For	rm 5500-SF	Short Form Annual	ort Form Annual Return/Report of Small Employ Benefit Plan			OMB Nos. 1210-017 1210-008		
	rtment of the Treasury mal Revenue Service	This form is required to be fi		and 4065 of the Employe	ē	2012		
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).					This Form i	s Open to Public	
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I	Annual Report Id ar plan year 2012 or fisca	entification Information al plan year beginning 01/01/20	10	and anding 0	2/4.0/	2012		
				and ending 0	2/19/	a one-partici	aant plan	
	turn/report is for:	the first return/report	the final return/report	ian (not multiemployer)			Sant plan	
		an amended return/report	=	n/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension		ontino	, DFVC progra	am	
• Oneck		special extension (enter description						
Part II	Basic Plan Inform	nation—enter all requested inform	mation					
1a Name					1b	Three-digit		
B & J CONS	TRUCTION CO., INC. M	ONEY PURCHASE PLAN				plan number (PN) ▶	010	
					1c	Effective date of		
						06/13		
	ponsor's name and address	ess; include room or suite number	(employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 06-09	fication Number 52663	
646 SOUTH					2c	Sponsor's telep 860-22		
NEW BRITA	NN, CT 06051				2d	Business code 23710	(see instructions)	
	dministrator's name and a	address Same as Plan Sponsor 646 SOUTH		n Sponsor Address	3b	Administrator's	EIN 152663	
						860-22		
name		lan sponsor has changed since the er from the last return/report.	e last return/report filed f	or this plan, enter the		EIN		
· _ ·		the beginning of the plan year					2	
b Total	number of participants at	the end of the plan year			5b		0	
		count balances as of the end of the		•	5c		0	
		uring the plan year invested in elig					X Yes No	
under	29 CFR 2520.104-46? (e annual examination and report of See instructions on waiver eligibility	y and conditions.)		·····		X Yes 🗌 No	
		er line 6a or line 6b, the plan car						
		incomplete filing of this return/r r penalties set forth in the instruction					able, a Schedule	
SB or Sche		signed by an enrolled actuary, as						
SIGN	Filed with authorized/val	lid electronic signature.	03/27/2013	BRIEN BALAVENDER	ł			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu				
Preparers	name (including firm nam	ne, if applicable) and address; inclu	Jae room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)	
		and OMB Control Numbers, see the in		or.			Form 5500-SF (2012)	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a Total plan assets	7a	108				0
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	108	4			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)					
(2) Participants	8a(2)					
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	-16	2			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		-162
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	92	2			
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					922
i Net income (loss) (subtract line 8h from line 8c)	8i					-1084
j Transfers to (from) the plan (see instructions)	8j					1001
Part IV Plan Characteristics	oj					
2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions	ature codes	from the List of Plan Charac	cteristi	c Cod	es in the	e instructions:
Part V Compliance Questions 10 During the plan year:			Π	Yes	No	A
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 				163	X	Amount
 b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	? (Do not incl	ude transactions reported	10u		x	
C Was the plan covered by a fidelity bond?					X	
-			10c			
d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?		2				
			10d		х	
e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.)	f the benefits	y an insurance carrier, s under the plan? (See	10d 10e		× ×	
insurance service or other organization that provides some or all o	f the benefits	y an insurance carrier, s under the plan? (See				
insurance service or other organization that provides some or all o instructions.)f Has the plan failed to provide any benefit when due under the plan	f the benefits	y an insurance carrier, s under the plan? (See	10e 10f		x	
 insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If 	f the benefits	y an insurance carrier, s under the plan? (See .)	10e 10f 10g		x x	
 insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th 	f the benefits n? s of year end See instruction re required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h		X X X	
 insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	f the benefits n? s of year end See instruction re required no	y an insurance carrier, s under the plan? (See 	10e 10f 10g		X X X	
 insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	f the benefits of year end See instruction re required no -3	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X ule SB (
 insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) 	f the benefits n? s of year end See instruction re required no -3 ents? (If "Yes	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X X ule SB (
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 insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding 	f the benefits n? s of year end See instruction e required no -3 ents? (If "Yes requirements	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i		X X X Ule SB (Yes No
 insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein 	f the benefits a? s of year end See instruction e required no -3 ents? (If "Yes requirements as applicable g amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i aplete S e or sec	ction 3	X X X X ule SB (11a 302 of Ef	RISA? Yes No
 insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below). 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, 	f the benefits f the benefits of year end See instruction e required no -3 ents? (If "Yes requirements as applicable g amortized	y an insurance carrier, s under the plan? (See 	10e 10f 10g 10h 10i aplete S e or sec	ction 3	X X X Ule SB (11a 302 of EF	Yes No

