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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inst	ructions to the Form 550	0-SF.		p
Part I	Annual Report	Identification Information					
For calenda		scal plan year beginning 01/01/	2013	and ending 0	5/13/2	2013	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-particip	oant plan
B This ret	turn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	x a short plan year ret	urn/report (less than 12 mo	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension	ı		DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	prmation—enter all requested inf	ormation				
1a Name					1b	Three-digit	
	•	ROFIT SHARING PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	
						01/01	
2a Plan sp LEVY & DRO		Idress; include room or suite numbe	er (employer, if for a sing	le-employer plan)	2b	Employer Identification (EIN) 06-09	fication Number 03558
					2c	Sponsor's telep	hone number
74 BATTER:	SON PARK ROAD					860-670	
	ON, CT 06032				2d		see instructions)
3a Plan a	dministrator's name ar	nd address Same as Plan Spons	or Name Same as P	lan Sponsor Address	3b	54111 Administrator's	
EVY & DROI		_	RSON PARK ROAD	,		06-09	03558
	, -	FARMING [*]	TON, CT 06032		3с		telephone number
						860-676)-3000
4 If the r	oomo and/ar FINI of the	a plan aparagr has shanged since t	the leat return/report files	I for this plan antar the	415		
		e plan sponsor has changed since to the since to the plant specifies the plant return/report.	the last return/report filed	nor this plan, enter the	40	EIN	
	or's name				4c	PN	
5a Total i	number of participants	at the beginning of the plan year			5a		40
b Total i	number of participants	at the end of the plan year			5b		0
		account balances as of the end of t			35		
			. ,	•	5с		0
6a Were	all of the plan's asset	s during the plan year invested in e	ligible assets? (See instr	ructions.)			X Yes No
		f the annual examination and repor					
		? (See instructions on waiver eligible					X Yes No
If you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	SF and must instead use	Form	5500.	
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assesse	ed unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruc					
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a plete	s well as the electronic v	ersion of this return/report	, and	to the best of my	knowledge and
r bollot, it is	rae, correct, and com	pioto.	ı				
SIGN HERE	Filed with authorized	/valid electronic signature.	07/16/2013	DANIEL E. KLEINMAN	١		
HEKE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individu	ual sic	ıning as emplove	r or plan sponsor
Preparer's		name, if applicable) and address; in					number (optional)
	. •				·	•	,

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Pa	rt III Financial Information										
7			(a) De alamia a c (Va				(I-) FI				
	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year				
	Total plan liabilities	7a	580638	00						0	
	Total plan liabilities	7b	580638	06						2	
	· · · · · · · · · · · · · · · · · · ·	7c		00	+		/L.\ T.)	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	. 8b	18145	50							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	81450)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	598439)4							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f	344	2							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						59	8783	6	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-58	30638	6	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Pai	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	odes in	the instruct	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Co	des in t	he instruction	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а				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?			10c	Χ					EOC.	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				300	1000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
C	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	X					3	3913
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and)			Х					
h		(See instru	uctions and 29 CFR	10g 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	he required	d notice or one of the	10ii							
Part		1-5		101							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes		No
11a	Enter the amount from Schedule SB line 39					11a					
12									No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	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					<u>. </u>		. 54			
	Enter the minimum required contribution for this plan year	•				12b					
D	Enter the minimum required contribution for the plant year										

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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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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

