Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance witi	n the instructions to the Form 55	00-5F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011		
Α .	This return/report is for:	a single-employer plan					
В	This return/report is: the first return/report						
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)			
С	Check box if filing under: X Form 5558		DFVC program				
_	special extension (enter descriptio	n)		L			
Da	art II Basic Plan Information—enter all requested informa	,					
	Name of plan	alion		1h	Three-digit		
	TON CONSTRUCTION CO.,INC. PROFIT SHARING & 401(K) RETII	REMENT			plan number		
					(PN) ▶ 001		
				1c	Effective date of plan		
					11/01/1980		
	Plan sponsor's name and address; include room or suite number (er TON CONSTRUCTION CO.,INC.	mployer, if	for a single-employer plan)		Employer Identification Number		
DAT	TON CONSTRUCTION CO., INC.				(EIN) 06-0744098		
				2c	Sponsor's telephone number 860-274-2998		
	BUNKER HILL ROAD			24			
VVAI	ERTOWN, CT 06795			Zu	Business code (see instructions) 237310		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	, ")	3h	Administrator's EIN		
	ON CONSTRUCTION CO.,INC. 146 BUNKER	HILL ROA	AD		06-0744098		
	WATERTOWI	N, CT 067	95	Зс	Administrator's telephone number		
					860-274-2998		
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	-			_	32		
b	Total number of participants at the end of the plan year		ou	26			
C	Number of participants with account balances as of the end of the p			. 30			
C	complete this item)			. 5c	25		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b	Are you claiming a waiver of the annual examination and report of a		,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,		X Yes No		
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.			
Pa	rt III Financial Information						
-	Plan Assets and Liabilities		(a) Beginning of Year 7236596		(b) End of Year 7485677		
a	Total plan assets		7230390		7403077		
b	Total plan liabilities	7b	7020500		7485677		
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	7236596				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	193571				
	(2) Participants	8a(2)	182079				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)		-72858				
	,		7200		302792		
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			302.02		
u	to provide benefits)	. 8d	53522				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	189				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			53711		
i	Net income (loss) (subtract line 8h from line 8c)				249081		
j	Transfers to (from) the plan (see instructions)						
-		, vj	1	1			

Form 5500-SF 2011	2011	CE.	EEUU	Earm

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

During the plan year:		Yes	No		Δm	ount	
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		<u> </u>	ount	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
on line 10a.)	10b	Χ					
Was the plan covered by a fidelity bond?	10c	^					350
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X					13
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Pension Funding Compliance	1.0.						
		O - I I	OF	\F			
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	•			•	Г	Yes	X
5500))	·······			·····		1	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	·······			·····		Yes Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	le or se	ction 3	 302 of	ERISA?	· [Yes	×
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	le or se	ction 3	302 of	ERISA?	of the le	Yes	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	le or se uctions,	ction 3	302 of	ERISA?	of the le	Yes	
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	le or se	and e	12b 12c	ERISA?	of the le	Yes etter rulear	
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a	and e	12b 12c 12d	ERISA?	of the le Yes	Yes etter rulear] [
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	t of a	and e	12b 12c 12d	ERISA?	of the le Yes	Yes etter rular] n
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SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/12/2012	SANDRA SAKL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/12/2012	SANDRA SAKL
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

