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 | uance with the mount | cuons to the Form 550 | JU-3F. | | | | | |
|---|-------------------|--|--|----------------------------|---|---|---|-------------------|--|--|--|
| | art I | | Identification Information | | | | | | | | |
| For | calenda | ar plan year 2012 or fis | scal plan year beginning 01/01/201 | <u>12</u> | and ending | 12/31/2 | <u>2012</u> | | | | |
| | | urn/report is for: | a single-employer plan | | an (not multiemployer) | | a one-particip | oant 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 m | nonths) |) | | | | |
| С | Check b | oox if filing under: | X Form 5558 | automatic extension | | | DFVC progra | ım | | | |
| | | | special extension (enter description | on) | | | | | | | |
| Pa | art II | Basic Plan Info | rmation—enter all requested inform | nation | | | | <u> </u> | | | |
| | Name | • | | | | 1b | Three-digit | | | | |
| BEKE | EN CON | ITRACTING SERVICE | S, LLC EMPLOYEE SAVINGS LAN | | | | plan number (PN) ▶ | 001 | | | |
| | | | | | | 1c | 1c Effective date of plan | | | | |
| | | | | | | 01/01/2011 | | | | | |
| 2a BEKI | Plan sp EN CON | oonsor's name and add | dress; include room or suite number (eES, LLC | employer, if for a single- | employer plan) | 2b Employer Identification Number (EIN) 16-1575589 | | | | | |
| 725 F | FRIF BI | LVD. WEST | | | | 2c | 2c Sponsor's telephone number 315-701-0747 | | | | |
| | | , NY 13204 | | | | 2d | Business code (| | | | |
| 3a | Plan ad | dministrator's name an | id address X Same as Plan Sponsor I | Name Same as Plar | Sponsor Address | 3b | Administrator's | | | | |
| | | | | Ш | · | | | | | | |
| | | | | | | 3c Administrator's telephone number | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | | | | | | | 4b EIN | | | | |
| а | | EIN, and the pian nun or's name | nber from the last return/report. | | | 4c PN | | | | | |
| 5a Total number of participants at the beginning of the plan year | | | | | | - 5a | | | | | |
| b | Total r | number of participants | at the end of the plan year | | | 5b | | | | | |
| С | Numbe | er of participants with a | account balances as of the end of the | plan year (defined bene | efit plans do not | | | _ | | | |
| complete this item) | | | | | | | | 5 | | | |
| ьа b | | | during the plan year invested in eligible the annual examination and report of | | | | | X Yes No | | | |
| D | | | ? (See instructions on waiver eligibility | | | | | X Yes No | | | |
| | | | ther line 6a or line 6b, the plan can | • | | | | | | | |
| Cau | ution: A | penalty for the late of | or incomplete filing of this return/re | port will be assessed | unless reasonable ca | use is | established. | | | | |
| | | , , , | ner penalties set forth in the instruction | • | | | O, 11 | , | | | |
| | | edule MB completed ar crue, correct, and comp | nd signed by an enrolled actuary, as wolete. | vell as the electronic ver | sion of this return/repor | rt, and | to the best of my | knowledge and | | | |
| SIG | | Filed with authorized/ | valid electronic signature. | 10/02/2013 | JAMES KENNEDY | | | | | | |
| ПЕГ | KE . | Signature of plan ac | dministrator | Date | Enter name of individ | ninistrator | | | | | |
| SIG | | Filed with authorized/v | valid electronic signature. | 10/02/2013 | JAMES KENNEDY | KENNEDY | | | | | |
| HEF | | Signature of employ | | Date | Enter name of individual signing as employer or p | | | | | | |
| Pre | parer's i | name (including firm na | ame, if applicable) and address; include | de room or suite numbe | r (optional) | Prep | parer's telephone | number (optional) | | | |
| | | | | | | | | | | | |
| | | | | | | L | | | | | |
| | | | | | | _ | | | | | |
| | | | | | | | | | | | |

