	Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe				2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the enefits Security Administration Internal Revenue Code (the Code).								
P	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection									
	Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
	This return/report is for:	single-employer plan		mployer plan (not multiemployer)	_,	one-participant plan				
	This return/report is for:	first return/report	final retur							
2		an amended return/report		year return/report (less than 12 mo	nths)					
C	Check box if filing under:	,	DFVC program							
	C Check box if filing under:									
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation							
	Name of plan				1b	Three-digit				
CON	NECTICUT CARPENTRY COR	PORATION 401(K) PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
	D	/			24	01/01/2002				
	Plan sponsor's name and addre	ess (employer, if for single-employer PORATION	plan)		ZD	Employer Identification Number (EIN) 06-0863879				
1850	SILAS DEANE HIGHWAY, 2NI) FLOOR			2c	Plan sponsor's telephone number 860-571-8812				
ROC	KY HILL, CT 06067				2d	Business code (see instructions) 236110				
3a CON	Plan administrator's name and NECTICUT CARPENTRY COR	address (if same as Plan sponsor, er PORATION 1850 SILAS I ROCKY HILL	DEANE HI	GHWAY, 2ND FLOOR	3b	Administrator's EIN 06-0863879				
		3c	Administrator's telephone number 860-571-8812							
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	18				
b	Total number of participants at	the end of the plan year			5b	12				
С		th account balances as of the end of	· · ·	5c	11					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No				
b		e annual examination and report of a See instructions on waiver eligibility a			X Yes 🗌 No					
		er 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Informa	ation								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
a L	•		7a	441891		419124				
b	•	'h fram lina 7a)	7b	44189		419124				
<u> </u>	Income, Expenses, and Transf	b from line 7a)	7c	(a) Amount		(b) Total				
a	Contributions received or recei			(a) Anount		(b) Total				
			8a(1)							
			8a(2)	5336	5					
			8a(3)	17807	,					
b	· · · ·	$P_{\alpha}(2), P_{\alpha}(2), and P_{\alpha}(2)$	8b	17607		23143				
c d	Benefits paid (including direct i	Ba(2), 8a(3), and 8b) ollovers and insurance premiums	8c 8d	44422	2					
е	, ,	ive distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f	1488	3					
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			45910				
i		8h from line 8c)				-22767				
j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part 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: 2A 2E 2F 2G 2J 2K 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	A	mount		
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)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?	10c		Х				
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		X	1			
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		586			
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 of year end.)	10g	Х				(6084
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х					
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	Х					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•	Ye	s X	No
lf y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (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. Month ou 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. 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 on negative amount).	ions, n f a	and e	nter the Day 12b 12c 12d	e date of the	/ear		
е	Will 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?		·····			Ye	s 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 up of the PBGC?					Ye	s X	No
C	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	1(S) to					
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	13c((3) PN	N(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.	07/12/2011	SALLIE JO MARKER
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

