Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

SIGN

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SIGN HERE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

					Inspection	
Part I		tification Information				
For caler	ndar plan year 2011 or fiscal p	olan year beginning 01/01/2011		and ending 12/31/20	011	
A This	eturn/report is for:	a multiemployer plan;	a multiple	-employer plan; or		
71 111101	otaniin opon io ioi.	x a single-employer plan;	a DFE (sp	pecify)		
B This r	return/report is:	the first return/report; an amended return/report;	<u> </u>	eturn/report; an year return/report (less tha	an 12 months).	
C If the	plan is a collectively-bargaine	ed plan, check here				
	k box if filing under:	Form 5558;		extension;	the DFVC program;	
	3	special extension (enter des	cription)		Ц	
Part l	Basic Plan Inforn	nation—enter all requested informa	ation			
	ne of plan	K PROFIT SHARING PLAN AND TR			1b Three-digit plan number (PN) ▶	001
				1c Effective date of plan 07/01/1983		
	sponsor's name and address	s, including room or suite number (Er	mployer, if for single-	employer plan)	2b Employer Identifica Number (EIN) 59-2302341	tion
	,				2c Sponsor's telephon number 407-425-1974	
			TH MILLS AVENUE D, FL 32803-5787		2d Business code (see instructions) 541110	
Caution	: A penalty for the late or in	complete filing of this return/repor	t will be assessed u	ınless reasonable cause is	established.	
		enalties set forth in the instructions, I as the electronic version of this return				
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	07/23/2012	IVAN LEFKOWITZ		
HERE	Signature of plan adminis	trator	Date	Enter name of individual sig	gning as plan administrator	-
		·				

07/23/2012

Date

IVAN LEFKOWITZ

Enter name of individual signing as employer or plan sponsor

Signature of DFE Date Enter name of individual signing as DFE For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

Form 5500 (2011) v.012611 Form 5500 (2011) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "Sar FKOWITZ LAW GROUP, P.A.	me")			lministrator's EIN -2302341
	D NORTH MILLS AVENUE RLANDO, FL 32803-5787				ministrator's telephone imber 407-425-1974
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for t	this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	8
6	Number of participants as of the end of the plan year (welfare plans complete	te only lines 6a, 6	6b, 6c, and 6d).		
а	Active participants			. 6a	6
b	Retired or separated participants receiving benefits			. 6b	0
С	Other retired or separated participants entitled to future benefits			6c	1
d	Subtotal. Add lines 6a , 6b , and 6c			. 6d	7
u					
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits		. 6e	0
f	Total. Add lines 6d and 6e			. 6f	7
g	Number of participants with account balances as of the end of the plan year complete this item)	, ,	•	. 6g	7
h	Number of participants that terminated employment during the plan year wit less than 100% vested			6h	0
7	Enter the total number of employers obligated to contribute to the plan (only			7	
8a	If the plan provides pension benefits, enter the applicable pension feature of 2A $$ 2E $$ 2J $$ 2K	odes from the Lis	st of Plan Characteristic Code	s in the i	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature code	des from the List	of Plan Characteristic Codes	in the in	structions:
9a	Plan funding arrangement (check all that apply)		efit arrangement (check all tha	at apply)	
	(1) Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	Insurance Code section 412(e)(3)	insurano	ce contracts
	(3) Trust	(3)	X Trust		
10	(4) General assets of the sponsor	(4)	General assets of the sp		de al (Can in atmostica a)
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	_		ber attac	ned. (See instructions)
а	Pension Schedules (1) R (Retirement Plan Information)		Schedules	<i></i>	
		(1)	H (Financial Inform	,	O D)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) (3)	I (Financial Inform A (Insurance Inform		Small Plan)
	actuary	(4)	C (Service Provide	,	nation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participati G (Financial Trans	-	

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

mapection
and ending 12/31/2011
B Three-digit plan number (PN) • 001
D Employer Identification Number (EIN)
59-2302341

