B19611

Par	t IV	Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	٧	Compliance Questions	·						
10		ing the plan year:				Yes	No	A	mount
а		s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х		
b		re there any nonexempt transactions with any party-in-interest? (I ine 10a.)		. 1	10b		Х		
С	Wa	s the plan covered by a fidelity bond?	.,		10c	Х		•	100,000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10d		Х		
е	insu	e any fees or commissions paid to any brokers, agents, or other rance service or other organization that provides some or all of tructions.)	he benefits under th	e plan? (See	10e	Х			841
f	Has	the plan failed to provide any benefit when due under the plan?	***************************************		10f		Х		
g	Did (the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		Х		
h		is is an individual account plan, was there a blackout period? (Se 0.101-3.)			10h		Х		
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Part	۷I	Pension Funding Compliance							-
11		is a defined benefit plan subject to minimum funding requirement							Yes X No
12		is a defined contribution plan subject to the minimum funding rec							Yes X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
а		valver of the minimum funding standard for a prior year is being a							
lf v		ting the waiveromplete lines 3, 9, and 10 of Schedule M					Day	· '	eai
_		r the minimum required contribution for this plan year		·		Г	12b		
		r the amount contributed by the employer to the plan for this plan					12c		
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left o	of a		12d		
e	Willt	he 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?	******				□ \	res X No	
		es," enter the amount of any plan assets that reverted to the emp				3a			
b		e all the plan assets distributed to participants or beneficiaries, tra			nder	the co	ntrol		Yes X No
1:	3c(1)	Name of plan(s):		******		130	(2) EI	N(s)	13c(3) PN(s)
Cauti	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Under penalties of perjuty 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.									
6104		Pal soder	6/25/12	SALVATORE C	CAPT	TANG)		
SIGN	. 1	Signature of plan administrator Date Enter name of individual signing as plan administrator					Istrator		
0101	$\neg \vdash$	7	: .:-				<u> </u>		
SIGN		ignature of employer/plan sponsor	Date	Enter name of inc	dividu	ıal slor	ning as	s emplover o	r plan sponsor

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