### 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

2013

This Form is Open to Public Inspection

			cordance with the inst				
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/	2013	and ending	12/31/	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employe	r plan (not multiemployer	)	a one-particip	pant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/repo	ort			
	·	an amended return/report	a short plan year re	turn/report (less than 12	nonths	)	
C Check	box if filing under:	Form 5558	automatic extensio	n		DFVC progra	am
• onoon	box ii iiiiig araoi:	special extension (enter descr					
Part II	Pacia Plan Infor	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	· · ·				
		mation—enter all requested info	ormation		1h	Three-digit	Γ
1a Name	•	C. PROFIT SHARING & 401(K) R	FTIREMENT		10	plan number	
<i>D</i> /(1/01/01	51101110011011 00:,ii11		Z i i i z i i z i i z i z i z i z i z i			(PN) ▶	001
					1c	Effective date o	f plan
						11/01	/1980
	ponsor's name and addr ONSTRUCTION CO.,ING	ress; include room or suite numbe	er (employer, if for a sing	gle-employer plan)	2b	Employer Identi	fication Number
271110110					20	(=::)	
146 DUNIZE	D LIII L DOAD				20	Sponsor's telep	
	R HILL ROAD WN, CT 06795				2d		(see instructions)
						23731	
3a Plan a	idministrator's name and	l address XSame as Plan Spons	or Name Same as P	Plan Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
						, , , , , , , , , , , , , , , , , , , ,	.0.00
		plan sponsor has changed since t	the last return/report file	d for this plan, enter the	4b	EIN	
		ber from the last return/report.			40	PN	
	or's name	t the beginning of the plan year			-	PN	
_							26
		It the end of the plan yearccount balances as of the end of t			5b		26
				•	5c		24
<b>6a</b> Were	all of the plan's assets	during the plan year invested in e	ligible accete? (See inct				24
<b>b</b> Are ye		adining the plant year mireeted in e	ilgible assets: (See ilist	ructions.)			X Yes No
		he annual examination and report	t of an independent qua	lified public accountant (I	QPA)		X Yes No
under	<sup>-</sup> 29 CFR 2520.104-46? (	he annual examination and report (See instructions on waiver eligibi	t of an independent quaility and conditions.)	lified public accountant (I	QPA)		
under <b>If yo</b> u	29 CFR 2520.104-46? ( answered "No" to eith	he annual examination and report (See instructions on waiver eligibiner line 6a or line 6b, the plan c	t of an independent qua ility and conditions.) annot use Form 5500-	lified public accountant (I	QPA) e Form	i 5500.	Yes No Yes No
under <b>If yo</b> u	29 CFR 2520.104-46? ( answered "No" to eith	he annual examination and report (See instructions on waiver eligibi	t of an independent qua ility and conditions.) annot use Form 5500-	lified public accountant (I	QPA) e Form	i 5500.	X Yes No
under If you C If the	29 CFR 2520.104-46? ( I answered "No" to eithe plan is a defined benefit	he annual examination and report (See instructions on waiver eligibiner line 6a or line 6b, the plan c	t of an independent qua ility and conditions.) annot use Form 5500-5 C insurance program (s	lified public accountant (Instead use ERISA section 4021)	QPA) e Form	1 <b>5500.</b> Yes No	Yes No Yes No
under If you C If the Caution: A	29 CFR 2520.104-46? (answered "No" to eith plan is a defined benefit A penalty for the late or alties of perjury and other	he annual examination and report (See instructions on waiver eligible her line 6a or line 6b, the plan complete, is it covered under the PBG r incomplete filing of this return er penalties set forth in the instruction	t of an independent qua illity and conditions.) annot use Form 5500-3 C insurance program (s a/report will be assessed tions, I declare that I ha	lified public accountant (I SF and must instead us ee ERISA section 4021) <sup>c</sup> ed unless reasonable cove examined this return/r	QPA) e Form	stablished.	Yes No Yes No Not determined  able, a Schedule
under If you C If the Caution: A Under pen SB or Sche	29 CFR 2520.104-46? (answered "No" to eith plan is a defined benefit Apenalty for the late or alties of perjury and other edule MB completed and	the annual examination and report (See instructions on waiver eligibiner line 6a or line 6b, the plan coplan, is it covered under the PBG remover incomplete filing of this returner penalties set forth in the instruction signed by an enrolled actuary, a	t of an independent qua illity and conditions.) annot use Form 5500-3 C insurance program (s a/report will be assessed tions, I declare that I ha	lified public accountant (I SF and must instead us ee ERISA section 4021) <sup>c</sup> ed unless reasonable cove examined this return/r	QPA) e Form	stablished.	Yes No Yes No Not determined  able, a Schedule
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under If you C If the Caution: A Under pen SB or Sche belief, it is  SIGN HERE  SIGN HERE	answered "No" to eith plan is a defined benefit A penalty for the late or alties of perjury and other edule MB completed and true, correct, and completed with authorized/va Signature of plan additional signature of employed.	the annual examination and report (See instructions on waiver eligibitioner line 6a or line 6b, the plan complete filing of this return or penalties set forth in the instruct disigned by an enrolled actuary, a lete.  The penalties is the plan of this return or penalties set forth in the instruction of the plan	t of an independent qua ility and conditions.)	SF and must instead us ee ERISA section 4021) ed unless reasonable cove examined this return/report enter name of indiv	e Form  where is a seport, in the seport, and dual sign	established.  ncluding, if applic to the best of my gning as plan adragging as employe	Yes No Yes No Not determined  able, a Schedule knowledge and  ministrator