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	1152871	1267375
b	Total plan liabilities	. 1b	5324	7128
С	Net plan assets (subtract line 1b from line 1a)	1c	1147547	1260247
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)	41629	
	(2) Participants	. 2a(2)	66270	
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	. 2b		
С	Other income	. 2c	23666	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		131565
е	Benefits paid (including direct rollovers)	. 2e	8951	
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	. 2i	9914	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		18865
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		112700
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans	3e		X	

Page	2	-
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Schedule I (Form 5500) 2011

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g	X		30900
Pa	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
е	Was the plan covered by a fidelity bond?	4e	X		265000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		1000
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
ı	Has the plan failed to provide any benefit when due under the plan?	41		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
5a 5b	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide		es XN		Amount:
J	transferred. (See instructions.)	- IIIIIy	ine piai	1(3) to v	mich assets of habilities were
	5b(1) Name of plan(s)			5b(2)	EIN(s) 5b(3) PN(s)

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> > Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

, orași schoit caulury corporatori			This Form is Open to Public Inspection
Part I Annual Report Identification Infor	mation		
For calendar plan year 2011 or fiscal plan year beginning		and ending	12/31/2011
A This return/report is for:	loyer plan; a multiple	-employer plan; or	
🔀 a single-en	nployer plan; a DFE (sp	ecify)	
	_		
B This return/report is:	urn/report; the final re	eturn/report;	
an amende	ed return/report; a short pla	an year return/report (less th	nan 12 months).
C If the plan is a collectively-bargained plan, check here			
D Check box if filing under: Form 5558	; automatic	extension;	the DFVC program;
special ext	ension (enter description)		
Part II Basic Plan Information—enter all	requested information		
1a Name of plan LEFKOWITZ LAW GROUP, P.			1b Three-digit plan
SHARING PLAN AND TRUST			number (PN) ▶ 001 1c Effective date of plan
			07/01/1983
2a Plan sponsor's name and address, including room or	suite number (Employer, if for single-e	employer plan)	2b Employer Identification
THE VOLUME THE COURT OF THE			Number (EIN)
LEFKOWITZ LAW GROUP, P.A.			59-2302341 2c Sponsor's telephone
			number
			(407) 425-1974
430 NORTH MILLS AVENUE			2d Business code (see
ORLANDO	FL	32803-5787	instructions) 541110
430 NORTH MILLS AVENUE			341110
ORTANDO	FT.	32803-5787	
Caution: A penalty for the late or incomplete filing of			
Under penalties of perjury and other penalties set forth in statements and attachments, as well as the electronic ve	rsion of this return/report, and to the be	examined this return/report, est of my knowledge and be	lief, it is true, correct, and complete.
16-100100	100		
SIGN Jan M hay hand	6-4-12	IVAN LEFKOWITZ	
HERE Signature of plan administrator	Date		igning as plan administrator
Signature orbital administrator	Date	Enter hame of marviadar o	igning do plan daminotato.
SIGN Da Mayhing	6-4-12	IVAN LEFKOWITZ	
HERE Signature of employer/plan sponsor	Date		signing as employer or plan sponsor
Signature of employer/plan sponsor	Date	Enter hame of marriadar o	
SIGN			
HERE Signature of DEE	Date	Enter name of individual s	signing as DFE
Signature of DFE	Date		F FF00 (0044)

