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).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	employer plan (not multiemployer)	one-participant plan						
В	This return/report is for:	n/report							
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension DFVC program					
	special extension (enter description)								
Da	rt II Basic Plan Infor	mation—enter all requested inform							
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit			
		C. PROFIT SHARING & 401(K) RET	TIREMENT		10	plan number			
5711	on concinconor co., in					(PN) • 001			
					1c	Effective date of plan			
						11/01/1980			
	•	ress (employer, if for single-employe	r plan)		2b	Employer Identification Number			
DAY	FON CONSTRUCTION CO.,IN	C.			0 -	(EIN) 06-0744098			
146 [DUNIZED LIII L DOAD				2c	Plan sponsor's telephone number 860-274-2998			
	BUNKER HILL ROAD ERTOWN, CT 06795				2d	Business code (see instructions)			
						237310			
		l address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
DAY	FON CONSTRUCTION CO.,IN	C. 146 BUNKE WATERTON				06-0744098			
		Withitian	7714, 01 007		3c	Administrator's telephone number 860-274-2998			
4 1	the name and/or FIN of the ni	an sponsor has changed since the la	est return/re	port filed for this plan, enter the	4h	EIN			
		er from the last return/report. Spons		port med for this plan, enter the	40	EIIN			
					4c	PN			
5a	5a Total number of participants at the beginning of the plan year					28			
b	b Total number of participants at the end of the plan year					30			
С	Total number of participants w	vith account balances as of the end o	of the plan y	rear (defined benefit plans do not	5b				
					5c	24			
6a	Were all of the plan's assets	during the plan year invested in eligil	ble assets?	(See instructions.)		X Yes No			
b				ndent qualified public accountant (IQI		X Yes □ No			
				ons.)SF and must instead use Form 55		Yes No			
Pa	rt III Financial Inform		-01111 3300-	SF and must mstead use Form 550	00.				
7	Plan Assets and Liabilities			(a) Beginning of Very		(b) End of Year			
-	Total plan assets		70	(a) Beginning of Year 5094250)	6416817			
	. o.a. p.a accord		7a	3034230	-	0410017			
b	•					6416917			
<u></u>		7b from line 7a)	7с	5094250	,	6416817			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or received (1) Employers	ervable from:	8a(1)	185685	5				
	• • • • • • • • • • • • • • • • • • • •		- ' '	162421					
		s)			_				
b	, ,			974461	161				
	` ,	8a(2), 8a(3), and 8b)		374401					
c d		rollovers and insurance premiums	00			1322567			
u	1 \		8d						
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e						
f	Administrative service provide	rs (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				0			
i		e 8h from line 8c)				1322567			
j		ee instructions)							

Daut IV/	Diam	Characte	:-4:
Part IV	Plan	Characte	ristics

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

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	X					350000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	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				
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		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
i	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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	× No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?.		Yes	X No
	(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 instruct granting the waiver. Montlou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year			12b				
	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 the left of negative 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?						Yes	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 u of the PBGC?	ınder	the co	ntrol 			Yes	× No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	13c(1) Name of plan(s):				13c(2) EIN(s)) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re it is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli			
	and the state of t							

SIGN	Filed with authorized/valid electronic signature.	08/16/2010	SANDRA SAKL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/16/2010	SANDRA SAKL
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 section 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 6500-SF.

OMB Nos. 1210-0110 1210-0069

Form 5500-SF (2009)

2009

This Form is Open to Public Inspection.

