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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		dentification Information								
For calenda	ar plan year 2012 or fise	cal plan year beginning 01/01/2012		and ending 1	2/31/2	2012				
A This ret	turn/report is for:	X a single-employer plan	ı multiple-employer p	olan (not multiemployer)	er) a one-participant plan					
B This ret	turn/report is:	the first return/report	he final return/report							
		an amended return/report a	short plan year retur	n/report (less than 12 mo	onths))				
C Check I	box if filing under:		DFVC program							
	3	special extension (enter description))							
Part II	Basic Plan Infor	rmation—enter all requested informati	ion							
1a Name			· · · · · · · · · · · · · · · · · · ·		1b	Three-digit				
	ONEY, P.C. 401(K) PRO	OFIT SHARING PLAN				plan number				
					_	(PN) •	001			
					1C	Effective date of 01/01/	•			
2a Plan si	nonsor's name and add	dress; include room or suite number (em	nlover if for a single	-employer plan)	2h	Employer Identif				
LEVY & DR	ONEY, P.C.	less, include room or suite number (em	ployer, ir for a sirigle-	Temployer plan)	20	(EIN) 06-090				
					2c	Sponsor's telep	hone number			
74 BATTER	SON PARK ROAD					860-676				
FARMINGTO	ON, CT 06032				2d	Business code (see instructions)			
						541110				
		d address Same as Plan Sponsor Na	me Same as Plar	n Sponsor Address	3b	Administrator's E	EIN 03558			
EVY & DRO	NEY, P.C.	74 BATTERSON FARMINGTON, (3c					
		TARWING COLY	01 00032		3c Administrator's telephone number 860-676-3000					
•										
		plan sponsor has changed since the last return/report.	st return/report filed for	or this plan, enter the	4b	EIN				
	, ⊵iiv, and the plan huir or's name	iber from the last returnireport.			4c	PN				
		at the beginning of the plan year			5a	Ţ	54			
		at the end of the plan year			5b		40			
		account balances as of the end of the pla			0.0	+	<u> </u>			
				-	5c		40			
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	ctions.)			X Yes No			
,	J	the annual examination and report of an			,		Voc □ No			
		(See instructions on waiver eligibility an the cannot ther line 6a or line 6b, the plan cannot					X Yes No			
		or incomplete filing of this return/reporter penalties set forth in the instructions,					ahle a Schedule			
		d signed by an enrolled actuary, as well								
belief, it is	true, correct, and comp	lete.					-			
SIGN	Filed with authorized/v	valid electronic signature.	02/25/2013	DANIEL E. KLEINMAN	J					
HERE		-					-1-1-1-1			
	Signature of plan ad	Iministrator	Date	Enter name of individu	uai sig	ning as pian aun	ninistrator			
SIGN HERE			 							
	Signature of employ		Date	Enter name of individu						
Preparer's	name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			

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Par	t III Einancial Information		<u> </u>					
	t III Financial Information Plan Assets and Liabilities		(a) Baginning of Vac		<u> </u>		(h) End of Voor	
	Total plan assets	. 7a	(a) Beginning of Year 5852312			(b) End of Year		
	Total plan liabilities	7a 7b	3032312				5806386	
	Net plan assets (subtract line 7b from line 7a)	585231	5852312			5806386		
	Income, Expenses, and Transfers for this Plan Year	7c						
	Contributions received or receivable from:		(a) Amount	(a) Amount (b) Total				
	(1) Employers	8a(1)						
	(2) Participants	8a(2)	34916	63				
	(3) Others (including rollovers)	8a(3)	82	27				
<u>b</u>	Other income (loss)	. 8b	61574	2				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					965732	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	101044	10				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	121	8				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1011658	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-45926	
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 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a				10a		X	Amount	
b		? (Do not	include transactions reported	10b		X		
					X		500000	
d	, ,			10c			500000	
	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		24538	
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	2.000	
	Did the plan have any participant loans? (If "Yes," enter amount a				X			
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	15145	
i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10h				
D1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part 11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Enter the amount from Schedule SB line 39					11a	1es 100	
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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year	
If	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					12b		
							· · · · · · · · · · · · · · · · · · ·	

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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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	'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 sections 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