201

2011

OMB Nos, 1210-0110

1210-0069

This Form is Open to Public Inspection

or the calendar plan year 201	ort Identification Informatio 1 or fiscal plan year beginning		/2011 and ending	12/31/2011	
This return/report is for:	x a single-employer plan	a multiple-e	employer plan (not multiemployer)	a one-partic	ipant plan
This return/report is:	the first return/report	the final ret			17.510.16.00M
Tria resultineporera.	H	=		stine's	
	an amended return/report	H	n year return/report (less than 12 mor		5700
Check box if filing under	x Form 5658	automatic e	extension	DFVC progr	am
	special extension (enter descr	iption)			
	nformation enter all requested	dinformation.			
a Name of plan				1b Three-digit plan number	
Dayton Constructi	on Co., Inc. Profit Sharing	g & 401(k) R	etirement	(PN) ►	001
				1c Effective date 11/01/1980	
2 Plan sponsor's name and Dayton Constructi	address; include room or suite numbe	er (employer, if for	single-employer plan)	2b Employer Iden	
Daycon Constructi	on co., inc.		8	(EIN) 06-0	744098
			i i	2C Plan sponsor's (860) 274-	telephone number -2998
146 Bunker Hill R	load			2d Business code	
S Watertown	CT 06795			237310	
The second secon	and address (If same as plan sponso	or, enter "Same")		3b Administrator's	EIN
Same					
			3	3c Administrator	s telephone number
				, estate 12 M	
If the name and/or EIN of	the plan sponsor has changed since the	ha last raturn/ran	ort filed for this plan, enter the	4b EIN	
	number from the last return/report.	ne last returnirep	Die fried for 3 is plant, enter the		
a Sponsor's Name				4c PN	
	nts at the beginning of the plan year.		워크랑 이 경기에는 그렇게 그렇게 그렇게 되었다면 사용되는 그렇게 그렇게 그리다는 그리네요?	5a	32
	nts at the end of the plan year			5b	26
	th account balances as of the end of the	17.6		5c	25
	ets during the plan year invested in elig	Chapter Valor In National Services			X Yes No
b Are you claiming a waive	r of the annual examination and report	of an independer	rt qualified public accountant (IQPA)		
	45? (See instructions on waiver eligibili		VD		X Yes No
	either 6a or 6b, the plan cannot use	Form 5500-SF	and must instead use Form 5500.		
Part III Financial In	The state of the s	Francisco ((a) Gardenian of Vana	/b) 5-	d of Voca
Plan Assets and Liabilitie	9	The state of	(a) Beginning of Year	(0) En	d of Year
a Total plan assets		7a	7,236,596	_	7,485,677
b Total plan liabilities		7b			
C Net plan assets (subtract		Production of	7,236,596		7,485,677
Income, Expenses, and T a Contributions received or	ransfers for this Plan Year	RATIONAL SE	(a) Amount	Ver a SAPPENDLETT, Y-KT) Total
(1) Employers		8a(1)	193,571		
(2) Participants		8a(2)	182,079		
(3) Others (including rolls	overs)	8a(3)	0		
b Other income (loss) .		8b	(72,858)	STATE OF THE SE	Hart Hart Hart
C Total income (add lines 8	a(1), 8a(2), 8a(3), and 8b)	8c	ENTER A PAGESTON MANUAGO	3	302,792
d Benefits paid (including d	rect rollovers and insurance premiums		53,522	THE RESERVE OF	
	orrective distributions (see Instructions				
	oviders (salaries, fees, commissions)		189		
g Other expenses		8g	Name of the state	A. S.	
h Total expenses (add lines		8h	STATE OF THE STATE	7V	53,711
[18] - [17] 상태 [18] (18] (18] (18] (18] (18] (18]	ct line 6h from line 8c)	81	2.N.S. N. 4. A.	35	249,081
Transfers to (from) the pla		81	The state of the s	THE PASSES OF TH	Charge by the latest

_	Form 5500-SF 2011		Page 2-						
Par	IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension feat	ire codes from the	ist of Plan Character	istic (Codes	in the	instructions:		
	2A 2E 2F 2H 2J 2K 2T f the plan provides welfare benefits, enter the applicable welfare feature.								
Par	V Compliance Questions								
10	During the plan year:			-	Yes	No	A	mount	-
a	Was there a failure to transmit to the plan any participant contribution	s within the time pe	riod described in			x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (D	y Correction Progra So not include trans	m)	10a		_			
	on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?			10c	х			37	350,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was	caused by fraud			x			-
0	AND			10d	_	^			
ĭ	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of the commissions of the commission of the commissions of the commission of the c	he benefits under ti	on nian? /See						
	instructions.)			10e	22	х			
	Has the plan failed to provide any benefit when due under the plan?			10f		х			
g h	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	х				13,265
	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	instructions and 2	9 CFR	10h		х	12.00		San
1	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520, 101-3	equired notice or or	e of the						Sin.
Part	VI Pension Funding Compliance			101			A 162-1-24 # 12M A	EWF-3.700	No. of Lorentz.
11	is this a defined benefit plan subject to minimum funding requirement (5500))	s? (If "Yes," see ins	tructions and comple	te Sc	hedule	SB (Form	Yes	HE ST
	Is this a defined contribution plan subject to the minimum funding required (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum funding standard for a prior year is being a granting the waiver.	e.) mortized in this pla	year, see instruct or		od anti	er the	data of the land	dens a dina	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.						
Ь	Enter the minimum required contribution for this plan year				.	12b			1000
d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	year			. -	12c			
	negative amount)	result (enter a min	us sign to the left of a		.	12d			
0	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes [No	□N/A
Part	Transfer of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?				٠,	. ,		Yes	X No
h	If "Yes," enter the amount of any plan assets that reverted to the empl					13a			
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?					ol		□vas	X No
C	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the pl	an(s)	to			∐Yes	[V] NO
13	c(1) Name of plan(s):			13c(2) EIN(N(s)	13c(3)	PN(s)
							- Andrews		
_									
			1						
autio	: A penalty for the late or incomplete filing of this return/report w	ill be assessed un	loss reasonable cau	iso is	estat	lisho	d.		-
Inder p	enalties of perjury and other penalties set forth in the instructions, I de chedule MB completed and signed by an enrolled actuary, as well as t is true, correct, and complete.	clare that I have ex	amined this return/re	nort I	netudi	na 16	andiantia a	Schedule edge and	
SIGN	ander Sake Plan adm.	9-12-2012	Sandra Sakl				S		
HERE		Date	Enter name of indiv	vicual	signir	ng as r	olan administ	rator	-
SIGN		AGE H-S	Sandra Sakl					1,343001	
HERE	Others of the state of the stat	Date	Enter name of indiv	ridual	signir	as e	employer or n	olan soons	or
				-	-	-	The second is		mr.f

5500 Electronic Filing Authorization

Plan Name:

Dayton Construction Co., Inc. Profit Sharing & 401(k) Retirement

EIN/PN:

06-0744098/001

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize Scott Freeman Retirement Plan Consulting LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor

(date) Candid Sake Plan adm. Sender Sake Plan Sporson (date) 9-12-2012