

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>CCI/BEST 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CLEVELAND CONSTRUCTION, INC.</u> <u>711 5TH AVE S STE 200</u> <u>NAPLES, FL 34102</u>		1c Effective date of plan <u>07/01/2001</u>	
2b Employer Identification Number (EIN) <u>34-1380189</u>		2c Sponsor's telephone number <u>239-643-4455</u>	
2d Business code (see instructions) <u>236200</u>		<div style="background-color: #cccccc; height: 40px;"></div>	

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	<u>10/13/2011</u>	<u>GARY TODD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/13/2011</u>	<u>GARY TODD</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CLEVELAND CONSTRUCTION, INC. 711 5TH AVE S STE 200 NAPLES, FL 34102	3b Administrator's EIN 34-1380189 3c Administrator's telephone number 239-643-4455
--	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	584
---	----------	-----

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	432
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	432
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	432
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	164
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a 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 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ ¹ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CCI/BEST 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. CLEVELAND CONSTRUCTION, INC.	D Employer Identification Number (EIN) 34-1380189	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-008088	164	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
19577	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INVEST FIN CORP INS AGENCY INC OF I
8745 HENDERSON RD STE 300
TAMPA, FL 33634

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19577			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	421639
5 Current value of plan's interest under this contract in separate accounts at year end	5	3988515

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	507378
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	35786	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	-91084	
(4) Transferred from separate account	7c(4)	11080	
(5) Other (specify below)	7c(5)	33264	

▶ ACQUISITION, LOAN PYMT

(6) Total additions	7c(6)	-10954
---------------------------	--------------	--------

d Total of balance and additions (add b and c(6))	7d	496424
---	-----------	--------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	50863	
(2) Administration charge made by carrier	7e(2)	468	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	23454	

▶ LOAN W/D

(5) Total deductions	7e(5)	74785
----------------------------	--------------	-------

f Balance at the end of the current year (subtract e(5) from d)	7f	421639
---	-----------	--------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CCI/BEST 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEVELAND CONSTRUCTION, INC.	D Employer Identification Number (EIN) 34-1380189	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARTFORD LIFE INS. CO.
06-0974148

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HARTFORD LIFE INS. CO.

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	NONE	3090	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHED 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>CCI/BEST 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CLEVELAND CONSTRUCTION, INC.</u>	D Employer Identification Number (EIN) <u>34-1380189</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARTFORD ADVANTAGE TK3</u>		
b Name of sponsor of entity listed in (a): <u>HARTFORD LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2694225</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARTFORD ADVANTAGE VK1</u>		
b Name of sponsor of entity listed in (a): <u>HARTFORD LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>200151</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT K1</u>		
b Name of sponsor of entity listed in (a): <u>HARTFORD LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT K3</u>		
b Name of sponsor of entity listed in (a): <u>HARTFORD LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1094138</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CCI/BEST 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEVELAND CONSTRUCTION, INC.	D Employer Identification Number (EIN) 34-1380189	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		10300
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	44684	36710
(2) Participant contributions	1b(2)	4468	3671
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	226609	267325
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4415893	3988516
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	524062	449403
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5215716	4755925

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	12609	1499
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12609	1499

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5203107	4754426
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	50440	
(B) Participants	2a(1)(B)	504667	
(C) Others (including rollovers)	2a(1)(C)	58990	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		614097

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	11479	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11479

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	15045	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15045

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		528098
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1168719

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	577735	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		577735
f Corrective distributions (see instructions)	2f		14330
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3090	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3090
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		595155

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		573564
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		1022245

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SKODA, MLNOTTI, & CO.

(2) EIN: 34-1945206

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BEST SUPPLY INC 401K RETIRE	31-1562857	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>CCI/BEST 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLEVELAND CONSTRUCTION, INC.</u>	D Employer Identification Number (EIN) <u>34-1380189</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-0974148</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

CCI/BEST 401(k) PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009



SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

CCI/BEST 401(k) PLAN
YEARS ENDED DECEMBER 31, 2010 AND 2009

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	PAGE NO.	2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2010 and 2009		3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years ended December 31, 2010 and 2009		4
NOTES TO THE FINANCIAL STATEMENTS		5 - 12
SUPPLEMENTARY INFORMATION		
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2010		13 - 14



SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

INDEPENDENT AUDITORS' REPORT

TO THE PLAN ADMINISTRATOR
CCI/BEST 401(k) PLAN

We were engaged to audit the financial statements of the CCI/Best 401(k) Plan (the Plan) as of December 31, 2010 and 2009, and for the years then ended, and the supplementary schedule as of December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Hartford Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SKODA MINOTTI