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

Form 5500 (2011) v.012611

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ac		diam

	Plan admin SAME	istrator's name and address (if same as plan sponsor, enter "Sam	ne")		3b Ad	ministrator's EIN
					nu	ministrator's telephone mber (07) 425-1974
4		and/or EIN of the plan sponsor has changed since the last return mber from the last return/report:	/report filed for this	s plan, enter the name, EIN	and	4b EIN
а	Sponsor's	name				4c PN
5	Total numb	er of participants at the beginning of the plan year			5	8
6	Number of	participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b	, 6c, and 6d).		
а	Active parti	cipants			6a	6
b	Retired or s	separated participants receiving benefits			. 6b	0
С	Other retire	ed or separated participants entitled to future benefits			. 6c	1
d	Subtotal. A	Add lines 6a, 6b , and 6c			. 6d	7
е	Deceased	participants whose beneficiaries are receiving or are entitled to re	ceive benefits		. 6e	0
f	Total. Add	lines 6d and 6e			. 6f	7
g		participants with account balances as of the end of the plan year nis item)			6g	7
h		participants that terminated employment during the plan year with			. 6h	0
7		otal number of employers obligated to contribute to the plan (only			. 7	
8a b	2A 2	provides pension benefits, enter the applicable pension feature corrected $2E-2J-2K$ provides welfare benefits, enter the applicable welfare feature corrected $2E-2J-2K$				
9a	(1) (2) (3) X (4)	ng arrangement (check all that apply) Insurance Code section 412(e)(3) insurance contracts Trust General assets of the sponsor	(1) (2) (3) (4)	t arrangement (check all the Insurance Code section 412(e)(3) Trust General assets of the s	insuran	ce contracts
10	Check all a	applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, whe	ere indicated, enter the num	ber atta	ched. (See instructions)
а	Pension S	chedules	b General S	chedules		
	(1)	R (Retirement Plan Information)	(1)	H (Financial Inform	mation)	
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) (3) (4)	I (Financial Inforr A (Insurance Inforce) C (Service Provide)	rmation)	
	(3)	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	D (DFE/Participat G (Financial Tran	100	

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public

and ending	12/31/	2011	
B Three-digit plan number (PN)	>	001	
TRUST			
	n Number (El	N)	
59-2302341			
olan year. You may also compl g as a large plan or DFE.	ete Schedule	I if you are filing as a	
	B Three-digit plan number (PN) TRUST D Employer Identification 59-2302341	and ending 12/31/ B Three-digit plan number (PN) TRUST D Employer Identification Number (El 59-2302341 plan year. You may also complete Schedule	B Three-digit plan number (PN) 001 TRUST D Employer Identification Number (EIN) 59-2302341 plan year. You may also complete Schedule I if you are filling as a

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from

1	rance carriers. Round off amounts to the nearest dollar. Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
	Total plan assets	1a	1,152,871	1,267,375
a b	Total plan liabilities		5,324	7,128
C	Net plan assets (subtract line 1b from line 1a)	1c	1,147,547	1,260,247
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	41,629	
	(2) Participants		66,270	
	(3) Others (including rollovers)			
b	Noncash contributions			
	Other income	12	23,666	
C	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)			131,565
d			8,951	
е	Benefits paid (including direct rollovers)			
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h		
i	Other expenses	. 2i	9,914	
i	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)			18,865
k	Net income (loss) (subtract line 2j from line 2d)			112,700
1	Transfers to (from) the plan (see instructions)	1		

Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a lineby-line basis unless the trust meets one of the specific exceptions described in the instructions.

	by-line basis unless the trust meets one of the specific exceptions decembed in the measurement		Yes	No	Amount
2	Partnership/joint venture interests	3a		X	
a	as tophosphotoc of the second			Х	
b	Employer real property	30		37	
C	Real estate (other than employer real property)	3c		X	
•		Summer of the		Х	
d	Employer securities	- 04		37	
е	Participant loans	3e		X	2 to tale 1/5 arm 5500) 2011

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Page	4	-

Schedule I (Form 5500) 2011

		1	Yes	No	Amount			
3f	Loans (other than to participants)	3f		Х				
q	Tangible personal property	3g	х		30,900			
9	Tangbie personal property	<u> </u>						
D	art II Compliance Questions							
4	During the plan year:		Yes	No	Amount			
a	Was there a failure to transmit to the plan any participant contributions within the time period		100					
а	described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		Х				
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X				
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X				
d	ti ti interest (De not include transcripe	4d		Х				
е	Was the plan covered by a fidelity bond?	4e	Х		265,000			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		Х				
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	Х		1,000			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	The later later was a second of the later			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X				
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		Х				
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X					
1	Has the plan failed to provide any benefit when due under the plan?	41		Х				
I m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
	2520.101-3.)	4m		X				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n						
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		Yes X No Amount:					
5b	transferred. (See instructions.)							
	5b(1) Name of plan(s)	-	5b(2) EIN(s) 5b(3) PN(s					
-		+						