## 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	iance with	n the instructions to the Form 5	000-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011
Α	This return/report is for:	a multiple	-employer plan (not multiemployer	·)	a one-participant plan
В	This return/report is: the first return/report	the final re	eturn/report		
	an amended return/report	a short pla	n year return/report (less than 12	months)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		_	_
Pa	Int II Basic Plan Information—enter all requested information	•			
	Name of plan	20011		1b	Three-digit
	CONSTRUCTION CO., INC. MONEY PURCHASE PLAN				plan number
					(PN) ▶ 010
				1c	Effective date of plan
20	Discourse de la constant de la const		( and a simple constant	Ols i	06/13/1997
<b>2a</b> B & .	Plan sponsor's name and address; include room or suite number (el CONSTRUCTION CO., INC.	npioyer, ii	for a single-employer plan)		Employer Identification Number (EIN) 06-0952663
				<del></del>	Sponsor's telephone number
C4C (	POLITIL STREET			20 \	860-224-0306
	SOUTH STREET BRITAIN, CT 06051			2d [	Business code (see instructions)
					237100
	Plan administrator's name and address (if same as plan sponsor, er		:")	3b /	Administrator's EIN
В&J	CONSTRUCTION CO., INC. 646 SOUTH S NEW BRITAIN		51	30	06-0952663 Administrator's telephone number
				30 /	860-224-0306
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN
•	name, EIN, and the plan number from the last return/report.			4c	DNI
	Sponsor's name  Total number of participants at the beginning of the plan year				PN .
				- Ou	2
b	Total number of participants at the end of the plan year			5b	2
С	Number of participants with account balances as of the end of the p complete this item)		•	5c	2
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		· ·		Yes   No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form :	500.	
7	Plan Assets and Liabilities		(a) Beginning of Voca		/h) End of Voor
-	Total plan assets	7-	(a) Beginning of Year		(b) End of Year 1054
a h	·	7a	.200		
b C	Total plan liabilities	7b	1205		1054
	Net plan assets (subtract line 7b from line 7a)	7c			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-151		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-151
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d			
e	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0
i	Net income (loss) (subtract line 8h from line 8c)	8i			-151 
j	Transfers to (from) the plan (see instructions)	8j			

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Partiv	Pian	Characteristics

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

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

art	V Compliance Questions							
			Vaa	Na				
0	During the plan year:		Yes	No		Amo	unt	
	` , , , , , , , , , , , , , , , , , , ,	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp						Vac	П Ма
	5500))						Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Ш	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□ N	lo	N/A
art								
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X I	No		
	If "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 u of the PBGC?	nder	the co			П	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.)							
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	1	13c(3)	PN(s)
<b>`</b>	A manality for the late as incomplete filling of this activity for an extensive base of the same of th		!-	aa4-1-1-	اد معاما			
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					-1-7	- 0 '	-11
SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/resit is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/03/2012	BRIEN BALAVENDER
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

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). 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation  Complete all entries in accounts to the complete all entries are accounts and accounts to the complete al	rdance with	the instructions to the Form 550	0-SF.		poolion	
200	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	2011 and ending		12/31/2013	<u>.</u>	
A	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-partici	oant plan	
B	This return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 m	onths	)		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	ım	
	special extension (enter description	on)					
Р	art II Basic Plan Information—enter all requested inform						
	Name of plan	idion		1b	Three-digit		00 - 145 - F
	& J CONSTRUCTION CO., INC. MONEY PURCHAS	SE PLAN			plan number	010	
					(PN)	010	
					Effective date o 06/13/1997	f plan	
22	Plan sponsor's name and address; include room or suite number (e	amployer if	for a single ampleyor plan)			~UNI	
	& J CONSTRUCTION CO., INC.	silipioyei, ii	ior a single-employer plant)	20	Employer Identification (EIN) 06-095		ber
				20	Sponsor's telep		r
64	6 SOUTH STREET				860-224-03		
				2d	Business code (	see instruction	ons)
NE	W BRITAIN CT 06051				237100		
<b>3a</b>	Plan administrator's name and address (if same as plan sponsor, e $\&\ \ J\ \ CONSTRUCTION\ \ CO$ , $\ \ INC$ .	nter "Same	")	3b	Administrator's I		
				30	06-0952663 Administrator's t		nah a s
	6 SOUTH STREET W BRITAIN CT 06051			30	860-224-03		moer
4	If the name and/or EIN of the plan sponsor has changed since the	last return/n	eport filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last return/report.		*	4			
	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a	<del>                                     </del>		2
	Total number of participants at the end of the plan year			5b			2
C	Number of participants with account balances as of the end of the complete this item)			5c			2
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes	No
100	Are you claiming a waiver of the annual examination and report of		MONTH ENGLY SERVICE CHEET CONTRACTOR OF THE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR		*	ZA 103	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes	No
-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-S	SF and must instead use Form 550	00.	****		
	rt III   Financial Information		·	Т-			
7	Plan Assets and Liabilities		(a) Beginning of Year	4	(b) End	of Year	
	Total plan assets		120	5	,	·····	1054
	Total plan liabilities			-			
120	Net plan assets (subtract line 7b from line 7a)	7c	120	5			1054
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-15	1			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-151
	Benefits paid (including direct rollovers and insurance premiums			+			171
40090000	to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g		1			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1			0
i	Net income (loss) (subtract line 8h from line 8c)	8i				and the second second	-151
i	Transfers to (from) the plan (see instructions)	0:					