October 4, 2011

CCI/BEST 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
INVESTMENTS, AT FAIR VALUE		
Registered investment companies	\$ 3,988,516	\$ 4,415,893
Cash	10,300	-
Group annuity contract	<u>449,403</u>	<u>524,062</u>
	<u>4,448,219</u>	<u>4,939,955</u>
RECEIVABLES		
Participants' contributions	36,710	44,684
Companies' contributions	3,671	4,468
Notes receivable from participants	<u>267,325</u>	<u>226,609</u>
	<u>307,706</u>	<u>275,761</u>
	<u>4,755,925</u>	<u>5,215,716</u>
PAYABLES		
Participants' contributions	1,499	11,625
Companies' contributions	<u>-</u>	<u>984</u>
	<u>1,499</u>	<u>12,609</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	4,754,426	5,203,107
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR INTEREST IN A GROUP ANNUITY CONTRACT RELATING TO FULLY BENEFIT- RESPONSIVE INVESTMENT CONTRACTS	<u>(27,764)</u>	<u>(16,684)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,726,662</u>	<u>\$ 5,186,423</u>

The accompanying notes are an integral part of these financial statements.

CCI/BEST 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividends	\$ 15,045	\$ 15,748
Net appreciation in fair value of investments	<u>517,018</u>	<u>1,064,346</u>
	<u>532,063</u>	<u>1,080,094</u>
Other income	<u>11,479</u>	<u>12,510</u>
Contributions		
Participants'	504,667	570,527
Companies'	50,440	51,768
Rollovers	<u>58,990</u>	<u>85,965</u>
	<u>614,097</u>	<u>708,260</u>
Total additions	<u>1,157,639</u>	<u>1,800,864</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	592,065	308,332
Transfers out of Plan	1,022,245	-
Administrative expenses	<u>3,090</u>	<u>2,826</u>
Total deductions	<u>1,617,400</u>	<u>311,158</u>
NET INCREASE (DECREASE)	(459,761)	1,489,706
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>5,186,423</u>	<u>3,696,717</u>
END OF YEAR	<u>\$ 4,726,662</u>	<u>\$ 5,186,423</u>

The accompanying notes are an integral part of these financial statements.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of the CCI/Best 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Cleveland Construction, Inc. and Telling Industries, LLC (the Companies), who have completed one-half year of service. Effective July 1, 2010, the ownership of Best Supply, Inc. (Best) changed and it is no longer an affiliate of Cleveland Construction, Inc. The employees of Best transferred their accounts in the cumulative amount of \$1,022,245 to a new retirement plan sponsored by Best. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to contribute up to the lesser of \$16,500 (plus catch up contributions as defined in the Plan document) or 15% of their compensation to the Plan on a pre-tax basis. The Companies match 10% of the participants' payroll reduction contributions. Additional amounts may be contributed by the Companies at the option of the Companies' Board of Directors. Rollover contributions are permitted as described in the Plan document. The Companies' matching contributions totaled \$50,440 and \$51,768 for the years ended December 31, 2010 and 2009, respectively. There were no additional contributions made to the Plan by the Companies.

Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, the Companies' matching and additional contributions, investment earnings, and charged with an allocation of administrative expenses. Allocations of the Companies' additional contributions are based on compensation. Allocations of investment earnings and administrative expenses are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of service according to the following schedule:

<u>Years of service</u>	<u>Vested percentage</u>
Less than 2 years	0%
2 years but less than 3	20%
3 years but less than 4	50%
4 years or more	100%

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (continued)

Forfeitures

Forfeitures of matching contributions shall be used to reduce the Companies' future matching contributions. At December 31, 2010 and 2009, forfeited non-vested accounts totaled \$10,300 and \$295, respectively. For the years ended December 31, 2010 and 2009, forfeitures used to reduce the Companies' contributions were \$3,564 and \$5,293, respectively.

Payment of Benefits

Upon termination of service due to death, disability, retirement or separation of service, a participant is entitled to receive a distribution of his or her vested account balance in the form of a lump-sum payment. Participants are also permitted to receive distributions from their account prior to termination of employment if they experience financial hardship. Any hardship distribution would be limited to actual participant contributions not previously withdrawn.

Investment Options

Upon enrollment in the Plan, participants may direct their contributions, and the Companies' matching and additional contributions, into various investment options offered by the Plan.

Notes Receivable from Participants

Participants may borrow 50% of their vested account balance, from a minimum of \$750 up to a maximum of \$50,000. Notes receivable are secured by the balance in the participant's account and bear interest at 6.00%. Note receivable terms range from one to five years or up to 30 years for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. Interest income of \$11,479 and \$12,510 for December 31, 2010 and 2009, respectively, has been recorded as other income in the accompanying Statements of Changes in Net Assets Available for Benefits.