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Form 5500-SF Department of the Treasury Internet Revenue Service This form is required to be filed under sections 104 and 4065 of the Emplo				/ee	CMB Nos. 1210-0110 1210-0089 2010				
				A					
Department of Labor Retirement income Security Act of 1974 (ERISA), and section 6058(a) of Internal Revenue Code (the Code).						Open to Public			
Pension Benefit Guaranty Corporation	> Complete all entries in acc	ordance with	the instructions to the Form 550	0-SP.	unaj	ection			
Parti Annual Report k		01/01/20	10 and ending		12731/201				
For celender plan year 2010 or fisc	al plan year begrinning X single-employer plan		noloyer plan (not multiemployer)		one-participan				
A This return/report is for: B This return/report is for:	first return/report								
	an amended return/report	ahort plan	year relum/report (less than 12 mor	ntins)					
C Check box If filing under:	Form 5558	automatic	extension		DEVC program	π			
	special extension (enter descri	ption)							
Partil Basic Plan Infon	mation enter all requested info								
1a Name of plan	4			1b	Three-digit				
CONNECTICUT CARPEN	TRY CORPORATION 401()	k) plan			(PN)	001			
				10	Effective date of 01/01/2002	plan			
22 Plen sponsor's name and addr CONNECTICUT CARPEN	PSS (employer, if for single emplo TRY CORPORATION	yer plan)		2Ь	Employer Identifi (EIN) 06-0863	cation Number			
				2c	Plan sponsor's to	sephone number			
1850 SILAS DEANE H	IGHWAY, 2nd FLOOR				(860) 571-8				
BOCKY HILL			CT 06067	20	Business code (a 236110	see instructions)			
3a Plan administrator's name and SAME	address (if same as Plan sponso	r, enter "Same		Зb	3b Administrator's EIN				
				30	Administrator's b	slephone number			
					(860) 571-8	1812			
4 If the name and/or EIN of the plan number and the plan number	an sponsor has changed since the or from the last rotum/report. Spo	e laat recumvrej NSOT'S NAME	port tiled for title plan, enter the	46	EIN				
				_	PN				
	• • • •			<u>5a</u>		18			
				<u>5b</u>		12			
C Total number of participants w			ear (defined benefit plans do not	50		11			
			(See instructions.)		1	X Yes No			
b Are you claiming a waiver of t	the annual examination and repor	t of an Indeper	ident qualified public accountant (IC ona.)	(APC		Ves No			
If you answered "No" to sit	her 6a or 6b, the plan cannot ut	e Form 5500-	BF and must instead use Form 55	00.	******				
Part-III Financial Inform	ation								
7 Plan Assets and Liabilities		11.11	(a) Beginning of Year	-	(b) End				
			441,89	21		419,124			
				-					
C Net plan assets (subtract line		the state of the s	441,89	-		419,124			
8 Income, Expenses, and Trans		5 · · ·	(a) Amount	-	(b) T	otal			
a Contributions received or rect	BIVELIO ITOIN:	82(1)		1	t filters				
		provide statements and provide statements	5,33	36	Sec. 2	in dan series			
••	5)					6			
			17,80		an saide	-			
	, 8a(2), 8a(3), and 8b)		Call Carlos Call States			23,143			
d Benefits paid (including direct	44,4	22-							
	tive distributions (see Instructions								
	ice providers (salaries, fees, commissions) 8/ 1,488								
	219 (90000 100, 1000, 600100000 10)		1/10		in the second	**			
• • • • • • • • • • • •	8e, 8f, and 8g)		- Welling - Sector 12 Se	2		45,910			
	e 8h from line 8c)			1		(22,767)			
	ee instructions)			A STATE OF THE STATE					
	A LINE OF COMPANY OF COMPANY					at the set of the set of the set			

For Paperwork Reduction Act Notice and CMB Control Numbers, see the Instructions for Form 8000-BF.

860 571 8891 P.003

Form	5500-SF	2010
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Par	IV: Pian Characteristics						
9a	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2A 2E 2F 2G 2J 2K 2T 3D	cteris	tic Co	des in	the Instruc	tions:	
ь	I the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	teriat	ia Cad	ies in t	be instruct	ions:	
							1
Part	Compliance Questions						
10	During the plan year:	_	Yes	No		Amount	
8	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			
Ь	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	105		x			
c		10c		x			
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	104		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.)	100	x				58
f		101		х			
g		10a	х				6,08
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h	x			1	
1	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	101	x			<u>, , ,</u>	
Part		141					
11	is this a defined banefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	iete i	Sched	ute SB	Form		s 🕅 No
8	(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 amontized in this plan year, see instruct						
If s	granting the walver,	n		DEY		YCOF	
	Enter the minimum required contribution for this plan year	*******	[120			
C	Enter the amount contributed by the employer to the plan for this plan year	******	[12ç			
d	Subtract the amount in line 12c from the amount in line 12c. Enter the result (enter a minus sign to the left o negative amount)	fa	[12d		0	
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*****	*******		Yes	No	N/A
Part	/II Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	******				Ye	s X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	******		1 3a			
Ь	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?	nder	the co	Iordre		T Ye	s 🕅 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which easets or liabilities were transferred. (See Instructions.)	e plæ	n(s) ta				
	13o(1) Name of plan(s): 1					130	3) PN(s)
Caut	in: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establ	ished.		
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/n	m/rep	, and	iciudin to the l	g, if applications of my	ible, a So knowledg	hedule be and
	It is true, correct, and complete		- \		_		
SIG	Jana Anataine 7/1/2011 Colena	7	أممأ	ta in	e		

SIGN	Am Gradine	Thaon	Cherra Footaine
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan edministrator
-BIGN	A sur (To do in	7/11/2011	Eleza Frotning
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor