Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYEE PROFESSIONAL RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 334

1c Effective date of plan 10/01/1997

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

EQUITY GROUP LEASING I, INC.
EMPLOYEE PROFESSIONALS

1409 KINGSLEY AVENUE, SUITE 8
ORANGE PARK, FL 32073

2b Employer Identification Number (EIN) 32-0077432

2c Sponsor's telephone number 904-278-1150

2d Business code (see instructions) 561300

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/16/2012	MICHELLE NOLAN
	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
SIGN HERE			
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
EQUITY GROUP LEASING I, INC.

1409 KINGSLEY AVENUE, SUITE 8
ORANGE PARK, FL 32073

3b Administrator's EIN
32-0077432

3c Administrator's telephone number
904-278-1150

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	867
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	719
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	187
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	906
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	906
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	361
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2011
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
EMPLOYEE PROFESSIONAL RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
EQUITY GROUP LEASING I, INC.

D Employer Identification Number (EIN)
32-0077432

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 27 37 38 50	TPA	61994	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SLAVIC MUTUAL FUND CORPORATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	MANAGED ACCT FEE	6052	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
EMPLOYEE PROFESSIONAL RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
EQUITY GROUP LEASING I, INC.

D Employer Identification Number (EIN)
32-0077432

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1619	
(2) Participant contributions	1b(2)	4204	
(3) Other	1b(3)	513	45
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	88644	264249
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2687271	5211209
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2782251	5475503
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2782251	5475503

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	212715	
(B) Participants	2a(1)(B)	526074	
(C) Others (including rollovers)	2a(1)(C)	247536	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		986325
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7544	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7544
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	151020	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		151020
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-337147
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		807742

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	573261	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		573261
f Corrective distributions (see instructions)	2f		3349
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	61994	
(3) Investment advisory and management fees	2i(3)	6052	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		68046
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		644656

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		163086
l Transfers of assets:			
(1) To this plan	2l(1)		2613534
(2) From this plan	2l(2)		83368

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: STROEMER & COMPANY **(2)** EIN: 20-0167385

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

			Yes	No	Amount
a	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 the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
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	
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 have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		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		X	

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** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401K PLAN	20-3650619	002

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
EMPLOYEE PROFESSIONAL RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
EQUITY GROUP LEASING I, INC.

D Employer Identification Number (EIN)
32-0077432

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 65-0708495 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

EMPLOYEE PROFESSIONALS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS TOGETHER WITH REPORT OF INDEPENDENT AUDITOR

YEARS ENDED DECEMBER 31, 2011 AND 2010

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INDEPENDENT AUDITOR'S REPORT

Employee Professionals
Retirement Savings Plan
Fort Myers, Florida

We have audited the accompanying the financial statements and the supplementary schedules of Employee Professionals Retirement Savings Plan (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, as listed in the accompanying table of contents. These financial statements and the schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Employee Professional Retirement Savings Plan as of December 31, 2011 and 2010, and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Stroemer & Company, P.A.

STROEMER & COMPANY, P.A.
Fort Myers, Florida
October 10, 2012

Affiliations
Florida Institute of Certified Public Accountants
American Institute of Certified Public Accountants - Management Consulting Services Division / Private Companies Practice Section / Tax Division

PRINCIPAL OFFICE

20900 NE 30TH AVE., STE. 200
AVENTURA, FL 33180
786.427.1002 • f 305.749.0999

14030 METROPOLIS AVE., STE. 200
FORT MYERS, FL 33912
239.433.1002 • f 239.433.0249

1640 PERIWINKLE WAY, STE. 4
SANIBEL, FL 33957
239.395.5325 • f 239.395.2396

www.stroemercpa.com

EMPLOYEE PROFESSIONALS RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments, at fair value		
Money market and money funds	$ 733,077	$ 494,390
Mutual funds	4,478,132	2,192,882
	5,211,209	2,687,272
Receivables:		
Employee contributions receivable	-	4,203
Employer contributions receivable	-	1,619
Other receivables	45	513
Notes receivable	264,249	88,644
TOTAL ASSETS	5,475,503	2,782,251
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,475,503	$ 2,782,251

The accompanying notes are an integral part of this statement.

