	Form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 o					2011				
	Department of Labor	Retirement Income Security Act of	SA), and sections 6057(b) and 6058(of						
	nployee Benefits Security Administration ension Benefit Guaranty Corporation		Code (the Code).		This Form is Open to Public Inspection					
	· · ·	Complete all entries in accord lentification Information	dance with	n the instructions to the Form 5500	-SF.					
	art I Annual Report Id calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011				
	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan				
	This return/report is:	the first return/report	•	eturn/report						
_		an amended return/report		n year return/report (less than 12 mo	onths)					
C (Check box if filing under:	Form 5558		extension	,	DFVC program				
•		special extension (enter descriptio								
Pa	rt II Basic Plan Inform	nation—enter all requested information								
	Name of plan				1b	Three-digit				
LEVY	& DRONEY, P.C. 401(K) PRO	FIT SHARING PLAN				plan number				
					10	(PN) ▶ 001 Effective date of plan				
					10	01/01/1990				
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 06-0903558				
					2c	(EIN) 06-0903558 Sponsor's telephone number				
74 B/	ATTERSON PARK ROAD			_		860-676-3000				
FARMINGTON, CT 06032						Business code (see instructions) 541110				
	Plan administrator's name and & DRONEY, P.C.	address (if same as plan sponsor, er 74 BATTERS	ON PARK	ROAD	3b	Administrator's EIN 06-0903558				
FARMINGTON				32	Administrator's telephone number 860-676-3000					
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
а	name, EIN, and the plan numb Sponsor's name		4c PN							
	Total number of participants at the beginning of the plan year					62				
b	Total number of participants at the end of the plan year					54				
С		count balances as of the end of the p	• •		45					
60	1 /				5c					
ba b										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
De			orm 5500-	SF and must instead use Form 550	0.					
7	rt III Financial Informa	ation				(h) Find of Voor				
'a	Plan Assets and Liabilities		70	(a) Beginning of Year 6241477		(b) End of Year 5852312				
b	•		7a 7b							
c	•	/b from line 7a)	75 7c	6241477		5852312				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or recei									
	(1) Employers		8a(1)	11693	_					
				346122	-					
Ŀ	() ())	8a(3)	21327	-					
b		0 - (0) 0 - (0) 0 - 0	8b	-352100		27042				
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			21072				
u			8d	416207						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	•		8g							
h		3e, 8f, and 8g)	8h		_	416207				
i	()(e 8h from line 8c)	8i		-	-389165				
J	I ransters to (from) the plan (se	ee instructions)	8j							

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

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions							
10	During the plan year:				No	mount			
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		х				
С	Was	the plan covered by a fidelity bond?	10c	Х			500000		
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	x			33308		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			97263		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h	x					
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i	х					
Part		Pension Funding Compliance							
11									
12									
	(lf "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	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.								
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								
С	C Enter the amount contributed by the employer to the plan for this plan year								
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive 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	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								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)		
Caut	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	Filed with authorized/valid electronic signature.	07/24/2012	DANIEL E. KLEINMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

