## 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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	<b>Identification Information</b>					
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	turn/report is for:	X a single-employer plan		plan (not multiemployer)		a one-partici	oant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	irn/report (less than 12 m	onths)	_	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	ption)				
Part II	Basic Plan Info	ormation—enter all requested info	ormation				
1a Name					1b	Three-digit	
		N CO PROFIT SHARING & SAVING	SS PLAN & TRUST			plan number	
						(PN) <b>▶</b>	001
					1c	Effective date o	•
0	<u> </u>					01/01	
	ponsor's name and ac ROS CONSTRUCTIO	ddress; include room or suite numbe N CO INC	r (employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 37-07	fication Number 59355
					2c	Sponsor's telep	hone number
118 N. DIVIS			VISION ST.			618-26	2-5108
MT CARME	L, IL 62863	MT CARM	MEL, IL 62863		2d	Business code (	(see instructions)
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	
					20	A desirate de d	
					30	Administrators	telephone number
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN	
		mber from the last return/report.					
	or's name				4c	PN	
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a		25
<b>b</b> Total	number of participants	at the end of the plan year			5b		24
		account balances as of the end of the	. , ,	•	5c		24
_		s during the plan year invested in el					X Yes No
_	·	of the annual examination and report	•	,			
		? (See instructions on waiver eligibil	•				X Yes No
If you	ı answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-S	F and must instead use	Form	5500.	
		or incomplete filing of this return					
		ther penalties set forth in the instruct					
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	ersion of this return/report	i, and	to the best of my	knowledge and
			<u> </u>	1			
SIGN HERE	Filed with authorized	/valid electronic signature.	06/27/2013	DONALD KIEFFER			_
	Signature of plan a	administrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address; inc	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) End	of V	005		
<del>'</del>		7-	(a) Beginning of Yea		(b) End of Ye					0	
_ <u>a</u>	Total plan assets  Total plan liabilities	7a 7b	307400	14				0	43794	Э	
	Net plan assets (subtract line 7b from line 7a)	76 7c	567480	14				6	43794	0	
		70		14					9		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(D)	Total				
а	(1) Employers	8a(1)	22996	9							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	57818	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30815	8	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4409	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	92	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4501	3	
i	Net income (loss) (subtract line 8h from line 8c)	8i							76314	15	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a											
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instruc	tions:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount		
a		tions within	n the time period described in		100	110		AIII	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c	Χ					500	0000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				000	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			Х					
	instructions.)			10e							
	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
0	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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		X					
Par	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11:	11a Enter the amount from Schedule SB line 39										
12											
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
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 e	enter th	e date of	the le		ıling	
granting the waiver											
	Enter the minimum required contribution for this plan year	•				12b					

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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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2012

OMB Nos. 1210-0110

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF Pension Benefit Guaranty Corporation Part I Annual Report Identification Information 12/31/2012 01/01/2012 For calendar plan year 2012 or fiscal plan year beginning and ending a multiple-employer plan (not multiemployer) a one-participant plan a single-employer plan This return/report is for: the final return/repor This return/report is: the first return/report a short plan year return/report (less than 12 months) an amended return/report DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information - enter all requested information Three-digit 1a Name of plan plan number (PN) 001 KIEFFER BROS CONSTRUCTION CO PROFIT SHARING & Effective date of plan SAVINGS PLAN & TRUST 01/01/1982 2b Employer Identification Number (EIN) 2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 37-0759355 KIEFFER BROS CONSTRUCTION CO INC 2c Sponsor's telephone number 6182625108 118 N. DIVISION ST. 2d Business code (see instructions) 237990 MT CARMEL IL 62863 3b Administrator's EIN X Same as Plan Sponsor Name X Same as Plan Sponsor Address 3a Plan administrator's name and address 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 4b EIN plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 25 5a **5a** Total number of participants at the beginning of the plan year 24 5b **b** Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined 24 5c benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant No (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established 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 06/27/2013 DONALD KIEFFER HERE Enter name of individual signing as plan administrator Date Signature of plan administr SIGN HERE Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

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Form	5500-SF	(2012)

Par	t III Financial Information	<del></del>						
	Plan Assets and Liabilities		(a) Begi	inning	of Ye	ar	(b) End of Ye	ar
a	Total plan assets	7a	5674804			64	37949	
b -	Total plan liabilities	7b						
CI	Net plan assets (subtract line 7b from line 7a)	7c		56	748	04	64	379 <u>49</u>
<b>8</b> I	ncome, Expenses, and Transfers for this Plan Year		(a)	Amou	ınt		(b) Total	
а	Contributions received or receivable from:							
(	1) Employers	8a(1)		2	<u> 299</u>	69		
	2) Participants	8a(2)						
	3) Others (including rollovers)	8a(3)						
b	Other income (loss) SEE STATEMENT 1	8b		5	<u> 781</u>	89		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					8	<u> </u>
d i	Benefits paid (including direct rollovers and insurance premiums to provide							
t	penefits)	8d			440	93	STATEMENT	2
e	Certain deemed and/or corrective distributions (see instructions)	8e_						
f	Administrative service providers (salaries, fees, commissions)	8f			9	20	STATEMENT	3
g	Other expenses	8g			,			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						<u>45013</u>
i	Net income (loss) (subtract line 8h from line 8c)	8i					7	<u>63145</u>
<u> </u>	Fransfers to (from) the plan (see instructions)	8 <sub>i</sub>						<del> </del>
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature co	des fro	m the List o	of Plan	Chara	acteris	tic Codes in the instr	uctions:
	2E 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature coo	es fron	the List of	Plan C	Charac	teristic	Codes in the instru	ctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time $\boldsymbol{p}$							
	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct	ion Pro	gram.)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not in	clude						
	transactions reported on line 10a.)			10b	ļ	X		0000
	Was the plan covered by a fidelity bond?			10c	X	ļ	5	<u>00000</u>
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bone	d, 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 ir	nsurance					
	carrier, insurance service or other organization that provides some or all of the	e benef	its under					
	the plan? (See instructions.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan?			10f	<u> </u>	X		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year en	d.)		10g		X		
h	If this is an individual account plan, was there a blackout period? (See instruc	tions						
	and 29 CFR 2520.101-3.)		<u> </u>	10h		X		
i	If 10h was answered "Yes," check the box if you either provided the required	notice	or one	1				
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i	L	X	l	
Par			 <del> </del>				<del> </del>	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Y	es," se	e instructio	ns and	comp	lete		
	Schedule SB (Form 5500) and line 11a below)					т	Yes	X No
<u>11a</u>	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of sect		of the Code o	r sectio	n 302	of ERIS	A?   Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	ole.)	<del> </del>					
а	If a waiver of the minimum funding standard for a prior year is being amortize	d in this	s plan year,	see ins	struction	ons, ar		he letter
	ruling granting the waiver.		Month		Da	у	Year	
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500),	and skip to	line 1	13.		T	
b	Enter the minimum required contribution for this plan year					12b	<u> </u>	

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C Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a matheleft of a negative amount)	ninus sign to	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline  Part VII Plan Terminations and Transfers of Assets	?	Yes	No	N/A
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>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to anoth under the control of the PBGC?	her plan, or brought		Yes	X No
C If during this plan year, any assets or liabilities were transferred from this plan to another liabilities were transferred. (See instructions.)	er plan(s), identify the	plan(s) to	which assets or	
13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3)	PN(s)
Part VIII Trust Information (optional)				
14a Name of trust	14b 1	Γrust's EIN	I	