EMPLOYEE PROFESSIONALS RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2011 and 2010

	2011	2010
ADDITIONS (DEDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment and other income (loss):		
Net appreciation (depreciation) in fair value of investments (including realized and unrealized gains & losses on investments)	$ (337,147)	$ 182,190
Interest and dividends	158,564	46,593
TOTAL INVESTMENT AND OTHER INCOME (LOSS)	(178,583)	228,783
Contributions:		
Employee	526,074	221,915
Employer	212,715	65,200
Other income	-	2,834
Rollovers	247,536	-
TOTAL CONTRIBUTIONS	986,325	289,949
TOTAL ADDITIONS TO NET ASSETS	807,742	518,732
Deductions from net assets attributed to:		
Benefits paid to participants	576,611	514,202
Administration expenses	68,046	39,400
TOTAL DEDUCTIONS FROM NET ASSETS	644,657	553,602
Transfers:		
To the Plan	2,613,535	446,373
(From) the Plan	(83,368)	-
NET TRANSFERS	2,530,167	446,373
Net increase (decrease) in net assets	2,693,252	411,503
Net assets available for benefits:		
Beginning of year, January 1	2,782,251	2,370,748
END OF YEAR, December 31	$ 5,475,503	$ 2,782,251

The accompanying notes are an integral part of this statement.

NOTE A - DESCRIPTION OF PLAN

The following description of the Employee Professionals Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan, a 401(k) defined contribution plan, was originally adopted on October 1, 1997 and is intended to provide participants with future retirement benefits by establishing a 401(k) plan for those who may qualify for participation therein.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). To reflect the co-employment relationship among the company, affiliates, and other employers, and the employees, the Plan qualifies as a multiple employer plan as described in Section 413(c) of the Internal Revenue Code. Equity Group Leasing I, Inc. (the "Company") operates a professional employer organization which provides a co-employment relationship with client businesses. As such, it provides a multiple employer retirement plan for the employees of the facilities it operates and manages.

Plan administration

The management and administration of the Plan is the responsibility of the Company and its designee. The Company has designated Mid Atlantic Trust Company as the trustee of all the Plan's assets including substantially all the responsibility for investment, reinvestment, control and disbursement of the funds of the Plan. Slavic Integrated Administration, Inc. has been designated as the record keeper to perform certain reporting and administrative functions, as well as accounting for participant information.

Contributions

Participants may make contributions of their annual base compensation up to 100 percent of pre-tax annual compensation, as defined in the Plan Document. The total annual participant deferral contribution is limited to $16,500 in 2011 and 2010 ($22,000 in 2011 and 2010 for employees age fifty or older). Participating employers, at their discretion, may match employee contributions based on a specified percentage of the elective contribution made by the participant. The percentage of the matching contribution is determined by each employer. Employers also may contribute to the Plan based on a predetermined rate or percentage method. This contribution basis is set from time to time by each employer. All contributions were in the form of cash.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Participant accounts and allocations

Each participant's account is credited with the participant's contribution, employer matching contributions, and allocations of the Plan's earnings, and charged with benefits payments and allocations of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Upon participation in the Plan, all participants are 100 percent vested in deferral contributions and rollover contributions plus actual earnings thereon. Vesting in the portion of their accounts related to employer contributions plus related earnings is based on years of continuous service. The years of service required vary by employer, however, all participants are 100% vested after six years of credited service.

Forfeitures

Forfeitures may be reallocated to participant accounts, used to reduce employer contributions or to pay Plan expenses. As of December 31, 2011 and 2010, forfeitures held by the Plan were $104,463 and $11,851, respectively. No forfeitures were used to reduce employer contributions during 2011 or 2010.

Notes receivable

Notes receivable represent loans made to participants. Participants may borrow up to the lesser of $50,000 or 50% of their vested account balance. The loans bear interest at rates ranging from 3.25% to 9.25%, and are determined by the respective participating organizations. Repayments of principal and interest are credited back to the participants' accounts through payroll deductions and must be done at least quarterly.