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	or Sman Emplo	oyee		OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to b	This form is required to be filed under sections 104 and 4065 of the Employ			and a second	2012
Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).				
Pension Benefit Guaranty Corporation	Complete all entries in a	ccordance with the instru	ctions to the Form 55	00-SF.	In	spection
	t Identification Information					· · · · · · · · · · · · · · · · · · ·
For calendar plan year 2012 or f		01/01/2013	and ending		02/19/201	han an a
A This return/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-partic	ipant plan
B This return/report is:	the first return/report	X the final return/report				
	an amended return/report	X a short plan year retu	n/report (less than 12 r	nonths)		
C Check box if filing under:	Form 5558	automatic extension			DFVC progr	am
	special extension (enter desc	cription)				
Part II Basic Plan Info	ormation—enter all requested in	formation				
1a Name of plan	CO INC MONEY DUDC			1b	Three-digit plan number	
B & J CONSTRUCTION	CO., INC. MONEY PURC	HASE FLAN			(PN)	010
					Effective date of	
				_	06/13/199	7
2a Plan sponsor's name and ac B & J CONSTRUCTION	ddress; include room or suite numb	per (employer, if for a single	-employer plan)		Employer Ident (EIN) 06-09	i fication Number 52663
646 SOUTH STREET				2c	Sponsor's tele 860-224-0	
NEW BRITAIN	CT 06051			2d	Business code 237100	(see instructions)
3a Plan administrator's name a	nd address Same as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	
				1	06-095266	3
B & J CONSTRUCTION 646 SOUTH STREET	CO., INC.					
646 SOUTH STREET NEW BRITAIN	CT 06051		2		Administrator's 860-224-0	telephone number 306
646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th		the last return/report filed f	or this plan, enter the		Administrator's 860-224-0	
 646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 	CT 06051 ne plan sponsor has changed since umber from the last return/report.			4b 4c	Administrator's 860-224-0 EIN	
646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants	CT 06051 The plan sponsor has changed since timber from the last return/report. s at the beginning of the plan year .			4b 4c 5a	Administrator's 860-224-0 EIN	306
646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants	C'T 06051 he plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year s at the end of the plan year			4b 4c	Administrator's 860-224-0 EIN	
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 646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item) 	C'T 06051 he plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year s at the end of the plan year	the plan year (defined ben	efit plans do not	4b 4c 5a 5b 5c	Administrator's 860-224-0 EIN PN	
 646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	CT 06051 the plan sponsor has changed since tamber from the last return/report. Is at the beginning of the plan year account balances as of the end of ts during the plan year invested in e of the annual examination and repo	the plan year (defined ben eligible assets? (See instruc rt of an independent qualific	efit plans do not tions.)	4b 4c 5a 5b 5c	Administrator's 860-224-0 EIN PN	306 X Yes [] N
 646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	C'T 06051 the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of ts during the plan year invested in e of the annual examination and repo S? (See instructions on waiver eligit	the plan year (defined bene eligible assets? (See instruc rt of an independent qualific bility and conditions.)	efit plans do not ctions.) ed public accountant (IC	4b 4c 5a 5b 5c 2PA)	Administrator's 860-224-0 EIN PN	306 X Yes [] N
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 646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	CT 06051 the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of the during the plan year invested in e of the annual examination and repo (See instructions on waiver eligite either line 6a or line 6b, the plan of or incomplete filing of this return	the plan year (defined bend eligible assets? (See instruct rt of an independent qualific ility and conditions.) cannot use Form 5500-SF n/report will be assessed	efit plans do not stions.) ed public accountant (IC and must instead use unless reasonable ca	4b 4c 5a 5b 5c 2PA) e Form use is 0	Administrator's 860-224-0 EIN PN 5500. established.	306 X Yes N X Yes N
 646 SOUTH STREET NEW BRITAIN 4 If the name and/or EIN of th name, EIN, and the plan nu a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	CT 06051 the plan sponsor has changed since umber from the last return/report. Is at the beginning of the plan year . account balances as of the end of ts during the plan year invested in e of the annual examination and repo (See instructions on waiver eligite either line 6a or line 6b, the plan or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a	the plan year (defined bene eligible assets? (See instruct rt of an independent qualific pility and conditions.) cannot use Form 5500-SF n/report will be assessed ctions, I declare that I have	efit plans do not stions.) ed public accountant (IC and must instead use unless reasonable ca examined this return/re	4b 4c 5a 5b 5c 2PA) e Form use is eport, in	Administrator's 860-224-0 EIN PN 5500. established. cluding, if applic	306 X Yes N X Yes N X Yes N
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Page **2**

 Plan Assets and Liabilities a Total plan assets 		(a) Beginning of Yea	ar			(b) End	of Year
a Total plan assets						(~) =	orrear
	7a		1084	4			
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		108	4			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal
a Contributions received or receivable from:	0-(1)						
(1) Employers				-			
(2) Participants				_			
(3) Others (including rollovers)			-16	2			
b Other income (loss)			-10.	4			-16
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premium 				-			-10
to provide benefits)			92:	2			
e Certain deemed and/or corrective distributions (see instructions							
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)							92
i Net income (loss) (subtract line 8h from line 8c)	8i						-108
j Transfers to (from) the plan (see instructions)	····· 8j						
Part IV Plan Characteristics							
 9a If the plan provides pension benefits, enter the applicable pens 2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare 							
			otorrout				
Part V Compliance Questions							
10 During the plan year:				Yes	No		Amount
a Was there a failure to transmit to the plan any participant cont 29 CFR 2510.3-102? (See instructions and DOL's Voluntary			10a		Х		
b Were there any nonexempt transactions with any party-in-inte on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c		Х		
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х		
e Were any fees or commissions paid to any brokers, agents, or	r other person	s by an insurance carrier,					
insurance service or other organization that provides some or instructions.)			10e		Х		
 f Has the plan failed to provide any benefit when due under the 					Х		
	-		10f				
g Did the plan have any participant loans? (If "Yes," enter amou		,	10g		Х		
h If this is an individual account plan, was there a blackout perio 2520.101-3.)			10h		Х		
If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520			10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requi 5500) and line 11a below)							Yes No
11a Enter the amount from Schedule SB line 39					11a		
12 Is this a defined contribution plan subject to the minimum func	ding requireme	ents of section 412 of the Code	e or sec	tion (302 of	ERISA?	Yes 🛛 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be							
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							
granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Sche b Enter the minimum required contribution for this plan year	dule MB (For	m 5500), and skip to line 13.			12b		

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes] No [N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X `	Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1	3c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			1	

14a Name of trust	14b Trust's EIN