Administrative Expenses

Administrative expenses are paid by the Plan, or the Companies, at the discretion of the Companies.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value.

However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a group annuity contract. Contract value for this group annuity contract is based on the net asset value of the fund as reported by the investment advisor. The Statements of Net Assets Available for Benefits present the fair value of the investment in the group annuity contract as well as the adjustment of the investment in the group annuity contract from fair value to contract value relating to the investment contracts. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains (losses) on the investments purchased and sold, as well as held, during the year.

Notes Receivable from Participants

In September 2010, GAAP clarified how loans to participants should be classified and measured by defined contribution benefit plans. Participant loans were previously classified as investments at fair value. The guidance requires that participant loans be classified as notes receivable from participants, which are segregated from the Plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. As required, the Plan has retrospectively adopted the guidance for the Plan year ended December 31, 2009.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain reclassifications have been made to the 2009 financial statements to conform with the 2010 financial statement presentation. Such reclassifications had no effect on Changes in Net Assets Available for Benefits as previously reported.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Group Annuity Contract

The Plan has a group annuity contract that is fully benefit-responsive. Contract value represents contributions made under the contract, plus interest at a specified rate. The rate in effect at December 31, 2010 and 2009 was 3.00%. There are no events that limit the ability of the Plan to transact at contract value with the investment advisor. The investment advisor may terminate the group annuity contract if any of the following situations occur: the trustees do not provide the investment advisor with required information and do not remedy the situation within 30 days, the contract is amended and the investment advisor's obligations under the contract are adversely affected, the assets held or participants covered are less than the amount or number required for the contract to be considered a group annuity contract, the trustees are no longer considered eligible sponsors, the Plan fails to remain tax-exempt under Section 501(c) of the Internal Revenue Code (IRC), or if at any time contributions or balances are less than the amount required for this class of business under the investment advisor's underwriting standards.

Subsequent Events

The Company evaluated subsequent events through October 4, 2011, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. INVESTMENTS

The following table presents the fair value of investments at December 31, 2010 and 2009. The investments and investment activity have been certified as complete and accurate by Hartford Life Insurance Company, the custodian of the Plan, and have not been audited by the independent auditors. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2010</u>	<u>2009</u>
Investments at fair value:		
Registered investment companies:		
Hartford Capital Appreciation HLS Fund	\$ 698,418	\$ 855,246
Janus Twenty Fund	241,588	408,789
PIMCO Total Return Fund	411,771	102,547
Other registered investment companies	<u>2,636,739</u>	<u>3,049,311</u>
	3,988,516	4,415,893
Cash	10,300	-
Group annuity contract		
Fixed account*	<u>421,639</u>	<u>507,378</u>
Total investments	<u>\$4,420,455</u>	<u>\$4,923,271</u>

*This amount represents contract value for this investment.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

3. INVESTMENTS (continued)

During 2010 and 2009, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated in value by \$517,018 and \$1,064,346, respectively.

4. FAIR VALUE MEASUREMENTS

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. It applies to fair value measurements already required or permitted by existing standards. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs used in valuation models (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in inactive markets. Level 2 inputs include those other than quoted prices that are observable for the asset or liability. Level 2 inputs are derived principally from, or are corroborated by, observable market data by correlation or other means. If the asset or liability has a specified term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Registered investment companies – Valued at the closing price reported on the active market on which the individual securities are traded.

Cash – Valued at cost, which equals fair value.

Group annuity contract – Valued by using the fixed income rider formula, which takes into consideration index rates and declared interest rates relating to the group annuity contract.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Registered investment companies			
Bond funds	\$ 605,953	\$ -	\$ 605,953
Asset allocation funds	530,553	-	530,553
International/global funds	483,988	-	380,600
Large cap funds	1,899,103	-	1,899,103
Mid cap funds	201,786	-	201,786
Small cap fund	135,687	-	135,687
Specialty	131,446	-	234,834
Cash	10,300	-	10,300
Group annuity contract	<u>-</u>	<u>449,403</u>	<u>449,403</u>
Total assets at fair value	<u>\$ 3,998,816</u>	<u>\$ 449,403</u>	<u>\$ 4,448,219</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Registered investment companies	\$ 4,415,893	\$ -	\$ 4,415,893
Group annuity contract	<u>-</u>	<u>524,062</u>	<u>524,062</u>
Total assets at fair value	<u>\$ 4,415,893</u>	<u>\$ 524,062</u>	<u>\$ 4,939,955</u>

5. TAX STATUS

The Plan obtained its latest determination letter on February 20, 1996, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

5. TAX STATUS (continued)

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended December 31, 2008.

