## 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

2012

This Form is Open to Public Inspection

			Complete all entries in accor	dance with the instruc	citoris to the Form 55	<del>00-</del> 3г.	
	Part I		dentification Information				
Fo	r calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/201	2	and ending	12/31/2	2012
Α	This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	)	a one-participant plan
В	This ret	urn/report is:	the first return/report	the final return/report			
			an amended return/report	a short plan year returi	n/report (less than 12 n	nonths)	
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC program
		<b>3</b>	special extension (enter description	on)			ш
Р	art II	Basic Plan Infor	rmation—enter all requested inform	ation			
	Name					1b	Three-digit
			IC. PROFIT SHARING & 401(K) RETI	IREMENT			plan number
							(PN) ▶ 001
						1c	Effective date of plan
24	- 51					01	11/01/1980
<b>25</b> 'AD	a Plan sp YTON CO	onsor's name and add ONSTRUCTION CO.,IN	dress; include room or suite number (e	employer, if for a single-	employer plan)	26	Employer Identification Number (FIN) 06-0744098
						20	-
4.40	DUNIZE	DILILI BOAD				20	Sponsor's telephone number 860-274-2998
		R HILL ROAD VN, CT 06795				24	Business code (see instructions)
						Zu	237310
38	Plan ad	dministrator's name and	d address XSame as Plan Sponsor N	Name Same as Plar	Sponsor Address	3b	Administrator's EIN
					. <b>Op</b> 5.1351 7 1441 355		7.0
3c Administrator's telephone number  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the							
4				last return/report filed for	or this plan, enter the	4b	EIN
=		or's name	nber from the last return/report.			4c	PN
			at the beginning of the plan year				25
			0 0 1 7				
			at the end of the plan year			. 5b	26
C			account balances as of the end of the		•	. 5c	26
68	Were	all of the plan's assets	during the plan year invested in eligib	ole assets? (See instruc	tions.)		X Yes No
			the annual examination and report of				
	under	29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditions.)			
	If you	answered "No" to eit	ther line 6a or line 6b, the plan cann	not use Form 5500-SF	and must instead use	e Form	5500.
Ca	ution: A	penalty for the late o	or incomplete filing of this return/rep	port will be assessed	unless reasonable ca	use is	established.
			ner penalties set forth in the instruction				
		dule MB completed an rue, correct, and comp	d signed by an enrolled actuary, as wellete	ell as the electronic ver	sion of this return/repo	rt, and	to the best of my knowledge and
		ruo, corroct, and comp			1		
	GN	Filed with authorized/v	valid electronic signature.	05/24/2013	SANDRA SAKL		
HE	RE	Signature of plan ac	lministrator	Date	Enter name of individ	dual sig	ning as plan administrator
	GN	Filed with authorized/v	valid electronic signature.	05/24/2013	SANDRA SAKL		
HE	RE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	dual sig	ning as employer or plan sponsor
		name (including firm na	ame, if applicable) and address; includ	de room or suite numbe	•		parer's telephone number (optional)
FRI	EEMAN F	RETIREMENT PLAN C	ONSULTING				860-245-5796
60 '	WILLOW	ST.					2.
	STIC, CT						