			Report of Small Employ	CMB Nos. 1210-0110 1210-0089					
	Department of the Treasony	Benefit		2011					
	Department of Labor Retirement Income Security Act of	f 1974 (ER	ictions 104 and 4065 of the Employee ISA), and sections 6057(b) and 6058(I Code (the Code).	This Form is Open to Public					
P	sistion Benefit Guaranty Corporation Complete all entries in accor	dance wit	h the Instructions to the Form 5500	-SF.	Inspection				
	rt I Annual Report Identification Information	<u></u>			10/01/0001				
For		2011 and ending		12/31/2011					
	This return/report is for: X a single-employer plan	-	employer plan (not multlemployer)		a one-participant plan				
BT	This return/report is: I the first return/report		eturn/report	(م ما ا م					
_	an amended return/report a short plan year return/report (less than 12 months)								
CO	Check box if filing under:		extension		DFVC program				
	special extension (enter description)								
1	rt II Basic Plan Information—enter all requested inform Name of plan	anon		1b	Three-digit				
	VY & DRONEY, P.C. 401(K) PROFIT SHARING	PLAN			plan number				
				(PN) > 001					
					Ellective date of plan 01/01/1990				
2a	Pian sponsor's name and address; include room or suite number (e	mployer, il	for a single-employer plan)		Employer identification Number				
LE	IY & DRONEY, P.C.	•••			(EIN) 06-0903558				
	-				Sponsor's telephone number				
74	BATTERSON PARK ROAD				860-676-3000 Business code (see instructions)				
FAI	RMINGTON CT 06032				541110				
- 3a	Plan administrator's name and address (if same as plan sponsor, er 7Y & DRONEY, P.C.	nter "Same	²)		Administrator's EIN				
LEV	YY & DRONEY, P.C.			06-0903558 Administrator's telephone number					
	BATTERSON PARK ROAD RMINGTON CT 06032				860-676-3000				
4	If the name and/or EIN of the plan sponsor has changed since the l	last return/	report filed for this plan, enter the	4b	EIN				
-	name, EIN, and the plan number from the last return/seport. Sponsor's name			4c	PN .				
	Total number of participants at the beginning of the plan year			5a	62				
- • ·	Total number of participants at the end of the plan year		h h h h h h h h h h h h h h h h h h h	5b	54				
	Number of participants with account balances as of the end of the p		defined benefit plans do not		45				
	complete this item)			<u>5c</u>					
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? an indeper	(See Instructions.)	 A)	X Yes No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 6600-	SF and must Instead use Form 550	0.					
	rt III Financial Information	調整		1	(b) End of Year				
7	Plan Assels and Liabilities	. 7a	(a) Beginning of Year 6241477	-	5852312				
	Total plan assets			<u>'</u>					
	Net plan assels (subtract line 7b from line 7a)		624147	7	5852312				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
	Contributions received or receivable from:)					
	(1) Employers	8a(1)	11693	- 33 I					
	(2) Participants	. <u>8a(2)</u>	346122 21321						
Ь	(3) Others (including rollovers)	. 8a(3) . 8b	-352100	1-1-1-20					
	Other Income (loss) Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)			1	27042				
	Benefits paid (including direct rollovers and insurance premiums	<u> </u>		1.1.1.1	anna an an 1997 ann an an Angalan.				
	to provide benefits)		416207						
	Certain deemed and/or corrective distributions (see instructions)	1	•						
	Administrative service providers (salaries, fees, commissions)								
g ភ	Other expenses				416207				
h I	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	ſ			-389165				
l I	Net income (loss) (subtract line on from line oc) Transfers to (from) the plan (see instructions)	8j							
	renered to them the part too manual only minimum	1 8		1	Eoro 5500.5E (2011)				

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

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Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fer $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	ature codes from th	e List of Plan Charac	cleris	tic Co	des In	the Instru	rctions	8:		
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes from the	List of Plan Charact	leristi	c Cod	les in t	he Instruc	lions:			
Part	V Compliance Questions										
10	During the plan year:		_		Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR-2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Prog	ram)	10a		x					
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?		1	10c	X				5(00000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesly?	felity bond, that was	caused by fraud	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 of the instructions.)	persons by an Insu the benefits under th	rance carrier, le plan? (See	10e	x		33308				
f	Has the plan failed to provide any benefit when due under the plan?	******		10F		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g	х				9	7263	
h	If this is an individual account plan, was there a biackout period? (Se 2520, 101-3.)		9 CFR	10h	х						
Ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			101	x						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirement 5500))								Yes	No	
12	Is this a defined contribution plan subject to the minimum funding red	quirements of section	n 412 of the Code o	or sec	lion 3	02 of E	ERISA?		Yes	X] No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab										
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this pla	n year, see instruction	ons, a	and e	nter th Day	e date of	ihe let Yea	iter rulir f.	19	
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N			• • • •							
b	Enter the minimum required contribution for this plan year	********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• ⊢	12b					
	Enter the amount contributed by the employer to the plan for this plan				· L	12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·L	12d	~3			·····	
6	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	*****	*****			Yes		0	N/A	
Part	VII Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted in any plan year?			1		<u> </u>	es XI	10		ı	
	If "Yes," enter the amount of any plan assets that reverted to the emp]	
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	* * * * * * * * * * * * * * * * * * * *	***********************	******	*******	ntrol		Π	Yes [No No	
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	i this plan to another	plan(s), loentily the	plan	(5) (0						
1	3c(1) Name of plan(s):				130	(2) EIN	V(s)	1	13c(3) F	PN(s)	
	on: A penalty for the late or incomplete filling of this return/report										
SB or	r penallies of perjury and other penalties set forth In the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have as the electronic ver	examined this return sion of this return/rep	v/repc port,	ort, Inc and to	duding the b	i, if application of my	able, a knowl	a Schec ledge a	lule nd	
SIGN		FLAYIN	DANIEL E. KL	FIN	IMAN	,					
HER		Date	Enter name of Indi	individual signing as plan administrator							
SIGN											
HERI		Date	Enter name of Indi	vidua	l slan	ing as	employer	or pk	an soon	sor	