6. PLAN TERMINATION

Although they have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, all interests of the participants existing at such time would become fully vested and would be distributed to the participants after payment of any administrative expenses.

7. REFUNDS OF EXCESS CONTRIBUTIONS

For the Plan years ended December 31, 2010 and 2009, the Plan issued refunds of excess contributions in the amounts of \$1,499 and \$11,625, respectively, as well as excess matching contributions of \$0 and \$984, respectively. These amounts are included in participants' and Companies' contributions payable in the accompanying Statements of Net Assets Available for Benefits.

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of registered investment companies and a group annuity contract managed by Hartford Life Insurance Company. Hartford Life Insurance Company is the Plan custodian, and therefore, these transactions are considered party-in-interest transactions.

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

10. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 4,726,662	\$ 5,186,423
Plus: Adjustment from contract value to fair value for interest in a group annuity contract relating to fully benefit-responsive investment contracts	<u>27,764</u>	<u>16,684</u>
Net assets available for benefits per the Form 5500	<u>\$ 4,754,426</u>	<u>\$ 5,203,107</u>

The following is a reconciliation of investment income per the financial statements to the Form 5500 for the years ended December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Investment income per the financial statements	\$ 532,063	\$ 1,080,094
Other income	11,479	12,510
Plus (less): Prior year adjustment from contract value to fair value for interest in a group annuity contract relating to fully benefit-responsive investment contracts	(16,684)	547
Plus: Current year adjustment from contract value to fair value for interest in a group annuity contract relating to fully benefit-responsive investment contracts	<u>27,764</u>	<u>16,684</u>
Investment income per the Form 5500	<u>\$ 554,622</u>	<u>\$ 1,109,835</u>

CCI/BEST 401(k) PLAN

EIN: 34-1380189

PLAN NO: 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

DECEMBER 31, 2010

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	Registered investment companies		
	American Century Income and Growth Fund	138,766 shares	\$ 187,908
	American Century Select Fund	51,127 shares	67,856
	American Century Value Fund	80,916 shares	161,523
	American Funds Growth Fund of America	11,873 shares	151,341
	American Funds Income Fund of America	6,951 shares	105,994
	American Funds New Perspective Fund	6,156 shares	103,388
	American Funds Washington Mutual Investment Fund	2,468 shares	29,929
	Davis Financial Fund	5,348 shares	67,200
	Davis Opportunity Fund	3,140 shares	43,645
	Fidelity VIP II Contrafund	68,064 shares	200,151
	Franklin Small-Mid Cap Growth Fund	81,504 shares	201,786
	Goldman Sachs Small Cap Value Fund	7,484 shares	135,687
*	Hartford Capital Appreciation HLS Fund	220,957 shares	698,418
*	Hartford Global Growth HLS Fund	49,268 shares	67,149
*	Hartford Global Health HLS Fund	30,575 shares	64,246
*	Hartford Index HLS Fund	48,810 shares	70,143
*	Hartford Total Return Bond HLS Fund	104,099 shares	194,182
	Janus Balanced Fund	85,545 shares	184,195
	Janus Twenty Fund	145,732 shares	241,588
	Neuberger Berman Focus Fund	4,690 shares	46,220
	Oppenheimer Global Opportunities Fund	6,029 shares	131,848
	PIMCO Total Return Fund	24,728 shares	411,771
	Putnam Mutual	6,806 shares	82,295
	Templeton Foreign Fund	76,062 shares	181,603
	T. Rowe Price Personal Strategy Growth Fund	56,844 shares	113,316
	T. Rowe Price Personal Strategy Income Fund	22,508 shares	45,134
	<i>Balance to next page</i>		<u>3,988,516</u>

* Party-in-interest

See the Independent Auditors' Report.

CCI/BEST 401(k) PLAN

EIN: 34-1380189

PLAN NO: 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

DECEMBER 31, 2010

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	<i>Balance from prior page</i>		\$ 3,988,516
	Cash		10,300
	Group annuity contract		
*	Fixed account	305,910 shares	449,403
*	Notes receivable from participants	Various loans with interest rates at 6.0%; due through 2015	<u>267,325</u>
	* Party-in-interest		<u>\$ 4,715,544</u>

See the Independent Auditors' Report.

