	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos.										
	Department of the Treasury Internal Revenue Service						2011				
En	Department of Labor nployee Benefits Security Administration	(a) of This Form is Open to Public Inspection									
P	Complete all entries in accordance with the instructions to the Form 5500-SF.										
		entification Information									
	calendar plan year 2011 or fisca				2/31/2						
	This return/report is for:	a single-employer plan	•	e-employer plan (not multiemployer)		a one-partici	oant plan				
Β -	This return/report is:	the first return/report		eturn/report							
		an amended return/report	a short pla	an year return/report (less than 12 mc	onths)						
C	Check box if filing under:	Form 5558		cextension		DFVC progra	m				
		special extension (enter descriptio									
		nation—enter all requested information	ation		41-						
	Name of plan NECTICUT CARPENTRY CORI				10	Three-digit plan number					
CON						(PN)	001				
					1c	Effective date o	f plan				
						01/01					
	Plan sponsor's name and addre	ess; include room or suite number (er PORATION	mployer, if	for a single-employer plan)			63879				
1850	SILAS DEANE HIGHWAY, 2ND) FLOOR			2c	Sponsor's telep 860-57					
ROCI	Y HILL, CT 06067				2d	Business code (23611					
	Plan administrator's name and NECTICUT CARPENTRY CORF	address (if same as plan sponsor, er PORATION 1850 SILAS E	DEANE HI	GHWAY, 2ND FLOOR	Administrator's EIN 06-0863879						
		ROCKY HILL			3c Administrator's telephone number 860-571-8812						
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN					
а	Sponsor's name				4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a		13				
b	Total number of participants at	the end of the plan year			5b		13				
C Number of participants with account balances as of the end of the p											
62		uring the plan year invested in cligibl		(See instructions.)			8 X Yes No				
b				ndent qualified public accountant (IQF							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ions.)	, ,		X Yes No				
Do	If you answered "No" to eith rt III Financial Informa		orm 5500-	SF and must instead use Form 550	0.						
<u>га</u> 7	Plan Assets and Liabilities					(h) F a d	of Voor				
'a			70	(a) Beginning of Year 419124		(b) End	360683				
b	•		7a 7b								
c	•	b from line 7a)	75 7c	419124			360683				
8	Income, Expenses, and Transf	,		(a) Amount		(b) 1	otal				
а	Contributions received or recei			(,		(~)					
	(1) Employers		8a(1)								
	(2) Participants		8a(2)	3550	_						
-	(3) Others (including rollovers)		8a(3)								
b	()		8b	2495			C045				
c d		8a(2), 8a(3), and 8b)	8c				6045				
u		ollovers and insurance premiums	8d	57919							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	6192							
f	Administrative service provider	s (salaries, fees, commissions)	8f	375							
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				64486				
i	() (e 8h from line 8c)	8i				-58441				
j	Transfers to (from) the plan (se	e instructions)	8j								

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

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Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D

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

Part	V	Compliance Questions								
10	Du	rring the plan year:		Yes	No		Α	mour	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				x					
С	W	as the plan covered by a fidelity bond?	10c		Х					
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
е	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 						1824			
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11										
12										
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
a 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 letter ruling granting the waiver									ıg	
lf y	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	b Enter the minimum required contribution for this plan year									
С	En	ter the amount contributed by the employer to the plan for this plan year			12c					
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d					
е	Wi	II the minimum funding amount reported on line 12d be met by the funding deadline?				Y	es	No		N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	На	is a resolution to terminate the plan been adopted in any plan year?			`	Yes	X No			
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
C		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)					_
13c(1) Name of plan(s): 13c(2) EIN(s)							130	c(3)	PN(s)	
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	estab	lishe	d.			
Unde	r ne	malties of periury and other penalties set forth in the instructions. I declare that I have examined this retu	ırn/rei	oort ir	ncludin	na ifa	policab	le a S	Sche	dule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/28/2012	ELENA FONTAINE				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

