## 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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation  Complete all entries in accord	dance wit	h the instructions to the Form 5500	-SF.		p			
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan			
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)					
C	Check box if filing under: Form 5558	automatic	extension	Ī	DFVC progra	ım			
	special extension (enter description			L					
D		,							
	Int II Basic Plan Information—enter all requested information  Name of plan	ation		1h	Three-digit				
	DSKY & ASSOCIATES, INC. PROFIT SHARING PLAN				plan number				
					(PN) ▶	001			
				1c	Effective date of	fplan			
					02/01/	/1988			
	Plan sponsor's name and address; include room or suite number (eDSKY & ASSOCIATES, INC.	mployer, if	for a single-employer plan)		Employer Identif		er		
DICO	DON'T & ACCOCIATES, INC.				(= 11 1)	94916			
				2C	Sponsor's telep				
	0 NE 30TH AVENUE E 849			2d	Business code (		nc)		
	NTURA, FL 33180			Zu	52429		113)		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b	Administrator's I	ΞIN			
	DSKY & ASSOCIATES, INC. 20900 NE 30					94916			
	SUITE 849 AVENTURA,	FL 33180		3c	Administrator's t		nber		
4	If the name and/or FINI of the plan anamor has shapped since the l	oot roturn/	roport filed for this plan costor the	4 h	954-370	J-9429			
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	asi return/	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name		4c	IC PN					
5a	Total number of participants at the beginning of the plan year			5a	3				
b	Total number of participants at the end of the plan year			5b					
C	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not								
	complete this item)			5c			1		
	Were all of the plan's assets during the plan year invested in eligible		· ·			X Yes	No		
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo						_		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	7a	532514			488320	5		
b	Total plan liabilities	. 7b	0			(	)		
С	Net plan assets (subtract line 7b from line 7a)	7c	532514			488320	6		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-16766						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-16766	5		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	25000						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	2422						
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				27422	2		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-44188	3		
	Transfers to (from) the plan (see instructions)	8j	0						

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Form	<b>カカロロ</b>	->-	ンロコ	-

Page 2 -	1		
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

art	•	1	1	1				
)	During the plan year:		Yes	No		Amo	ount	
	` , , , , , , , , , , , , , , , , , , ,	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					8000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
i	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	10i						
art	VI Pension Funding Compliance		<u> </u>					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))						Yes	∏ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver							
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г					
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	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)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art '	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder	the co	ntrol			Yes	× N
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.)	e plar	n(s) to					
1:	3c(1) Name of plan(s):		130	<b>(2)</b> EII	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	Cali	se is	establi	ished.	$\perp$		
Jnde	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	n/rep	ort, in	cluding	g, if applic			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/11/2012	ALLAN BRODSKY
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