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year			
<u>.</u>	Total plan assets	72			+		(b) Liid O				
	Total plan liabilities		7 10007	•				0700	200		
	Net plan assets (subtract line 7b from line 7a)		748567	7				8700	1206		
8	Income, Expenses, and Transfers for this Plan Year								200		
	Contributions received or receivable from:		(a) Amount				(a) 10	.aı			
	(1) Employers	8a(1)	20554	0							
	(2) Participants	8a(2)	20667	73							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	90567	<b>'</b> 2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1317	885		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10311	2							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f	24	4							
q	Other expenses	8a									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							103	3356		
i	Net income (loss) (subtract line 8h from line 8c)										
i	Transfers to (from) the plan (see instructions)										
	t IV Plan Characteristics	0)									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:			
b	If the plan provides welfare benefits, enter the applicable welfare for	(a) Beginning of Year  7a 7485677 8700206  7b 7b 7b 8700206  7c 7485677 8700206  7s for this Plan Year  8a(1) 205540  8a(2) 206673  8a(3) 8a(3) 8a(3) 8a(3) 8a(4) 8a(4) 8a(5) 8a(6)									
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Δ	mour	nt		
а	Was there a failure to transmit to the plan any participant contribu			10a		X					
b		`	•	10b		Х					
c	Was the plan covered by a fidelity bond?			100	X				-	SEOC	200
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				3300	<u> </u>
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,	100							
	instructions.)			10e		Х					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10a	X					268	396
h	. ,	`				Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem							Пү	′es	X	No
11a	Enter the amount from Schedule SB line 39					11a		_			
12				or se	ction		ERISA?	Пү	′es	X	No
	· · · · · ·	•		. 0. 00	5511	30 <u>2</u> 01		<u> </u>			
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and o	_			r ruliı	ng	
If						~ j					_
	• • • • • • • • • • • • • • • • • • • •	•				12b					
D	Enter the minimum required contribution for the plant year										

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	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X 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):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## 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 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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

F	Part I Annual Rep	ort Identification Information									
For	calendar plan year 2012	or fiscal plan year beginning	01/01/2012	and ending	12/31/2012						
Α	This return/report is for:	🗶 a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-partic	ipant plan					
В	This return/report is:	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)						
С	Check box if filing under:	Form 5558	automatic extension		DFVC prog	ram					
		special extension (enter description	on)		id						
P	art II Basic Plan I	Information enter all requested info	ormation								
	Name of plan				1b Three-digit						
	Dayton Construct	tion Co., Inc. Profit Sharing	& 401(k) Retire	ement		001					
	_	· -	- , .	<del></del>	<del></del>						
		1.000000			11/01/1980						
2a	Plan sponsor's name an Dayton Construct	nd address; include room or suite number ( cion Co.,Inc.	employer, if for a singl	e-employer plan)		b Three-digit plan number (PN) ► 001  C Effective date of plan 11/01/1980  C Employer Identification Number (EIN) 06-0744098  C Sponsor's telephone number (860) 274-2998  C Business code (see instructions) 237310  C Administrator's EIN  C Administrator's telephone number (BD) EIN  C Administrator's telephone number (BD) EIN  C Administrator's telephone number (BD) EIN  C PN  C Yes No					
					2c Sponsor's telephone number						
	146 Bunker Hill	Road			ļ						
US		CT 06795				e (see instructions)					
3a	Plan administrator's nam	ne and address X Same as Plan Spons	or Name 🔲 Same as	Plan Sponsor Address	<b>3b</b> Administrator	s EIN					
					3c Administrator's telephone number						
4	If the name and/or EIN o	of the plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b EIN						
•		n number from the last return/report.	idot iotalimoport mos	ioi tilio piari, critor trio	TO LIN						
<u>a</u>					4c PN						
		ants at the beginning of the plan year			5a	25					
b		ants at the end of the plan year			5b	26					
С	Number of participants w complete this item)	with account balances as of the end of the	plan year (defined ben	efit plans do not	5c	26					
6a		sets during the plan year invested in eligib				XYes No					
b		er of the annual examination and report of		ed public accountant (IQI	PA)						
		-46? (See instructions on waiver eligibility		••••••		XYes No					
_		o either line 6a or line 6b, the plan cann									
		late or incomplete filing of this return/re				· ·					
On SB	ider penalties of perjury ar 3 or Schedule MB complete	nd other penalties set forth in the instruction and signed by an enrolled actuary, as year.	ons, I declare that I hav	e examined this return/re	eport, including, if app	olicable, a Schedule					
be	lief, it is true, correct, and	complete.	Wolf do the close chi. 2	ordion or tino rotalistication	t, and to the book s	ny knomougo ana					
s	IGN Sandis	Aarl Tunte	5-17-2013	Sandra Sakl							
28839355	ERE Signature of plan	/ 0 //	Date	I	al signing as plan adr	ninistrator					
		wolasse Trustee		Sandra Sakl							
37.050.000		oyer/plan sponsor	Date	Enter name of individua	al signing as employe	r or plan sponsor					
Pre	(2000-110-110-1-1-1-1-1-1-1-1-1-1-1-1-1-1	irm name, if applicable) and address; inclu		I	Preparer's telephon	· · · · · · · · · · · · · · · · · · ·					
		ment Plan Consulting		,	(860) 245-5						
	<del> </del>				(000, 210 0	730					
	60 Willow St.										
1	IIS Mustic	ርሞ በልዩፍር									