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator (“you”) in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan’s product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

CCI/BEST 401(K) PLAN (008088)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation

\$3,089.97

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that Hartford Life Insurance Company received **\$3,082.97**. Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Program & Administrative Charge

Service Code: 66

Hartford Life Insurance Company Separate Accounts, 200 Hopmeadow Road, Simsbury, CT 06089

[see fund chart below for percentage]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

Float compensation

\$22.70

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.1415% for 2010) earned on the bank accounts and investment associated with the short-term investment pool for the 2010 calendar year multiplied by an estimate of the assets related to uncashed checks. This estimate does not include float earned for any other reason (e.g., if amounts remitted to Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

Compensation paid with respect to Underlying Funds

<i>Investment Option Name</i>	<i>EIN</i>	<i>Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)</i>	<i>Total Annual Expenses² (as of 12/31/10)</i>	<i>Program & Admin. Charge</i>
AMERICAN CENTURY INC & GRTH INV	43-1819235	0.35% x assets	0.70%	0.70%
AMERICAN CENTURY SELECT INV	44-6006315	0.35% x assets	1.00%	0.70%
AMERICAN CENTURY VALUE INV	43-1646043	0.35% x assets	1.00%	0.70%
AMERICAN FUNDS GR FD OF AMER R3	52-0792143	0.60% x assets	0.97%	0.70%
AMERICAN FUNDS INC FD OF AMER R3	06-0867264	0.60% x assets	0.99%	0.70%
AMERICAN FUNDS NEW PERSPECTIV R3	95-2817150	0.60% x assets	1.13%	0.70%

<i>Investment Option Name</i>	<i>EIN</i>	<i>Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)</i>	<i>Total Annual Expenses² (as of 12/31/10)</i>	<i>Program & Admin. Charge</i>
AMERICAN FUNDS WASHMUTUAL INV R3	66-0793788	0.60% x assets	1.04%	0.70%
DAVIS FINANCIAL A	36-2926440	0.35% x assets plus \$12/participant	1.05%	0.70%
DAVIS OPPORTUNITY A	36-2926440	0.35% x assets plus \$12/participant	1.18%	0.70%
FIDELITY VIP CONTRAFUND INIT	NA ¹	0.20% x assets	0.67%	1.05%
FIXED ACCOUNT	NA ¹		0.00%	0.00%
FRANKLIN SMMID CAP GROWTH A	13-3151768	0.35% x assets plus \$12/participant	1.04%	0.70%
GOLDMAN SACHS SMALL CAP VALUE A	13-4019460	0.55% x assets	1.48%	0.70%
HARTFORD CAPITAL APP HLS IA	22-2937447	0.25% x assets	0.68%	0.70%
HARTFORD GLOBAL GROWTH HLS IA	22-2937447	0.25% x assets	0.81%	0.70%
HARTFORD GLOBAL HEALTH HLS IA	22-2937447	0.25% x assets	0.91%	0.70%
HARTFORD INDEX HLS IA	22-2937447	0.25% x assets	0.35%	0.70%
HARTFORD TOTAL RET BOND HLS IA	22-2937447	0.25% x assets	0.51%	0.70%
JANUS BALANCED T	84-0592523	0.30% x assets	0.82%	0.70%
JANUS TWENTY T	84-0592523	0.30% x assets	0.94%	0.70%
NEUBERGER BERMAN FOCUS ADV	13-6068441	0.50% x assets	1.42%	0.70%
OPPENHEIMER GLOBAL OPPTS A	93-1036175		1.23%	0.70%
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.90%	0.70%
PUTNAM MUTLI-CAP GROWTH A	04-3091455	0.50% x assets	1.29%	0.70%
PUTNAM VISTA A	NA ¹	0.50% x assets	1.31%	0.85%
T. ROWE PRICE PERS STRAT GRTH	52-1151266	0.15% x assets	0.85%	0.70%
T. ROWE PRICE PERS STRAT INC	52-1151266	0.15% x assets	0.66%	0.70%
TEMPLETON FOREIGN A	22-2169185	0.35% x assets plus \$12/participant	1.20%	0.70%

¹ At the time this report was generated this information was not available.

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

² This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

Hartford Capital Appreciation HLS Inv Opt	0.63% x assets
Hartford Global Growth HLS Inv Opt	0.74% x assets
Hartford Global Health HLS Inv Opt	0.85% x assets
Hartford Index HLS Inv Opt	0.30% x assets
Hartford Total Return Bond HLS Inv Opt	0.46% x assets

CCI/BEST 401(k) PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009



SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

CCI/BEST 401(k) PLAN
YEARS ENDED DECEMBER 31, 2010 AND 2009

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	PAGE NO.	2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2010 and 2009		3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years ended December 31, 2010 and 2009		4
NOTES TO THE FINANCIAL STATEMENTS		5 - 12
SUPPLEMENTARY INFORMATION		
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2010		13 - 14



SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

INDEPENDENT AUDITORS' REPORT

TO THE PLAN ADMINISTRATOR
CCI/BEST 401(k) PLAN

We were engaged to audit the financial statements of the CCI/Best 401(k) Plan (the Plan) as of December 31, 2010 and 2009, and for the years then ended, and the supplementary schedule as of December 31, 2010 as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Hartford Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SKODA MINOTTI

October 4, 2011

CCI/BEST 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
INVESTMENTS, AT FAIR VALUE		
Registered investment companies	\$ 3,988,516	\$ 4,415,893
Cash	10,300	-
Group annuity contract	<u>449,403</u>	<u>524,062</u>
	<u>4,448,219</u>	<u>4,939,955</u>
RECEIVABLES		
Participants' contributions	36,710	44,684
Companies' contributions	3,671	4,468
Notes receivable from participants	<u>267,325</u>	<u>226,609</u>
	<u>307,706</u>	<u>275,761</u>
	<u>4,755,925</u>	<u>5,215,716</u>
PAYABLES		
Participants' contributions	1,499	11,625
Companies' contributions	<u>-</u>	<u>984</u>
	<u>1,499</u>	<u>12,609</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	4,754,426	5,203,107
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR INTEREST IN A GROUP ANNUITY CONTRACT RELATING TO FULLY BENEFIT- RESPONSIVE INVESTMENT CONTRACTS	<u>(27,764)</u>	<u>(16,684)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,726,662</u>	<u>\$ 5,186,423</u>

The accompanying notes are an integral part of these financial statements.

CCI/BEST 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividends	\$ 15,045	\$ 15,748
Net appreciation in fair value of investments	<u>517,018</u>	<u>1,064,346</u>
	<u>532,063</u>	<u>1,080,094</u>
Other income	<u>11,479</u>	<u>12,510</u>
Contributions		
Participants'	504,667	570,527
Companies'	50,440	51,768
Rollovers	<u>58,990</u>	<u>85,965</u>
	<u>614,097</u>	<u>708,260</u>
Total additions	<u>1,157,639</u>	<u>1,800,864</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	592,065	308,332
Transfers out of Plan	1,022,245	-
Administrative expenses	<u>3,090</u>	<u>2,826</u>
Total deductions	<u>1,617,400</u>	<u>311,158</u>
NET INCREASE (DECREASE)	(459,761)	1,489,706
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>5,186,423</u>	<u>3,696,717</u>
END OF YEAR	<u>\$ 4,726,662</u>	<u>\$ 5,186,423</u>

The accompanying notes are an integral part of these financial statements.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of the CCI/Best 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Cleveland Construction, Inc. and Telling Industries, LLC (the Companies), who have completed one-half year of service. Effective July 1, 2010, the ownership of Best Supply, Inc. (Best) changed and it is no longer an affiliate of Cleveland Construction, Inc. The employees of Best transferred their accounts in the cumulative amount of \$1,022,245 to a new retirement plan sponsored by Best. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to contribute up to the lesser of \$16,500 (plus catch up contributions as defined in the Plan document) or 15% of their compensation to the Plan on a pre-tax basis. The Companies match 10% of the participants' payroll reduction contributions. Additional amounts may be contributed by the Companies at the option of the Companies' Board of Directors. Rollover contributions are permitted as described in the Plan document. The Companies' matching contributions totaled \$50,440 and \$51,768 for the years ended December 31, 2010 and 2009, respectively. There were no additional contributions made to the Plan by the Companies.

Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, the Companies' matching and additional contributions, investment earnings, and charged with an allocation of administrative expenses. Allocations of the Companies' additional contributions are based on compensation. Allocations of investment earnings and administrative expenses are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of service according to the following schedule:

<u>Years of service</u>	<u>Vested percentage</u>
Less than 2 years	0%
2 years but less than 3	20%
3 years but less than 4	50%
4 years or more	100%

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (continued)

Forfeitures

Forfeitures of matching contributions shall be used to reduce the Companies' future matching contributions. At December 31, 2010 and 2009, forfeited non-vested accounts totaled \$10,300 and \$295, respectively. For the years ended December 31, 2010 and 2009, forfeitures used to reduce the Companies' contributions were \$3,564 and \$5,293, respectively.

Payment of Benefits

Upon termination of service due to death, disability, retirement or separation of service, a participant is entitled to receive a distribution of his or her vested account balance in the form of a lump-sum payment. Participants are also permitted to receive distributions from their account prior to termination of employment if they experience financial hardship. Any hardship distribution would be limited to actual participant contributions not previously withdrawn.

Investment Options

Upon enrollment in the Plan, participants may direct their contributions, and the Companies' matching and additional contributions, into various investment options offered by the Plan.