Form 5500-SF 2012 Page **2**

| Par | t III Financial Information | | | | | | | | |
|---|--|-------------|----------------------------------|------------|-----------|---|----------|---------|----|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | (b) End of Year | | | |
| a | Total plan assets | 7a | 3735 | | | 93974 | | | |
| | Total plan liabilities | 7b | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 3735 | 9 | | 93974 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | (b) Total | | | |
| | Contributions received or receivable from: | | | | | | | | |
| | (1) Employers | 8a(1) | 2966 | | | | | | |
| | (2) Participants | 8a(2) | 2507 | ' 4 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| | Other income (loss) | 8b | 187 | 5 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 5 | 6615 | |
| | 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 | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 0 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 5 | 56615 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2J 2R 3B 3D | feature co | des from the List of Plan Char | acteris | tic Codes | in the instru | uctions: | | |
| b | | | | | | | | | |
| Part | V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes No | | A | 4 | |
| | a Was there a failure to transmit to the plan any participant contributions within the time period described in | | | | | <u>' </u> | Amou | unt | |
| b | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | X | | | | |
| | on line 10a.) | | | | | | | | |
| c | 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 or dishonesty? | - | | 10d | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) | of the bene | efits under the plan? (See | 10e | X | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | X | | | | |
| | | | | | X | | | | |
| g h | If this is an individual account plan, was there a blackout period? | (See instru | uctions and 29 CFR | 10g 10h | X | | | | |
| i | i If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | | | | | | | |
| Dort | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-3 | | 10i | X | | | | |
| Part 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 | | | | | | | | | |
| | | | | | | | X No | | |
| 12 | | | | | | | | X No | |
| | (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 beir granting the waiver. | ng amortiz | ed in this plan year, see instru | | and enter | | the lett | er ruli | ng |
| 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 | | | | | | | | |
| | | | | | | | | | |

| | Form 5500-SF 2012 Page 3 - 1 | | | |
|------|--|--------------|------------|---------------------|
| | 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) | 13c(3) 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

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). OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public

| Pension Benefit Gustanty Corporation Complete all entries in accorder | ee with the instruc | tions to the Form 5500s | er insp | pection | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Part 1 Annual Report Identification Information | | | | | | | | | |
| | /01/2012 | and ending | 12/31/2012 | 2 | | | | | |
| A This return/report is for: | multiple-employer pl | lan (not multiemployer) |) a one-participant plan | | | | | | |
| B This return/report is: the first return/report ith | e final return/report | | → | | | | | | |
| an amended return/report a | short plan year retur | n/report (less than 12 mor | nths) | | | | | | |
| C Check box if filing under: 🕅 Form 5558 | utomatic extension | | DFVC program | n | | | | | |
| special extension (enter description) | | | | | | | | | |
| Part III Basic Plan Information—enter all requested information | on | | Mary market | and the Market | | | | | |
| 1a Name of plan | | | 1b Three-digit | | | | | | |
| Beken Contracting Services, LLC Employee S | Savings | | plan number | 007 | | | | | |
| lan | | - | (PN) ► 1c Effective date of | 001 | | | | | |
| | | | 01/01/2011 | | | | | | |
| 2a Plan sponsor's name and address; include room or suite number (emp | oloyer, if for a single- | employer plan) | 2b Employer Identification Number | | | | | | |
| Beken Contracting Services, LLC | | | (EIN) 16-1575589 | | | | | | |
| | | | 2c Sponsor's telephone number | | | | | | |
| 725 Erie Blvd. West | | - | (315) 701-0 | | | | | | |
| Syracuse | NIV | 13204 | 2d Business code (s 238210 | ee instructions) | | | | | |
| 3a Plan administrator's name and address XSame as Plan Sponsor Nam | | | 3b Administrator's E | IN | | | | | |
| | _ | | | | | | | | |
| | | | 3c Administrator's te | lephone number | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last | or this plan, enter the | 4b EIN | | | | | | | |
| name, EIN, and the plan number from the last return/report. a Sponsor's name | | | 4c PN | | | | | | |
| 5a Total number of participants at the beginning of the plan year | | ······································ | 5a | 2 | | | | | |
| b Total number of participants at the end of the plan year | | <u> </u> | 5b | | | | | | |
| C Number of participants with account balances as of the end of the pla | | _ | 20 | | | | | | |
| complete this item) | | *************************************** | 5c | 5 | | | | | |
| 6a Were all of the plan's assets during the plan year invested in eligible | assets? (See instruc | tions.) | | 🗓 Yes 📗 No | | | | | |
| b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an | independent qualifie d.conditions \ | ed public accountant (IQP/ | A) | X Yes No | | | | | |
| If you answered "No" to either line 6a or line 6b, the plan cannot | use Form 5500-SF | and must instead use F | orm 5500. | V 169 ∏ 140 | | | | | |
| Caution: A penalty for the late or incomplete filing of this return/repor | | | | | | | | | |
| Under penalties of perjury and other penalties set forth in the instructions, I | declare that I have | examined this return/repo | ort, including, if applica | ble, a Schedule | | | | | |
| SB or Schedule MB completed and signed by an enrolled actuary, as well a bellef, it is true, correct, and complete. | as the electronic ver | sion of this return/report, a | and to the best of my k | mowledge and | | | | | |
| oanar, ma maa, consoc, and complete. | | | | | | | | | |
| SIGN Jans B Lement | 10/1/13 | JAMES KENNEDY | | | | | | | |
| HERE Skyriature of plan administrator | Date | Enter name of individual signing as plan administrator | | | | | | | |
| SIGN Van B Vermedy | 10/1/13 | JAMES KENNEDY | | | | | | | |
| HERE.:: Signature of employer/plan sponsor | al signing as employer | or plan sponsor | | | | | | | |
| Preparer's name (including firm name, if applicable) and address; include r | Preparer's telephone n | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | le l | | | | | | | |
| | • | li. | in de de la companya de la companya La companya de la co | and the state of the second of | | | | | |