Payment of benefits

Upon termination of service due to death, disability or retirement, a participant is entitled to receive 100% of the nonforfeitable accrued benefit in the participant's account.
For termination of service for other reasons, a participant may receive the value of the vested interest in the participants account as a lump-sum distribution, or by the purchase of a term-certain non-transferable annuity. Furthermore, participants may withdraw funds from their accounts for financial hardship.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Normal retirement

A participant shall be entitled to a benefit at the date of actual retirement and attainment of age 65, as defined, equal to 100% of the balance in the respective participant's account as of the date of distribution. Until a participant actually terminates employment, the retirement benefit shall not be paid and the participant shall continue to be treated in all respects as a participant.

Early retirement

Upon reaching age 59 1/2, a participant may apply to the administrator (but not more than once during any 12-month period) for a lump sum distribution of any portion of the participant's account to the extent such accounts are fully vested.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting basis

The Plan prepares its financial statements using the accrual basis of accounting.

Use of estimates

Preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Company to make estimates that affect the reported amounts of net assets available for benefits and reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Payment of benefits

Benefits are recorded as deductions when paid.

Investments and income recognition

Investments are stated at fair value based on quoted market prices of publicly traded investments. Shares of mutual funds are valued at the net assets value of the shares held by the Plan at year end. Notes receivable are valued at amortized cost which approximates fair value.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments and income recognition, continued

The Plan presents in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of realized gains or loss and unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade-date basis. Gains or losses on sale of investments are determined by specific identification method. Interest income is recorded as received. Dividends are recorded on the ex-dividend date.

Plan termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participant's right to their accrued benefit is 100% nonforfeitable, irrespective of the nonforfeitable percentage that would otherwise apply under the Plan.

Income tax status

The Internal Revenue Service has determined by a letter dated April 17, 2008, that the Plan and its amendments are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving its determination letter. However, the Plan's management and tax counsel believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no income tax expense was incurred or accrued.

Plan expenses

Certain Plan administrative expenses are paid by the Company. The Plan is charged certain investing, processing and redemption fees which are included in the accompanying financial statements as Administrative expenses.

NOTE C - MARKET RISK

The Plan invests in various mutual fund investments. All of the Plan's investments are recorded at fair market value, in accordance with the reporting requirements governing the Plan, with net changes in value reflected as net appreciation (depreciation) in fair value of investments. The market value of these investments is primarily dependent upon the national and global economies and are subject to market factors and fluctuations which may result in a loss of capital (principal).

NOTE D - INVESTMENTS

At December 31, 2011 and 2010, the Plan's investments were held by Mid-Atlantic Trust Company, the Plan's trustee. The following is a summary of the Plan's financial information that is included in the financial statements and supplementary schedule.

	2011	2010
Money market and money funds	$ 733,077	$ 494,390
Mutual funds	4,478,132	2,192,882
Investments, at fair value	$ 5,211,209	$ 2,687,272
Interest and dividends	$ 158,564	$ 46,593
Net appreciation in fair value of investments	$ (337,147)	$ 182,190

The following table lists investments that represent 5% or more of the Plan's net assets at December 31. The complete listing of investments is provided in the supplementary schedule.

	2011	2010
Vanguard Total Stock Market Index Signal	$ 1,016,756	*
Vanguard Short-Term Fed	$ 887,251	$ 335,061
Vangaurd Prime Money Market	$ 733,077	$ 487,697
American Funds EuroPacifc R6	$ 528,512	$ 183,384
Vanguard REIT Index Signal	$ 446,977	*
T. Rowe Price New Asia	$ 298,444	$ 159,594
Vanguard Total Stock Market Index	*	$ 440,778
Vanguard REIT Index	*	$ 205,061
T. Rowe Price New Era	*	$ 176,106

* Less than 5% of Plan's assets

NOTE E - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board ("FASB") has established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Level 2 - Inputs to the valuation methodology include:

* Quoted prices for similar assets or liabilities in active markets
* Quoted prices for identical or similar assets or liabilities in inactive markets
* Inputs other than quoted prices that are observable for the asset or liability
* Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010. The Plan had no financial liabilities as of December 31, 2011 and 2010.