P	art III Financial Information		NAWA						
7	Plan Assets and Liabilities		(a) Beginning of Year	r	T		(b) End o	f Year	
а	Total plan assets	7a	7,485,6	77		8,700,206			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	7,485,6	 77	:		8,700,206		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		005 5						
	(1) Employers	8a(1)	205,5						
	(2) Participants	8a(2)	206,6	/3					
	(3) Others (including rollovers)	8a(3)	005 0						
	Other income (loss)	8b	905,6	12					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Car Course		1,317,885	
<u> </u>	to provide benefits)	8d	103,1	12					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	24	44					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1000	103,356	
i	Net income (loss) (subtract line 8h from line 8c)	8i						1,214,529	
ī	Transfers to (from) the plan (see instructions)	8j							
Pa	irt IV Plan Characteristics	1			1 00000 0000		han Shiji ka han ya Paghan anga, an		
	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charac	tarieti	ic Cod	ae in th	ne inetructi	one:	
	2A 2E 2F 2H 2J 2K 2T	catare oou	co nom the clot of Flam offarac	ici isti	ic oou	CS III U	ic manaci	0113.	
b			- (			,			
ات	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in the	nstructio	ns:	
D.	rrt V Compliance Questions								
					Γ	T		-	
10 a	During the plan year:	tiono withi		Т	Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ection Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions reported						
	on line 10a.)			10b		X		***************************************	
	Was the plan covered by a fidelity bond?			10c	х			350,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		x			
е				104					
_	insurance service or other organization that provides some or all o	of the bene	fits under the plan? (See						
	instructions.)	• • • • • • • • • • • • • • • • • • • •	***************************************	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	х			26,896	
h	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR						
	2520.101-3.)	••••••		10h		х			
į	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Pa	t VI Pension Funding Compliance			170.		I:			
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes " see instructions and com-	nlete	Sched	ule SP	(Form		
	5500) and line 11a below)		res, see instructions and comp					Yes X No	
118	a Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or sec	ction 3	02 of E	ERISA?	Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)						
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instruc	tions,	and e	nter th	e date of t	he letter ruling	
	granting the waiver	•••••	Mor	nth _			·		
<u>If</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b	-		

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c	Enter the amount contributed by the employer to the plan for th	is plan year	•••••		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Ennegative amount)				12d			
е	Will the minimum funding amount reported on line 12d be met t	by the funding deadlin	e?	***************************************	🗀	Yes [	No 🗌	N/A
Part	VII Plan Terminations and Transfers of Asset	ts						
13a	Has a resolution to terminate the plan been adopted in any plan	n year?		•••••	☐ Y6	es 🕱 N	lo	
	If "Yes," enter the amount of any plan assets that reverted to th	ne employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiar of the PBGC?	ught under the c	control Yes X N			No		
С	If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):			130	(2) EIN(	(s)	13c(3) PN	(s)
Part	VIII Trust Information (optional)							
14a Name of trust					14b Trust's EIN			
					l			

## 5500 Electronic Filing Authorization

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

EIN/PN: 06-0744098/001

Plan Year: 01/01/2012 - 12/31/2012

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

Jandis Sall Justee Sandis Landis Landis Turbe 17:2013 5-17-2013