	port Identification Information 2009 or fiscal plan year beginning	2009	-01-01	and ending	20	09-12-31	
This return/report is for:	x single-employer plan	_		not multiemployer)		7	nt nign
This return/report is for.	first return/report			or malacinpoyery	L	one-participa	nt plan
ma resumereport ta ior.	8	final retur	37	orace orace orace	Service Control		
	an amended return/report	H		oort (less than 12 mor	nths)	•	
Check box if firing under:	x Form 5558	ч	extension		L	DFVC progra	m
	special extension (enter descri	iption)					
Part II Basic Plan	Information enter all requested	1 information					van stern en en en en
Name of plan		A44.46.490.4004.4004				Three-digit	
Dayton Construct:	ion Co., Inc. Profit Sharing	7 5 401 (k)	Ratirement			plan number	001
		,	7.4 0.2 2 0.2 0.1 0		parameters.	(PN) ► Effective date o	
					02/51/51	1980-11-01	pan
	d address (employer, if for single-employ	yer plan)			2b i	Employer Identi	fication Number
Dayton Construct	ion Co., Inc.				-	(EIN) 06-07	
146 Bunker Hill F	Road				99900000		telephone number
	CONTROL OF THE PROPERTY OF T				-	(860) 274-2 Business code ((see instructions)
Watertown	CT 06795				1	237310	
Pian administrator's nam Same	e and address (If same as plan employe	er, enter *Same	")		3b /	Administrator's	EIN
(Alberta)					1/4		
					3c /	Administrator's t	telephone number
If the name and/or EIN of	f the plan sponsor has changed since the	e last return/rec	out filed for this	clan, enter the	4b i	FIN	
name, EIN and the plan r	number from the last return. Sponsor's N	Vame		proviparities and	-		
					40.0	TA I	
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Total number of particips	nts at the end of the plan year				5a	PN	28 30
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_	Form 5500-SF (2009)		Page 2-						
Par	IV Plan Characteristics			=	_	_			
	If the plan provides pension benefits, enter the applicable pens 2A 2E 2F 2H 2J 2K 2T If the plan provides welfare benefits, enter the applicable welfare								
-	t V Compliance Questions			_	10000				
10	During the plan year:			Te			_		
а	Was there a failure to transmit to the plan any participant cor	atribution within the time nec	ad darmibad is	+	es	No		Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Were there any nonexempt transactions with any party-in-int	Fiduciary Correction Progra-	70)	a		x			
	on line 10a.)		10	ю		x			
C	Was the plan covered by a fidelity bond?)c	x				350,0
đ	Did the plan have a loss, whether or not reimbursed by the p or dishonesty?	lan's fidelity bond, that was a	aused by fraud	d		x			
е	Were any fees or commisions paid to any brokers, agents, or insurance services or other organization that provides some instructions.)	or all of the benefits under the	e plan? (See	0		x			
f	Has the plan failed to provide any benefit when due under the	e plan?	10			x			
g	Did the plan have any participant loans? (If "Yes," enter amou					x			
h	If this is an individual account plan, was there a blackout peri 2520.101-3.)	od? (See instructions and 2)	CER					A SUBJECT	
1	If 10h was enswered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 2521	ed the required notice or on	a of the						
Part	VI Pension Funding Compliance	0.101-3	10	•	_				
	Is this a defined benefit plan subject to minimum funding requ 5500))	irements? (If "Yes," see ins	ructions and complete !	Sche	dule	SB (F	orm	. □Ye	s X No
2	Is this a defined contribution plan subject to the minimum fund	ding requirements of section	412 of the Code or one					. DY	
If yo	If a waiver of the minimum funding standard for a prior year is granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Scher	dule MB (Form 5500), and	skip to line 13.	_	-	Day	sate of the	Year	19
	Enter the minimum required contribution for this plan year .					12b			
d	Enter the amount contributed by the employer to the plan for t	his pisn year			L	12c			
	Subtract the amount in line 12c from the amount in line 12b. E negative amount)					12d			
art \	Will the minimum funding amount reported on line 12d be me	t by the funding deadline?					Yes	No	□N/A
-	The state of the s								
3a	Has a resolution to terminate the plan been adopted during the	e plan year or any prior year	7		-			. □Ye	s X No
h	If "Yes," enter the amount of any plan assets that reverted to t	he employer this year		*	. :	13a			
ci	Were all the plan assets distributed to participants or beneficial of the PBGC? If during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)		경기에서 그렇게 되었다.					Ye	s XNo
13	c(1) Name of plan(s):				13c	(2) EII	N(s)	13c(3) PN(s)
_								13c(3)
ution	: A penalty for the late or incomplete filing of this return/n	eport will be assessed unl	ess reasonable cause	is o	stab	lished	i.		
	enalties of perjury and other penalties set forth in the instruction chedule MB completed and signed by an enrolled actuary, as is true, correct, and complete.	ons, I declare that I have ex- well as the electronic version	mined this return/report of this return/report, a	t, inc	dudir the	ng, if a best o	pplicable, of my know	a Schedu wledge an	ie d
SIGN	- h 10.40=	0-12 1010		_	_				
HERE		8-17-3010 Date	Sandra Sakl	3/02		058854			
HGN	Sandy Jalle runtee	^	Enter name of individu	is la	gnin	g as p	ian admin	istrator	
HERE			Sandra Sakl	_	-				
100	Signature of employer/plan sponsor	Date	Enter name of individu	al si	anin	2 as e	molover o	r cian son	neor