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

Form 5500-SF (2012)

| | et III Financial Information | | | | | | | | | |
|-----------------|---|--|--|-------------------|--------------|-----------------|--|-------------------------|--------------------------------------|--|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | | (b) End of Year | | | | |
| <u>a</u> | Total plan assets | 7a | 37,359 | | | 93,974 | | | | |
| b | Total plan liabilities | 7b | | | | | • • | | | - |
| _ <u>c</u> | Net plan assets (subtract line 7b from line 7a) | 7¢ | 3 | 7,3 | 59 | 93,9 | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year (a) Amount | | | | (b) Total | | | | | |
| а | Contributions received or receivable from: | | | 9,6 | 66 🖔 | 6 | | | | |
| | (2) Participants 8a(2) | | | 5,0 | 74 🐰 | Mily 15 | | | 1 | ************************************** |
| | (3) Others (including rollovers) | 8a(3) | | | | Harry Co. | | 93.10a 93.10a | i i i i i | |
| b | Other income (loss) | 8b | | 1,8 | 75 | | ar Wilder | | erio esta Galego | ars as <u>fi</u> |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 1161 1161 | 5 56,6 | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | Street With White Street Street | 1133 | 1 | No d | | ande jar | 3. 3. 5 | 100 |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | - (S) | 104 | | reit Mar | Constitution (*) Constitution (*) | 1594.1134 Heritager |
| f | Administrative service providers (salaries, fees, commissions) | | | | - 193 | ater bar | (sek e Fabric) Sek e Fabrica | | | Caldyta Zana |
| g | | 8f | | | - 3 | y esternik . | ada da garan Jawa Baran Jawa Baran | No. 4 Ca u fina ware | | |
| _ | Other expenses | 8g | 56752076800 1000 W (801) W (6 6 6 6 6 | 3000 | 143 | | | .*764 | 5,476 | 9 m 18 12 |
| - ;- | Total expenses (add lines 8d, 8e, 8f, and 8g) | \$h | | 9996 | | | | **** | | U |
| ÷ | Net income (loss) (subtract line 8h from line 8c) | <u>8i</u> | ar i Bhillian Liùsch-Ail ar 18 an 18 a Tha an 18 an 1 | · ig tyes · · · · | | A was wine to | | | | 6,615 |
| | Transfers to (from) the plan (see instructions) | 8j | | | .00 | | | aliantsi Maringa | | respective to |
| | t IV Plan Characteristics | | | | | | | | | |
| 9a | a 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 2J 2R 3B 3D | | | | | | | | | |
| ь | b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | | | |
| Par | Compliance Questions | ······································ | *** | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | | | |
| a | a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | 165 | Х | <u> </u> | Amo | unt_ | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported | | | 10a | | Х | | | | |
| С | on line 10a.) Was the plan covered by a fidelity bond? | | | 10b | - | Х | | | • | · · · · · |
| d | | | | | | Х | | | | |
| 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.) | | | | | х | | | | , |
| f | Has the plan failed to provide any benefit when due under the plan | 1? | | 10f | | Х | Ī. | | | - |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | nd.) | 10g | | Х | 1 | | | |
| h | If this is an individual account plan, was there a blackout period? (2520,101-3.) | See instru | ctions and 29 CFR | 10h | | Х | | | | |
| ĺ | 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 | | | | | Х | | | PV 10. | ky i k |
| Rait | VI Pension Funding Compliance | | | - 4. | | | 4.00 | 15 11 13 | 1010,044 | il carri |
| 11 | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) | ents? (if "Y | es," see Instructions and com | plete | Sched | ule SE | 3 (Farm | П | Yes | 図 Na |
| 11a | Enter the amount from Schedule SB line 39 | | | | | 11a | | | 165 | X No |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | Of Se | | | ERISA? | Π | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | as applica | ble.) | -, 50 | | UI | | <u> </u> | - ~~ | |
| | If a waiver of the minimum funding standard for a prior year is bein granting the waiver. | g amortize | d in this plan year, see instruc | tions, | and e | nter th | ne date of t | he lett Year | er ruli | ng |
| lfy | you completed line 12a, complete lines 3, 9, and 10 of Schedule | MB (Forr | n 5500), and skip to line 13. | | - | | | 1001 | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | | |
| | | | | | | | L | | | |