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End c	f Voor			
	Total plan assets	7a	(a) Beginning of Tea		(b) End of Year 8466910						
	Total plan liabilities	7b						0.00	0.0		
	Net plan assets (subtract line 7b from line 7a)	76 7c	870020	8700206			8466910				
	Income, Expenses, and Transfers for this Plan Year	,,,,					(b) Ta				
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)	17463	1							
	(2) Participants	8a(2)	19978	32							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	144170	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1816	120		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	204907	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	33	9							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2049	416		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-233	296		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
Don	W Compliance Overtions										
Par	•				Yes	No	I			—	
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribute.	tione within	n the time period described in	ĺ	162	No	4	Amour	ıτ		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	ection Program)	10a		X					
N	on line 10a.)	`	•	10b		X					
				40-	Χ				2	500	200
	• • • • • • • • • • • • • • • • • • • •			10c					3	500	100
d	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										
	instructions.)		. ,	10e		X					
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 vear e	end.)	10g	X					234	179
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	nplete	Sched	dule SE	3 (Form				
	5500) and line 11a below)							Υ	es :	X	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				_	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA?	Y	'es	X	No
	(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 beir granting the waiver.	-			, and e	enter th Day		e lette Year _	r rulin	ıg	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
-	Enter the minimum required contribution for this plan year					12b	1				

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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?		Yes	s 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				
	13c(1) Name of plan(s):	3c(2) E	EIN(	s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)					
	Name of trust TON CONSTRUCTION CO.,INC. PROFIT			t's EIN 243345		