≕Part I ∥ Annual Repo	rt Identification Information	•						
For calendar plan year 2012 or	fiscal plan year beginning (01/01/2012	and ending	12/31/2012				
A This return/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan				
B This return/report is:	the first return/report	the final return/report		<u>.</u>				
•	an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC program				
• Chook box it sinking actions	special extension (enter descrip							
Part II Basic Plan Int	formation—enter all requested infor			,				
1a Name of plan	officiation—etitel all requested fillor	mation		1b Three-digit				
•	. 401(K) PROFIT SHARING	F PLAN		plan number (PN)				
				1c Effective date of plan 01/01/1990				
2a Plan sponsor's name and a LEVY & DRONEY, P.C	address; include room or suite number	(employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 06-0903558				
74 BATTERSON PARK	ROAD			2c Sponsor's telephone number 860-676-3000				
FARMINGTON	CT 06032			2d Business code (see instructions) 541110				
	and address Same as Plan Sponsor	r Name Same as Pla	n Sponsor Address	3b Administrator's EIN				
LEVY & DRONEY, P.C		u	•	06-0903558				
				3c Administrator's telephone number				
74 BATTERSON PARK	ROAD .		•	860-676-3000				
FARMINGTON	CT 06032	***************************************						
name, EIN, and the plan r	the plan sponsor has changed since the number from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
_	its at the beginning of the plan year							
· ·	its at the end of the plan year			5b 40				
	h account balances as of the end of the			5c 40				
	ets during the plan year invested in elig							
under 29 CFR 2520.104-4	of the annual examination and report of 6? (See instructions on waiver eligibility	y and conditions.)		X Yes No				
	either line 6a or line 6b, the plan car							
	e or incomplete filing of this return/r							
Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary, as	ons, I declare that I have well as the electronic ver	examined this return/re sion of this return/report	port, including, if applicable, a Schedule t, and to the best of my knowledge and				
SIGN R	K	2/21/13	DANIEL E. KLE	INMAN				
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as plan administrator				
SIGN								
HERE :	oloyer/plan sponsor	Date	Enter name of individ	lual signing as employer or plan sponsor				
	name, if applicable) and address; incl			Preparer's telephone number (optional)				
· · · · · · · · · · · · · · · · · · ·								
. 1								

	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Ye	Beginning of Year			(b) End of	Year	
а	Total plan assets	7a	58	5852312			.2		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	. 58	585231			58		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)	3	491	53	7			
	(3) Others (including rollovers)	8a(3)		82					
b	Other income (loss)	d8	. 6	615742					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						965732	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	. 10	1044	10				
е	Certain deemed and/or corrective distributions (see instructions)	8e			:5				
f	Administrative service providers (salaries, fees, commissions)	8f	,	12	1.8				
g	Other expenses	8g			- 17	1100			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		Folia				1011658	
ī	Net income (loss) (subtract line 8h from line 8c)	8i			- 5-, - 5-,			-45926	
J	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits.								
10	Part V Compliance Questions 10 During the plan year: Yes No Amount								
- 10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fidu			10a	163	Х	<u> </u>	mount	
b		? (Do not i	nclude transactions reported	10b		Х			
C	Was the plan covered by a fidelity bond?		***********	10c	Х			500000	
d		fidelity bor	nd, that was caused by fraud	10d		Х			
e		ner persons of the bene	s by an insurance carrier, efits under the plan? (See	10e	Х			24538	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Х			15145	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	-	•	10h		Х			
	2020.101-0.1								
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					
Pari	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	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	1-3 ents? (If "	Yes," see instructions and com	plete				Yes No	
11	If 10h was answered "Yes," check the box if you either provided it exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	1-3 ents? (If "	es," see instructions and corr	plete	<u></u>			Yes No	
11	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	1-3 ents? (If "	∕es," see instructions and com	plete		11a		Yes No	
11	If 10h was answered "Yes," check the box if you either provided it exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ents? (If '\range requireme	Yes," see instructions and com	plete		11a			
11 11a 12	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\" requireme , as applica	Yes," see instructions and corrections and corrections are considered as a section 412 of the Code able.)	oplete or se	ection	11a 302 of	ERISA?	Yes X No	
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided it exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	ents? (If 'n requireme , as applica	res," see instructions and corrections and corrections and corrections are constructed and the code able.) and in this plan year, see instructions and corrections are constructed as a construction and correction are constructed as a construction and correction are constructed as a construction and correction are constructed as a construction and constructed as a construction are constructed as a constructed as a construction are cons	oplete or se	ection	11a 302 of	ERISA?	Yes X No	
11 11a 12 a	If 10h was answered "Yes," check the box if you either provided it exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding (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 being granting the waiver.	requirements as applicating amortized	res," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instructions and coments of section 412 of the Code able.)	or se	ection and e	11a 302 of	ERISA?	Yes X No	

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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 negative amount).	a	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?		X \	Yes N	0
	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 un of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s)	to		
	13c(1) Name of plan(s):	1	3c(2) Ei	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
	Name of trust		14b Ti	rust's ElN	
	· ·	- 1			