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rau	C	line	_

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: 2E 2F 2G 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				and the second				
10	During the plan year:				Yes	No	Δ.	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not include trans	actions reported	10b		Х			· · · · · · · · · · · · · · · · · · ·
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 or dishonesty?	fidelity bond, that was	caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner persons by an insur of the benefits under the	ance carrier,	10e		Х			
f	f Has the plan failed to provide any benefit when due under the plan?					Х	Nation William Services		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end.)		10g		Х	****		
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	(See instructions and 2	9 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required notice or or	e of the	10i					
Part	VI Pension Funding Compliance					54			
11	Is this a defined benefit plan subject to minimum funding requirements (5500))	ents? (If "Yes," see ins	tructions and compl	lete S	chedu	ile SB	(Form	Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding							Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized in this plan	n year, see instructio	ons, a	nd er	nter the	e date of the	letter ruli	ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and	skip to line 13.			Day_	Y	ear	
	Enter the minimum required contribution for this plan year	•	5.		1	l2b			
	Enter the amount contributed by the employer to the plan for this p					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a minu	us sign to the left of	а		2d			
е	Will the minimum funding amount reported on line 12d be met by the	ne funding deadline?	•••••			[	Yes	No 🗆	N/A
Part \	/II Plan Terminations and Transfers of Assets							basel	
13a	Has a resolution to terminate the plan been adopted in any plan year?				Γ	Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the er	mployer this year		13a	i				
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	transferred to another	plan, or brought un	der th	e con	trol		☐ Yes	 X No
C	If during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)								
13	c(1) Name of plan(s):				13c(	2) EIN	√(s)	13c(3) l	PN(s)
Coutie	ny. A many tao san also bets an incomplete siling as the invalue of			***************************************				4	
	n: A penalty for the late or incomplete filing of this return/repo penalties of perjury and other penalties set forth in the instructions,							0 1	4. 1.
SB or	Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I as the electronic vers	ion of this return/rep	port, a	nd to	the be	, it applicable est of my kno	), a Sched owledge a	aule
SIGN	A pen francenille	Oct - 3-12	Brien Balave	ende:	r				
HERE	Signature of plan administrator	Date	Enter name of indiv			ng as	plan adminis	trator	
SIGN	Drew Dalmarker	Det3-12 1	Brien Balave	ende	r				
HERE	Signature of employed plan sponsor	Date	Enter name of indiv	vidual	signii	ng as	employer or	plan spor	nsor



I have reviewed the information provided and authorize Beneco to electronically file
Form 5500 on behalf of B&J Construction Co., Inc.
[Company Name]
You may add a new Authorized Signer for your Form 5500 by choosing the first option below:
As Employer and Plan Administrator, I have designated
[Print Name] as an Authorized Signer of our Form 5500.
☑ I will not add a new Authorized Signer at this time.
Brien Balayender  [Plan Administrator Full Name]
Dun Jalande 10-3-12
[Plan Administrator Signature] [Date]

## Department of the Treasury Internal Revenue Service

## **Application for Extension of Time** To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

File With IRS Only

OMB No. 1545-0212

Га	luentinication								
	Name of filer, plan administrator, or plan sponsor (see instructions)	IB	B Filer's identifying number (see instructions)						
^		Employer identification number (EIN)  06-0952663							
	B & J CONSTRUCTION CO., INC.  Number, street, and room or suite no. (If a P.O. box, see instructions)								
	646 SOUTH STREET		Social security number (SSN) (see instructions)						
		-	Social security number (SSN) (see instructions)						
	City or town, state, and ZIP code								
	NEW BRITAIN, CT 06051			-					
С	Plan name		Plan		Plan year ending –				
		n	umbe	er	MM DD YYYY				
	<sup>1</sup> B & J CONSTRUCTION CO., INC. MONEY PURCHASE PLAN	0	1	0	12	31	2011		
	2								
	3								
Par 1	Extension of Time To File Form 5500 Series, and/or Form 89  I request an extension of time until 10 / 15 / 2012 to file Form			(see in:	structions).				
	Note. A signature IS NOT required if you are requesting an extension to file For			•	,				
2	I request an extension of time until / / to file Form 8955-SSA (see instructions).								
	Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.								
Par	The application is automatically approved to the date shown on line 1 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 2 (above) is not later than the 15th day of the third month after the next terms of Time To File Form 5330 (see instructions)	this ex	ktensi	on is re					
3	I request an extension of time until/ / to file Form 5330.  You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.								
а	Enter the Code section(s) imposing the tax	•	а						
b	Enter the payment amount attached				▶	b			
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/	amenc	lment	date .	▶	С			
4	State in detail why you need the extension:								