Pension Be	nefit Guaranty Corporation	→ Com	plete all entries in ac	ccordance	with the	instruc	tions to the Form 55	00-SF.		
Part I			ition Information							
For calenda	ar plan year 2012 or fi	scal plan yea	ar beginning	01/01/	2013		and ending		05/13/201	3
	urn/report is for:		e-employer plan t return/report		tiple-emp nal return/		an (not multiemployer))	a one-partic	ipant plan
b Inis ret	urn/report is:	님	•			•				
		님	ended return/report	X a shor	t plan yea	ar return	/report (less than 12 r	nonths)	·	
C Check b	oox if filing under:	Form 5	558	auton	natic exte	nsion			☐ DFVC progr	am
		special	extension (enter desc	cription)						
Part II	Basic Plan Info	rmation_	enter all requested in	formation						
1a Name	of plan							1b	Three-digit	
LEVY &	DRONEY, P.C.	401(K)	PROFIT SHARI	NG PLAN	1				plan number	001
									(PN))	
								1c	Effective date of 01/01/199	
20 Diam -			d	/	:6.6			- 01-		
	DRONEY, P.C.	aress; includ	de room or suite numb	er (employe	er, it for a	single-	employer plan)	2D		tification Number
	2101127							2-	(EIN) 06-09	
74 BATT	TERSON PARK R	OAD						20	Sponsor's tele 860-676-3	
								24		(see instructions)
FARMING	TON	СТ	06032					Zu	541110	(see instructions)
	dministrator's name a			sor Name	Same	as Plan	Sponsor Address	3h	Administrator's	FIN
	DRONEY, P.C.	, a add (000			Попине	ao i iaii	Oponiour ridarcoo		06-090355	
mmvi œ	DRONEL, I.C.							3c	Administrator's	telephone number
74 8200	rerson park r	Ω							860-676-3	000
/T DAI.	IBROON IARR R	JAD								
FARMING	TTON	СТ	06032							
			sor has changed since	the last ret	urn/report	t filed fo	r this plan, enter the	4b	EIN	***************************************
a Sponso	EIN, and the plan nu	inner morn tr	ie iast return/report.					40	PN	
····		at the begin	nning of the plan year.			····				40
_		_	of the plan year		•			-		
								5b		0
			ances as of the end of					5c		0
6a Were	all of the plan's asset	s during the	plan year invested in	eligible asse	ets? (See	instruct	tions.)			X Yes No
	•	-	examination and repo	-	•		•			
			uctions on waiver eligit	-						X Yes No
If you	answered "No" to e	ither line 6a	or line 6b, the plan	cannot use	Form 58	500-SF	and must instead us	e Form	1 5500.	
Caution: A	penalty for the late	or incomple	ete filing of this retur	rn/report w	ill be ass	essed (unless reasonable ca	ause is	established.	
Under pena	alties of perjury and of	her penalties	s set forth in the instru	ıctions, I de	clare that	I have	examined this return/r	eport, i	ncluding, if appli	cable, a Schedule
belief it is t	rdule MB completed a rue, correct, and com	na signea by plete	y an enrolled actuary,	as well as t	ne electro	onic vers	sion of this return/repo	rt, and	to the best of m	y knowledge and
	1/-//	J.010.				·				
SIGN	K.L.	!//_			7/16/	113	DANIEL E. KL	EINMA	AN	
HERE	Signature of plan a	ıdministrate) r	D	ate		Enter name of indiv	idual si	gning as plan ad	Iministrator
SIGN								· · · · · · · · · · · · · · · · · · ·	×	<u> </u>
HERE	Cinneture of amel	/1			-4-		r			
Prenarer's	Signature of emplo		licable) and address; i		ate n or suite	numbe	Enter name of indivi			e number (optional)
i iopaici s	(modding mill I	o, ii appi	isabio, and addiess, i		or suite	HUITIDO	(optional)	' ' ' '	parar a telepriori	5 Harrison (optional)
								L		
	•									

Part	III Financial Information								
7 PI	an Assets and Liabilities		(a) Beginning of Yea	г	T		(b) End	of Year	
a To	otal plan assets	7a		0638	6			·····	0
	otal plan liabilities	7b							
C Ne	et plan assets (subtract line 7b from line 7a)	7c	580	0638	6			***************************************	0
	come, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) T	otal	
	ontributions received or receivable from:				1	************	<u>\</u>		
(1) Employers	8a(1)							
(2) Participants	8a(2)			0			····	
(3) Others (including rollovers)	8a(3)			0				
b 01	ther income (loss)	8b	1:	3145	0				
c To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							181450
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d	59	3439	4				
e C	ertain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u> Ad	dministrative service providers (salaries, fees, commissions)	8f		344	2				
g 0	ther expenses	8g							
<u>h</u> To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						5	987836
i Ne	et income (loss) (subtract line 8h from line 8c)	8i						- 5	806386
j Tr	ransfers to (from) the plan (see instructions)	8j							
	the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D								
L	During the plan year:				Yes	No		Amount	
***************************************	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		Х		Amount	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х			
	Was the plan covered by a fidelity bond?			10c	Х				500000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.)	ner person of the ben	is by an insurance carrier, efits under the plan? (See	10e	х				3913
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
	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 V	/I Pension Funding Compliance								
	s this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s 📗 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	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ye	s 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						<u> </u>		
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mor		, and e	enter ti Day		the letter r Year	uling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedul								
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 yea	т	12c	
	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)	`	12d	
е	Will the minimum funding amount reported on line 12d be met by the fund	ling deadline?		Yes No N/A
Part \	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		[Х] ,	Yes No
	If "Yes," enter the amount of any plan assets that reverted to the employe	r this year	13a	
	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		e control	X Yes No
	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan(s) to	
13	3c(1) Name of plan(s):		13c(2) E	IN(s) 13c(3) PN(s)
Part '	VIII Trust Information (optional)			-
14a N	lame of trust		14b T	rust's EIN