Notes Receivable from Participants

Participants may borrow 50% of their vested account balance, from a minimum of \$750 up to a maximum of \$50,000. Notes receivable are secured by the balance in the participant's account and bear interest at 6.00%. Note receivable terms range from one to five years or up to 30 years for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. Interest income of \$11,479 and \$12,510 for December 31, 2010 and 2009, respectively, has been recorded as other income in the accompanying Statements of Changes in Net Assets Available for Benefits.

Administrative Expenses

Administrative expenses are paid by the Plan, or the Companies, at the discretion of the Companies.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value.

However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a group annuity contract. Contract value for this group annuity contract is based on the net asset value of the fund as reported by the investment advisor. The Statements of Net Assets Available for Benefits present the fair value of the investment in the group annuity contract as well as the adjustment of the investment in the group annuity contract from fair value to contract value relating to the investment contracts. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains (losses) on the investments purchased and sold, as well as held, during the year.

Notes Receivable from Participants

In September 2010, GAAP clarified how loans to participants should be classified and measured by defined contribution benefit plans. Participant loans were previously classified as investments at fair value. The guidance requires that participant loans be classified as notes receivable from participants, which are segregated from the Plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. As required, the Plan has retrospectively adopted the guidance for the Plan year ended December 31, 2009.

Payment of Benefits

Benefits are recorded when paid.

Reclassifications

Certain reclassifications have been made to the 2009 financial statements to conform with the 2010 financial statement presentation. Such reclassifications had no effect on Changes in Net Assets Available for Benefits as previously reported.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Group Annuity Contract

The Plan has a group annuity contract that is fully benefit-responsive. Contract value represents contributions made under the contract, plus interest at a specified rate. The rate in effect at December 31, 2010 and 2009 was 3.00%. There are no events that limit the ability of the Plan to transact at contract value with the investment advisor. The investment advisor may terminate the group annuity contract if any of the following situations occur: the trustees do not provide the investment advisor with required information and do not remedy the situation within 30 days, the contract is amended and the investment advisor's obligations under the contract are adversely affected, the assets held or participants covered are less than the amount or number required for the contract to be considered a group annuity contract, the trustees are no longer considered eligible sponsors, the Plan fails to remain tax-exempt under Section 501(c) of the Internal Revenue Code (IRC), or if at any time contributions or balances are less than the amount required for this class of business under the investment advisor's underwriting standards.

Subsequent Events

The Company evaluated subsequent events through October 4, 2011, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. INVESTMENTS

The following table presents the fair value of investments at December 31, 2010 and 2009. The investments and investment activity have been certified as complete and accurate by Hartford Life Insurance Company, the custodian of the Plan, and have not been audited by the independent auditors. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2010</u>	<u>2009</u>
Investments at fair value:		
Registered investment companies:		
Hartford Capital Appreciation HLS Fund	\$ 698,418	\$ 855,246
Janus Twenty Fund	241,588	408,789
PIMCO Total Return Fund	411,771	102,547
Other registered investment companies	<u>2,636,739</u>	<u>3,049,311</u>
	3,988,516	4,415,893
Cash	10,300	-
Group annuity contract		
Fixed account*	<u>421,639</u>	<u>507,378</u>
Total investments	<u>\$4,420,455</u>	<u>\$4,923,271</u>

*This amount represents contract value for this investment.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

3. INVESTMENTS (continued)

During 2010 and 2009, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated in value by \$517,018 and \$1,064,346, respectively.

4. FAIR VALUE MEASUREMENTS

GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. It applies to fair value measurements already required or permitted by existing standards. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs used in valuation models (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in inactive markets. Level 2 inputs include those other than quoted prices that are observable for the asset or liability. Level 2 inputs are derived principally from, or are corroborated by, observable market data by correlation or other means. If the asset or liability has a specified term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Registered investment companies – Valued at the closing price reported on the active market on which the individual securities are traded.

Cash – Valued at cost, which equals fair value.

Group annuity contract – Valued by using the fixed income rider formula, which takes into consideration index rates and declared interest rates relating to the group annuity contract.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Registered investment companies			
Bond funds	\$ 605,953	\$ -	\$ 605,953
Asset allocation funds	530,553	-	530,553
International/global funds	483,988	-	380,600
Large cap funds	1,899,103	-	1,899,103
Mid cap funds	201,786	-	201,786
Small cap fund	135,687	-	135,687
Specialty	131,446	-	234,834
Cash	10,300	-	10,300
Group annuity contract	<u>-</u>	<u>449,403</u>	<u>449,403</u>
Total assets at fair value	<u>\$ 3,998,816</u>	<u>\$ 449,403</u>	<u>\$ 4,448,219</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Registered investment companies	\$ 4,415,893	\$ -	\$ 4,415,893
Group annuity contract	<u>-</u>	<u>524,062</u>	<u>524,062</u>
Total assets at fair value	<u>\$ 4,415,893</u>	<u>\$ 524,062</u>	<u>\$ 4,939,955</u>

5. TAX STATUS

The Plan obtained its latest determination letter on February 20, 1996, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

5. TAX STATUS (continued)

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended December 31, 2008.