	Form 5500-SF	Short Form Annual	Return/ Benefi	Report of Small Employ	yee	(DMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	This form is required to be fi	~	2011						
arasannaan E	Department of Labor mployee Benefits Security Administration	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).								
F	Pension Benefit Guaranty Corporation		ordance wi	th the instructions to the Form 550	0-SF.	1115	pection			
Beiministerner		entification Information	01/01/2	2011 and ending		12/31/201	1			
2012 12010 12010	calendar plan year 2011 or fiscal		anala Tariantinananananananananananananananananan		2010/02/2010/02	a one-particip				
	more cum report to tot.	۲ ۵	in the second	e-employer plan (not multiemployer) return/report		L a one-particip	ant plan			
В	This return/report is:	the first return/report an amended return/report	Sustain States	1	ontho	\ \				
~			energy Frank	an year return/report (less than 12 m	onuns	anomality	-			
С	Check box if filing under:	i ai	and	c extension		DFVC progra				
	State Desig Diss Inform	special extension (enter descrip								
Statestation	Art II Basic Plan Inform	ation—enter all requested infor	mation	ananienan nebengare europaine europaine er en alternationalisen europaine ingeboenternet anter er autorieken ben	1 1 b	Three-digit				
1 64		RY CORPORATION 401(K) PLAN			plan number				
			,			(PN) 🕨	001			
************					10	Effective date of 01/01/2002				
2a	Plan sponsor's name and addres CONNECTICUT CARPENT	ss; include room or suite number of RY CORPORATION	(employer, i	if for a single-employer plan)	2b	Employer Identif (EIN) 06-086	ication Number 3879			
					2c	Sponsor's telep (860) 571-				
	1850 SILAS DEANE HIG	GHWAY, 2nd FLOOR			2d	Business code (236110	namen og som en state som en som e			
39	ROCKY HILL	ddress (if same as plan sponsor,	ontor "Sam	CT 06067	3h	Administrator's I	INI			
90	SAME	dureaa (ir aanie aa pian aponaor,	GILLET OATH	6 /			_ [[]			
					3c	Administrator's t	elephone number			
4	If the name and/or EIN of the pla	an sponsor has changed since the	last return	/report filed for this plan, enter the		EIN				
.,	name, EIN, and the plan numbe		s last i starn	report ned for the plan, enter the			MANUAL			
COMMISSION	Sponsor's name	17 MARING MATTA MARINA MANANA MANA MANANA MANANA	no na pranta na kata na		<u>4c</u>	PN				
		• • • •			<u>5a</u>		13			
b					<u>5b</u>		13			
С		ount balances as of the end of the		defined benefit plans do not	5c		8			
6a			and house of the condition of the local	(See instructions.)	bearers waters		X Yes No			
-	Are you claiming a waiver of the	annual examination and report o	f an indepe	ndent qualified public accountant (IQ	PA)		DECIDER ADDRESS			
				tions.). -SF and must instead use Form 55			X Yes 🚺 No			
Pa	Int III Financial Informat		101111 0000	-or and must instead use Form 55						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
a	Total plan assets		7a	419,12	4		360,683			
b	Total plan liabilities		<u>7b</u>							
C	Net plan assets (subtract line 7b	from line 7a)	7c	419,12	4	Egil kun maan aan aa da da da ah	360,683			
8	Income, Expenses, and Transfer			(a) Amount		(b) T	otal			
а	Contributions received or received	able from:	8a(1)							
			Contraction of the second seco	3,55	0					
			Promo inversion of the second s							
b			1	2,49	5					
С	. ,	a(2), 8a(3), and 8b)	Brauzoki deno zlivenski obsizatorne				6,045			
d	Benefits paid (including direct ro	llovers and insurance premiums		E7 01	0					
~		o diatributions (see instructions)	200 Elliphotocologica Server Green Berg	57,91						
e f		e distributions (see instructions) (salaries, fees, commissions)	Generation as a measurement of the	6,19	HARA					
g		(salaries, rees, commissions)	Construction by Second Construction Construction	57	1					
9 h		, 8f, and 8g)	and the second s				64,486			
a n a		3h from line 8c)	Swara sa gana sa waxaa sa gana s		+	Alter alle Hauskannon Hattanio Antonio francisco e antonio de antonio de antonio de antonio de antonio de anton	(58,441)			
Ne X SEE		instructions)	Constituenter Disconter Britabilitations)				(30,441)			
_₹ International	(11211) 110 Piciti (000		·· 8j	L						

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Part IV | Plan Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:	gavanoonaanuosa	Yes	No		Amo	unt	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		100074048007524048034		
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
e	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.)	x					1,824	
N.Jones	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	2004030000	x				
5 NOT	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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Π	Yes	X No
 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
	Enter the minimum required contribution for this plan year		1	12c	a arteriorit militaria oscialintera	CONTRACTOR OF STATE		
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ofa		12d		li na se		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Research		Yes		0	N/A
Part	VII Plan Terminations and Transfers of Assets				Indian and a second second second			
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X N	10		90904224535999999999999999
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a		CICANALISIA AND AND AND AND AND AND AND AND AND AN	0010/01/02/02/02/02/02/02/02/02/02/02/02/02/02/		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				JEGETAN BERMANINA KUTAR KUTAR KUTAR KUTAR	Π	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ie plai	n(s) to					
1	3c(1) Name of plan(s):	Ļ	130	:(2) El	N(s)	1	3c(3)	PN(s)
		n an						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ , it is true, correct, and complete	ırn/rep report	ort, in , and t	cludin o the l	g, if applic best of my	able, a knowle	Sche edge a	dule and
SIGN	Elana Ecotrine 9/27/12 Elana	Fo	nt	ain	0	La renderin and komercus	r General Address de canadour	

SIGN	Zlass testaine	9	27	12	E	Lena Fontaine
HERE	Signature of plan administrator	Da	ite		Enter	r name of individual signing as plan administrator
SIGN	Elena Kontaine	9	27	12	EI	lena Fontaine
HERE	Signature of employer/plan sponsor		te		Enter	r name of individual signing as employer or plan sponsor