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 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	art I Anr	ual Report I	Identification Informat	tion						
For	calendar plan	year 2010 or fis	cal plan year beginning 0	1/01/201	0	and ending	12/31/2	2010		
Α	This return/rep	ort is for:	single-employer plan		multiple-e	employer plan (not multiemployer)	one-participant plan			
	This return/rep		first return/report	Ħ	final retur	n/report				
			an amended return/report	rt 🗏	short plan	n year return/report (less than 12 m	onths)			
_	Check box if fi	ing under:	Form 5558			extension	,	DFVC program		
C	Check box ii ii	ing under.	special extension (enter	 doscriptic	ı	CATOLISION	Dr vo program			
D	nut II Doo	ia Dian Infa			,					
		ic Pian intoi	rmation—enter all requeste	ed inform	ation		1h	Thurs aliait		
	Name of plan		NC. PROFIT SHARING & 40°	1/K) PET	IDEMENIT		מו	Three-digit plan number		
ואט	TON CONSTI	.0011014 00.,111	VC. I IVOI II SHAKIIVO & 40	I(IX) IXL I	IIXLIVILIVI			(PN) ▶ 001		
							1c	Effective date of plan		
								11/01/1980		
			dress (employer, if for single-	employer	plan)		2b	Employer Identification Number		
DAY	TON CONSTR	UCTION CO.,IN	NC.				20	(EIN) 06-0744098 Plan sponsor's telephone number		
	BUNKER HILL						20	860-274-2998		
WAT	ERTOWN, CT	06795					2d	Business code (see instructions)		
								237310		
3a DAY	Plan administ TON CONSTR	rator's name and UCTION CO.,IN	d address (if same as Plan s NC. 146		enter "Same R HILL RO		3b	Administrator's EIN 06-0744098		
		•		TERTOW	VN, CT 067	95	3c	Administrator's telephone number		
								860-274-2998		
						port filed for this plan, enter the	4b	EIN		
	name, EIN, an	d the plan numb	per from the last return/report	. Sponso	or's name		4c	PN		
5a	Total number	of participants	at the beginning of the plan v	ear				30		
b								32		
C							30			
					the plan year (defined benefit plans do not			22		
6a	Were all of the	ne plan's assets	during the plan year invested	d in eligib	le assets?	(See instructions.)		Yes No		
b						ndent qualified public accountant (I		XI vaa 🗆 Na		
						ons.)SF and must instead use Form 5		Yes No		
Pa		ancial Inform		ot use i	01111 3300-	or and must misteau use i orm c	500.			
7	l e	and Liabilities				(a) Beginning of Year		(b) End of Year		
a					. 7a	64168	17	7236596		
	Total plan lial				. 7b					
C	Net plan asse	ets (subtract line	7b from line 7a)			64168	17	7236596		
8			sfers for this Plan Year			(a) Amount		(b) Total		
a		received or rec				, ,	00	(6) 1016.		
	(1) Employe	rs			. 8a(1)	1822				
	(2) Participa	nts			. 8a(2)	1689				
	(3) Others (including rollovers)			. 8a(3)	807					
b	Other income (loss)			. 8b	649963					
C		Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1001959				
d		`	t rollovers and insurance pre		0-1	1818	67			
•			ctive distributions (see instru		. 8d					
e f			`	,	. 8e		\dashv			
t		·	ers (salaries, fees, commission	,		3	13			
g	•		00 0f and 0a)					182180		
h :			, 8e, 8f, and 8g)					819779		
!	,	, ,	ne 8h from line 8c)					010110		
	าาสกราชารี เป	nom, the plan (see instructions)		· 8j	İ				

	Form 5500-SF 2010 Page 2-				
	Form 5500-5F 2010 Fage 2-		_		
	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2A 2E 2F 2H 2J 2K 2T	acteris	tic Co	des in t	he instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Coc	les in th	ne instructions:
-					
art	V Compliance Questions				
)	During 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 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		X	
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		X	
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		х	
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		13359
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
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			
ırt	VI Pension Funding Compliance				
ſ	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
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 instruction granting the waiver.				
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				

b Enter the minimum required contribution for this plan year.....

c Enter the amount contributed by the employer to the plan for this plan year......
 d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

12b

12c

12d

Yes

No

Yes

Yes X No

N/A

No

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.	10/05/2011	SANDRA SAKL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/05/2011	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 Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2010

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Form 5500-SF (2010)

