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

2009

This Form is Open to Public Inspection

b Total number of participants at the end of the plan year		ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	- 1		
A This return/report is for: B This return/report is for: G Check box if filing under: G Chec									
B This return/report is for: an amended return/report born 5568 Total number of participants at the beginning of the plan year. b Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants at the beginning of the plan year. c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). c Total number of participants at the end of the plan year. c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). c Total number of participants with account balances as of the end of the plan year (defined bene	For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
B This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program	Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participan	t plan	
C Check box if filing under:	В.	This return/report is for:	first return/report	final retur	n/report		_		
C Check box if filing under: Form 5558 automatic extension DFVC program			an amended return/report	short plar	year return/report (less than 12 mor	nths)			
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan C & S DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN 1 C Effective date of plan 03/31/1966 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 06/07/12079 2c Plan sponsor's telephone number 860-839-2202 2d Business code (see instructions) 327210 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 06-07/12079 3c Administrator's Elephone number 860-539-2202 2d Business code (see instructions) 3727210 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3d Administrator's EIN 06-07/12079 3d Administrator's Elephone number 860-539-2202 3d Administrator's Elephone number 860-539-2202 4d Elephone n	C	Sheck how if filing under:	 ☐ Form 5558 ☐			,	☐ DEVC program	1	
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(1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d f Administrative service providers (salaries, fees, commissions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i	j	mandiono to (monn) the plant (St	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 8i	İ				

	Form 5500-SF 2009	Page 2- 1						
Par	t IV Plan Characteris	stics						
9a	If the plan provides pension be 2E 2F 2G 2J 2K 2T	enefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:	
		3D 3H enefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in t	the instruct	ions:	
art		tions		1	,	I		
0	During the plan year:			Yes	No		Amount	
	29 CFR 2510.3-102? (See in	it to the plan any participant contributions within the time period described in astructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		ransactions with any party-in-interest? (Do not include transactions reported	10b		X			
С	Was the plan covered by a fi	delity bond?	10c		X			
d	Did the plan have a loss, whe or dishonesty?	ether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X			
е	insurance service or other or	ns paid to any brokers, agents, or other persons by an insurance carrier, ganization that provides some or all of the benefits under the plan? (See	10e	X				1469
f	Has the plan failed to provide	any benefit when due under the plan?	10f		X			
g	Did the plan have any particip	pant loans? (If "Yes," enter amount as of year end.)	10q		X			
h	If this is an individual account	plan, was there a blackout period? (See instructions and 29 CFR	10h		X			
i	If 10h was answered "Yes," o	heck the box if you either provided the required notice or one of the otice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding			<u>I</u>	<u>. </u>			
11		subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	dule SE	3 (Form		
							Yes	
12		plan subject to the minimum funding requirements of section 412 of the Code	or se	ction (302 of	ERISA?	Yes	s X No
а	If a waiver of the minimum fur	o, 12c, 12d, and 12e below, as applicable.) nding standard for a prior year is being amortized in this plan year, see instruc						
lf	= = = = = = = = = = = = = = = = = = = =	plete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		rear	
	•	contribution for this plan year			12b			
		by the employer to the plan for this plan year			12c			
d		2c from the amount in line 12b. Enter the result (enter a minus sign to the left			12d			
е	Will the minimum funding am	ount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Termination	s and Transfers of Assets						
3a	Has a resolution to terminate	the plan been adopted during the plan year or any prior year?					X Yes	s No
	If "Yes," enter the amount of a	any plan assets that reverted to the employer this year			13a			(
b	Were all the plan assets distri	buted to participants or beneficiaries, transferred to another plan, or brought	under	the co			X Yes	s No
С		ssets or liabilities were transferred from this plan to another plan(s), identify the transferred. (See instructions.)	ne pla	n(s) to)		_	<u> </u>
	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.	07/23/2010	EUGENE LAMOUREUX
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