#### 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

2013

This Form is Open to Public Inspection

	Part I Annual Report Identific					
For	calendar plan year 2013 or fiscal plan ye	ear beginning	01/01/2013	and ending	12/31/2013	3
Α	This return/report is for:	le-employer plan	a multiple-employer p	olan (not multiemployer)	a one-par	ticipant plan
В	This return/report is:	st return/report	the final return/report			
	an am	nended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)	
С	Check box if filing under:	5558	automatic extension		DFVC pro	ogram
	specia	al extension (enter description	on)		Processing.	
P	art II Basic Plan Information	enter all requested info	rmation			
	Name of plan				1b Three-digit	
	Dayton Construction Co., In	nc. Profit Sharing	& 401(k) Retir	ement	plan number (PN) ►	r 001
	-	-	• -		1c Effective da	te of plan
					11/01/19	
2a	Plan sponsor's name and address; incl Dayton Construction Co., Ir	lude room or suite number ( nc.	employer, if for a singl	e-employer plan)	2b Employer Id (EIN) 06-	entification Number 0744098
					2c Sponsor's te	
	146 Bunker Hill Road				(860) 27	
						de (see instructions)
US 20		06795	🗀	A ALI	237310	
Ja	Plan administrator's name and address	S X Same as Plan Sponso	or Name [] Same as	Plan Sponsor Address	<b>3b</b> Administrate	or's EIN
					3c Administrate	talanhana numbar
					<b>3C</b> Administrate	or's telephone number
4	If the name and/or EIN of the plan spor		last return/report filed	for this plan, enter the	4b EIN	
а	name, EIN, and the plan number from the Sponsor's name	the last return/repoπ.			4c PN	
<u>а</u> 5а	Total number of participants at the beg	inning of the plan year			5a	26
b	Total number of participants at the end				5b	26
С	Number of participants with account ba	lances as of the end of the	plan year (defined ben	efit plans do not		~ 4
60	complete this item)				5c	24
ъа b	Were all of the plan's assets during the			***************************************		X Yes No
	Are you claiming a waiver of the annua under 29 CFR 2520.104-46? (See instr	ructions on waiver eligibility	an maependent quann and conditions.)	ed public accountant (ive	PA)	X Yes No
	If you answered "No" to either line 6					, Limited to a company
С	If the plan is a defined benefit plan, is it	t covered under the PBGC in	nsurance program (se	e ERISA section 4021)?	Yes	No Not determined
Са	ution: A penalty for the late or incomp	olete filing of this return/re	port will be assesse	d unless reasonable ca	use is established	J.
Un	der penalties of perjury and other penalt	ies set forth in the instruction	ns, I declare that I hav	e examined this return/re	eport, including, if a	pplicable, a Schedule
SB bel	B or Schedule MB completed and signed lief, it is true, correct, and complete.	by an enrolled actuary, as w	vell as the electronic v	ersion of this return/repor	rt, and to the best o	of my knowledge and
SI	IGN Sander AUC	Mustre	9-26-14	Sandra Sakl		
Н	ERE Signature of plan administrator		Date	Enter name of individua	al signing as plan a	dministrator
SI	IGN Sandw Sall	Juntee	9-26-14	Sandra Sakl		
3030300	ERE Signature of employer/plan spo		Date	Enter name of individua	al signing as emplo	yer or plan sponsor
Pre	eparer's name (including firm name, if ap	plicable) and address; inclu	de room or suite numb	per (optional)	Preparer's telepho	one number (optional)

Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	•			(b) End of Year	
а	Total plan assets	7a	8,700,20	06			8,466,910	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	8,700,20	06		8,466,910		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	) Amount			(b) Total	
а	Contributions received or receivable from:	0-(4)	174 6	174 604				
	(1) Employers	8a(1)	174,63					
	(2) Participants	8a(2)	199,70	3 Z				
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	1 441 7/	77				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1,441,70	<i>J</i> /				
<u>d</u>	Benefits paid (including direct rollovers and insurance premiums	0C			ANEAR		1,816,120	
	to provide benefits)	8d	2,049,0	77				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	33	39				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				·	2,049,416	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			3		(233,296)	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
b	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2H 2J 2K 2T  If the plan provides welfare benefits, enter the applicable welfare features.							
	rt V Compliance Questions				r			
10	During the plan year:			T	Yes	No	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Corre	ection Program)	10a		х		
b 	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
С	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	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.)	of the ben	efits under the plan? (See	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	of year e	end.)	10g	х		23,479	
h		See instru	uctions and 29 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	e required	I notice or one of the	10i				
Par	t VI Pension Funding Compliance							
11								
112	Enter the unpaid minimum required contribution for current year fro				· · · · · · · · · · · · · · · · · · ·	11a		
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X No	
				J. 550		UI L	100 100	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver	ıg amortiz	ed in this plan year, see instruc				e date of the letter ruling	
lf :	If you 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				Т	12b		
	The transfer of the plant year with the plant year with the plant year with the plant year.							

	Form 5500-SF 2013	Page <b>3-</b>					
С	Enter the amount contributed by the employer to the plan for this plan yea	r		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res		12d				
e	Will the minimum funding amount reported on line 12d be met by the fund	ing 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?				es X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year		13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this pwhich assets or liabilities were transferred. (See instructions.)	olan to another plan(s), ide	entify the plan(s) to	0			
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			
I	Dayton Construction Co., Inc. Profit			06-1243345			

#### 5500 Electronic Filing Authorization

Plan Name:

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

EIN/PN:

06-0744098/001

Plan Year:

01/01/2013 - 12/31/2013

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.

Jake Clan adm (dign)

Plan Administrator

Plan Sponsor

September 26, 2014

(date)

September 26, 2014

andw Sake, Clan Sponson

(date)