## 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

2011

This Form Is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning	0 d / 0 d / C			10 (01 (00)						
<u></u>	01/01/2	2011 and ending		12/31/2011						
A This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan						
B This return/report is:	This return/report is:  the first return/report  the final return/report									
an amended return/report	a short pla	n year return/report (less than 12 mo	nths)	•						
C Check box if filling under:	automatic	extension		DFVC program						
special extension (enter description	on)									
Part II Basic Plan Information—enter all requested informa		<del> </del>								
1a Name of plan	ation		1b	Three-digit						
BRODSKY & ASSOCIATES, INC. PROFIT SHARING F	PLAN	•		plan number						
				(PN) • 001						
				Effective date of plan 02/01/1988						
		**************************************								
2a Pian sponsor's name and address; include room or suite number (e BRODSKY & ASSOCIATES, INC.	imployer, it	for a single-employer plan)		Employer Identification Number (EIN) 59-2594916						
20900 NE 30TH AVENUE				Sponsor's telephone number						
SUITE 849				954-370-9429						
AVENTURA FL 33180			-	Business code (see instructions)						
AVENIORA		•		524290						
3a Plan administrator's name and address (if same as plan sponsor, et	nter "Same	")	3b	Administrator's EIN						
BRODSKY & ASSOCIATES, INC. 20900 NE 30TH AVENUE			-	59-2594916						
SUITE 849			3C	Administrator's telephone number 954 - 370 - 9429						
AVENTURA FL 33180  4 If the name and/or EIN of the plan sponsor has changed since the I	last return/i	enort filed for this plan, enter the	4b	-:						
name, EIN, and the plan number from the last return/report.	idol rotarrii	open, med te, and plant enter are								
a Sponsor's name		:	4c	PN						
5a Total number of participants at the beginning of the plan year			5a	5						
<b>b</b> Tota I number of participants at the end of the plan year			5b	5						
C Number of participants with account balances as of the end of the	plan year (d	defined benefit plans do not	_	_						
complete this item)		,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5c							
		6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
<b>b</b> Are you claiming a waiver of the annual examination and report of	b. Are you claiming a waiver of the appual examination and report of an Independent qualified public accountant (IOPA)									
	an Indeper	ident qualified public accountant (IQI	PA)							
	and conditi	ons.)	PA) 							
If you answered "No" to either 6a or 6b, the plan cannot use F  Part III Financial Information	and conditi	ons.)	PA) 							
If you answered "No" to either 6a or 6b, the plan cannot use F	and conditi	ons.)	PA) 							
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information Plan Assets and Liabilities	and conditi	ons.)SF and must instead use Form 55	PA) 00.	X Yes No						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information	and conditi orm 5500-	ons.) SF and must instead use Form 55 (a) Beginning of Year	PA) 00.	(b) End of Year						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities  a Total plan assets  bTotal plan liabilities	and condition 5500-	ons.) SF and must instead use Form 55 (a) Beginning of Year	DO	(b) End of Year 488326						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities  C Net plan assets (subtract line 7b from line 7a)	and condition 5500-	ons.)	DO	(b) End of Year  488326						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities c Net plan assets (subtract line 7b from line 7a)	and condition 5500-	ons.) SF and must instead use Form 55 (a) Beginning of Year 53251	DO	(b) End of Year  488326						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities  C Net plan assets (subtract line 7b from line 7a)	and condition 5500-	ons.)	DO	(b) End of Year  488326						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets	and condition 5500-	ons.)	DO	(b) End of Year  488326						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities  a Total plan assets  bTotal plan liabilities  c Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	and condition 5500-  7a 7b 7c 8a(1)	ons.)	DO	(b) End of Year  488326						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities. c Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants	and condition 5500-  7a 7b 7c 8a(1) 8a(2)	ons.)	PA)  00. 4 0 .4	(b) End of Year  488326						
If you answered "No" to either 6a or 6b, the plan cannot use F  Part III Financial Information  7 Plan Assets and Liabilities  a Total plan assets  bTotal plan liabilities  c Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3)	ons.)	PA)  00. 4 0 .4	(b) End of Year  488326						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities  C Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)  bOt her income (loss)  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  d Benefits paid (including direct rollovers and insurance premiums	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ons.)	00. 4 0 4	(b) End of Year  488326  (b) Total						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities c Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) bOther income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ons.)	0 4 4 5 6 6 5 6 6 5 6 6 5 6 6 6 6 6 6 6 6	(b) End of Year  488326  (b) Total						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities. c Net plan assets (subtract line 7b from line 7a).  8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers).  bOther income (loss).  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  C Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ons.)	900. 4 0 . 4 10 .	(b) End of Year  488326  (b) Total						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities c Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) bOther income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	ons.)	900. 4 0 . 4 10 .	(b) End of Year  488326  (b) Total						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities.  C Net plan assets (subtract line 7b from line 7a)	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	ons.)	900. 4 0 . 4 10 .	(b) End of Year  488326  0  488326  (b) Total						
If you answered "No" to either 6a or 6b, the plan cannot use F   Part III   Financial Information	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	ons.)	900. 4 0 . 4 10 .	(b) End of Year  488326  488326  (b) Total						
If you answered "No" to either 6a or 6b, the plan cannot use F Part III Financial Information  7 Plan Assets and Liabilities a Total plan assets bTotal plan liabilities. c Net plan assets (subtract line 7b from line 7a).  8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers).  bOther income (loss).  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions). g Other expenses. h Total expenses (add lines 8d, 8e, 8f, and 8g). i Net income (loss) (subtract line 8h from line 8c)	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	ons.)	PA)	(b) End of Year  488326  0  488326  (b) Total						
If you answered "No" to either 6a or 6b, the plan cannot use F   Part III   Financial Information	and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j	ons.)	900. 4 0 . 4 10 .	(b) End of Year  488326  488326  (b) Total						

	F	Form 5500-SF 2011 Page Z							
Part	N	Plan Characteristics		.,					
9a	f the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara-	acteris	tic Co	des in	the Instruc	tions:		
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cteristi	c Cod	es in ti	ne instruct	ions:		
Part	٧	Compliance Questions							
10		ing the plan year:		Yes	No		Amou	nt	
	29	s 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	We on I	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х				·
C	Wa	as the plan covered by a fidelity bond?	10c	Х				8(	0000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х				
e	ins: insi	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		х				
·f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	i the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If th	his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				l a
i	lf 1	Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						·
Part	VI	Pension Funding Compliance							
11	ls t	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	dule Si	3 (Form		Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					∐,	Yes 2	No
а	(lf '	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruenting the waiver	ıctions	, and	enter ti	he date of	the lette	er rulin	g
lf	you vou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	-	er the minimum required contribution for this plan year			12b				
		ter the amount contributed by the employer to the plan for this plan year			12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)	ofa		12d				
е	Wi	If the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	,	N/A
Par	VII	Plan Terminations and Transfers of Assets							
13a	l Ha	as 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	of	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						Yes	X No
C		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify hich assets or liabilities were transferred. (See instructions.)	the pla						
	13c	(1) Name of plan(s):		1:	3c(2) E	IN(s)	1;	3c(3)	PN(s)

Caution: A penalty for the late or incomplete filling 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	aran I	3/28/12	ALLAN BRODSKY
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