6. PLAN TERMINATION

Although they have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, all interests of the participants existing at such time would become fully vested and would be distributed to the participants after payment of any administrative expenses.

7. REFUNDS OF EXCESS CONTRIBUTIONS

For the Plan years ended December 31, 2010 and 2009, the Plan issued refunds of excess contributions in the amounts of \$1,499 and \$11,625, respectively, as well as excess matching contributions of \$0 and \$984, respectively. These amounts are included in participants' and Companies' contributions payable in the accompanying Statements of Net Assets Available for Benefits.

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of registered investment companies and a group annuity contract managed by Hartford Life Insurance Company. Hartford Life Insurance Company is the Plan custodian, and therefore, these transactions are considered party-in-interest transactions.

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

CCI/BEST 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

10. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 4,726,662	\$ 5,186,423
Plus: Adjustment from contract value to fair value for interest in a group annuity contract relating to fully benefit-responsive investment contracts	<u>27,764</u>	<u>16,684</u>
Net assets available for benefits per the Form 5500	<u>\$ 4,754,426</u>	<u>\$ 5,203,107</u>

The following is a reconciliation of investment income per the financial statements to the Form 5500 for the years ended December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Investment income per the financial statements	\$ 532,063	\$ 1,080,094
Other income	11,479	12,510
Plus (less): Prior year adjustment from contract value to fair value for interest in a group annuity contract relating to fully benefit-responsive investment contracts	(16,684)	547
Plus: Current year adjustment from contract value to fair value for interest in a group annuity contract relating to fully benefit-responsive investment contracts	<u>27,764</u>	<u>16,684</u>
Investment income per the Form 5500	<u>\$ 554,622</u>	<u>\$ 1,109,835</u>

CCI/BEST 401(k) PLAN

EIN: 34-1380189

PLAN NO: 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

DECEMBER 31, 2010

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	Registered investment companies		
	American Century Income and Growth Fund	138,766 shares	\$ 187,908
	American Century Select Fund	51,127 shares	67,856
	American Century Value Fund	80,916 shares	161,523
	American Funds Growth Fund of America	11,873 shares	151,341
	American Funds Income Fund of America	6,951 shares	105,994
	American Funds New Perspective Fund	6,156 shares	103,388
	American Funds Washington Mutual Investment Fund	2,468 shares	29,929
	Davis Financial Fund	5,348 shares	67,200
	Davis Opportunity Fund	3,140 shares	43,645
	Fidelity VIP II Contrafund	68,064 shares	200,151
	Franklin Small-Mid Cap Growth Fund	81,504 shares	201,786
	Goldman Sachs Small Cap Value Fund	7,484 shares	135,687
*	Hartford Capital Appreciation HLS Fund	220,957 shares	698,418
*	Hartford Global Growth HLS Fund	49,268 shares	67,149
*	Hartford Global Health HLS Fund	30,575 shares	64,246
*	Hartford Index HLS Fund	48,810 shares	70,143
*	Hartford Total Return Bond HLS Fund	104,099 shares	194,182
	Janus Balanced Fund	85,545 shares	184,195
	Janus Twenty Fund	145,732 shares	241,588
	Neuberger Berman Focus Fund	4,690 shares	46,220
	Oppenheimer Global Opportunities Fund	6,029 shares	131,848
	PIMCO Total Return Fund	24,728 shares	411,771
	Putnam Mutual	6,806 shares	82,295
	Templeton Foreign Fund	76,062 shares	181,603
	T. Rowe Price Personal Strategy Growth Fund	56,844 shares	113,316
	T. Rowe Price Personal Strategy Income Fund	22,508 shares	45,134
	<i>Balance to next page</i>		<u>3,988,516</u>

* Party-in-interest

See the Independent Auditors' Report.

CCI/BEST 401(k) PLAN

EIN: 34-1380189

PLAN NO: 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

DECEMBER 31, 2010

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	<i>Balance from prior page</i>		\$ 3,988,516
	Cash		10,300
	Group annuity contract		
*	Fixed account	305,910 shares	449,403
*	Notes receivable from participants	Various loans with interest rates at 6.0%; due through 2015	<u>267,325</u>
	* Party-in-interest		<u>\$ 4,715,544</u>

See the Independent Auditors' Report.