	the calendar plan year 2010 or fiscal plan year beginning	01/	01/2010	and ending	12/31/2010		
A	This return/report is for: x single-employer plan	multiple-	employer plan (not multiemployer)	one-participant plan		
3	This return/report is for: first return/report		nal return/report				
	an amended return/report			port (less than 12 mon	Committee of the Commit		
3	Check box if filing under: x Form 5558 special extension (enter der		ic extension		DFVC prog	ram	
P							
_	art II Basic Plan Information enter as request Name of plan	ted information			141	-	
	Dayton Construction Co., Inc. Profit Shari	ng & 401(k)	Retirement	18	1b Three-digit plan number (PN) ►	001	
					1C Effective date 11/01/1980		
d	Plan sponsor's name and address (employer, if for single-emp Dayton Construction Co., Inc.	oloyer plan)			2b Employer Iden (EIN) 06-0	tification Number 744098	
	146 Bunker Hill Road				2c Plan sponsor's (860) 274-	2998	
_	Watertown CT 06795				2d Business code 237310	(see instructions)	
a	Plan administrator's name and address (if same as plan emplo Same	oyer, enter "Same	9"}		3b Administrator's	EIN	
					3c Administrator's	telephone numbe	
3	If the name and/or EIN of the plan sponsor has changed since name, EIN and the plan number from the last return/report. Sp	the last return/re	port filed for this	plan, enter the	4b EIN		
_					4c PN		
ъ.							
	Total number of participants at the beginning of the plan year .		5 50 5 5 6		5a	30	
,	Total number of participants at the end of the plan year. Total number of participants with account balances as of the ex-	od of the plan ver	ar (defined hone	At plant do not	5b	32	
a	Total number of participants at the end of the plan year. Total number of participants with account balances as of the ercomplete this item) Were all of the plan's assets during the plan year invested in el	nd of the plan yea	ar (defined bene	fit plans do not	5b	32	
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Par	Total number of participants at the end of the plan year. Total number of participants with account balances as of the ercomplete this item) Were all of the plan's assets during the plan year invested in either all of the plan's assets during the plan year invested in either 29 CFR 2520.104-467 (See instructions on waiver eligibility you answered "No" to either 6a or 6b, the plan cannot us not like an examination and report the plan assets. Total plan assets Total plan assets Total plan assets Total plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including relievers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	nd of the plan yes ligible assets? (So t of an independe lifty and condition e Form 5500-SF	ar (defined bene ee instructions.) ent qualified pub is.) and must inste	fit plans do not fit pl	5b 5c (b) End	32 22 X Yes N X Yes N I of Year 7,236,596 7,236,596 Total	

Form	5500-SF	20	11

100		2
- 1	age	4-

-	and at a		Page 2-		-			
Par					70 CS			
9a	f the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2H 2J 2K 2T	eature codes from the	List of Plan Characteris	stic	Codes	in the	Instructions:	
b	f the plan provides welfare benefits, enter the applicable welfare fer	sture codes from the L	ist of Plan Characterist	tic C	odes i	n the i	nstructions:	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contribut	tion within the time pe	riod described in			x		
b	29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)	7 (Do not include trans	sictions reported	10a		x		-
c	Was the plan covered by a fidelity bond?			105	-			V. 100 100 100 100 100 100 100 100 100 10
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidality bond that was		10c	x	-	350	0,00
	or dishonesty?	* * * * * * * * *	caused by traud	104		x		
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all instructions.)	of the benefits under t	he nian2 /See	10-		x		
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e	_	-		
g				10f		х		
h	Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (If	See instructions and t	a CEB	10g	x	_	13 57 (15) (17) (17)	3,359
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	e required notice or or	to of the	10h		×	International Value	
Part	exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance	3	<u> 1</u>	101			MA DESCRIPTION	48
11	Is this a defined benefit plan subject to minimum funding requirements	note? (If "Vos * non los	the afficer and a second					
							Yes X	TNo.
12	is this a defined contribution plan subject to the minimum funding n (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applice	equirements of sectionable.)	n 412 of the Code or se	ectio	n 302	of ER	ISA? Yes 🗓	-
	If a waiver of the minimum funding stendard for a prior year is being granting the waiver u completed line 12s, complete lines 3, 9, and 10 of Schedule !		Month	9, an	d ente	the o	date of the letter ruling Year	
	Enter the minimum required contribution for this plan year				Г	12b		_
c	Enter the amount contributed by the employer to the plan for this pl	an year		•	· -	12c		
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the amount)	the result (enter a min	us sign to the left of a			12d		-
e	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes No	N/A
art	II Plan Terminations and Transfers of Assets			33.1=				
13a	has a resolution to terminate the plan been adopted during the plan	year or any prior year	7				Yes X	No
	f "Yes," enter the amount of any plan assets that reverted to the on	nployer this year .		ં.	Ţ.	130	, 🗀 🚾	1
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	transferred to another	plan, or brought under	the	contro	ol .		
C	f during this plan year, any assets or liabilities were transferred fron which assets or liabilities were transferred. (See instructions.)	n this plan to another p	plan(s), identify the plan	n(s)	to .	• •	· · · · Yes X	ļNo
13	:(1) Name of plan(s);				130	(2) EII	N(s) 13c(3) PN(s)
		03300				de les	32,00	-
								-
aution	A penalty for the late or incomplete filing of this return/report	will be assessed un	less reasonable caus	o is	estab	lished	,	
Inder p B or S	enalties of perjury and other penalties set forth in the instructions, I shedule MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	declare that I have ev	aminod this rebundance	met a	and sale	- 15	and and a second	
SIGN	Sander Delle tunter		Sandra Sakl	-				- 1
HERE		Date 9-19-11	Enter name of individ	tout	sionin	o ne n	lan administrator	
SIGN	Sender Mile Trutel.		Sandra Sakl	- Latest	and and	y oa p	MICH MACHINING MICH.	-
HERE	Signature of employer/plan sponsor	Date 9-19-11	-			grapher.		_
-		Tome / //-//	Learner Harme of Individ	andi.	aignin	g as c	mployer or plan sponsor	