	Assets at Fair Value as of December 31, 2011			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds				
Balanced	$ 1,149,478	$ -	$ -	$ 1,149,478
International	961,332	-	-	961,332
Governmental	909,154	-	-	909,154
Alternative	703,010	-	-	703,010
Equity	318,967	-	-	318,967
Bond	186,122	-	-	186,122
Growth	146,693	-	-	146,693
Value	96,411	-	-	96,411
Fixed income	6,965	-	-	6,965
Money market	733,077	-	-	733,077
Total investments	$ 5,211,209	$ -	$ -	$ 5,211,209

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

	Assets at Fair Value as of December 31, 2010			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds				
Balanced	$ 521,369	$ -	$ -	$ 521,369
International	475,126	-	-	475,126
Alternative	384,373	-	-	384,373
Governmental	343,226	-	-	343,226
Bond	220,397	-	-	220,397
Growth	113,443	-	-	113,443
Equity	106,024	-	-	106,024
Value	28,924	-	-	28,924
Money market	494,390	-	-	494,390
Total investments	$ 2,687,272	$ -	$ -	$ 2,687,272

The fair value of money market funds, money funds and mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

NOTE F - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Fees paid to third party administrators for record keeping and investment advisory services constitute party-in-interest transactions. Plan expenses for these services totaled $68,046 and $39,400 for the years ended December 31, 2011 and 2010.

NOTE G - TRANSFERS TO AND FROM THE PLAN

During the year ended December 31, 2011, four new participating employers joined the Plan, and one participating employer left the Plan. During 2011, assets totaling $362,897 were received by the Plan, and assets totaling $83,368 were transferred out of the Plan

Additionally, in April 2011, assets totaling $2,250,638 were merged into the Plan from the Employee Professionals 401(k) Retirement Plan.

NOTE H - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 10, 2012 the date on which the financial statements were available to be issued.

SUPPLEMENTARY SCHEDULES

EMPLOYEE PROFESSIONALS RETIREMENT SAVINGS PLAN
SCHEDULE 1
PLAN NUMBER: 334
PLAN FEIN: 32-0077432
FORM 5500, SCHEDULE H, PART IV, ITEM i -
ASSETS HELD FOR INVESTMENT PURPOSES AT
THE END OF PLAN YEAR
December 31, 2011

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION OF INVESTMENT	(d) HISTORICAL COST	(e) CURRENT VALUE
	Vanguard Total Stock Market Index Signal	Mutual Fund	**	$1,016,756
	Vanguard Short-Term Fed	Mutual Fund	**	887,251
	Vanguard Money Market Prime	Money Market	**	733,077
	American Funds EuroPacifc R6	Mutual Fund	**	528,512
	Vanguard REIT Index Signal	Mutual Fund	**	446,977
	T. Rowe Price New Asia	Mutual Fund	**	298,444
	T. Rowe Price New Era	Mutual Fund	**	255,086
	PIMCO Total Return Inst	Mutual Fund	**	220,290
	Vanguard Inflation Protected Secs	Mutual Fund	**	84,522
	Wells Fargo Growth A	Mutual Fund	**	78,437
	Fidelity Spartan 500 Index Adv	Mutual Fund	**	77,812
	BlackRock Small Cap Growth Equity	Mutual Fund	**	68,062
	American Funds Capital World G & I R6	Mutual Fund	**	61,993
	Vanguard Short-Term Bond Index	Mutual Fund	**	58,185
	Vanguard Mid Cap Index Signal	Mutual Fund	**	55,334
	MFS Value Fund Cl R4	Mutual Fund	**	51,157
	BlackRock Global Allocation	Mutual Fund	**	47,208
	Vanguard Small Cap Index Signal	Mutual Fund	**	43,273
	Principal Investors High Yield II	Mutual Fund	**	42,892
	Columbia Small Cap Value	Mutual Fund	**	34,729
	Fidelity Leveraged Company Stock	Mutual Fund	**	23,253
	Vanguard Short-Term Treasury	Mutual Fund	**	21,903
	American Funds American Balanced R6	Mutual Fund	**	18,740
	Vanguard Total Int'l Stock Index Signal	Mutual Fund	**	13,068
	American Funds Capital World Bond R6	Mutual Fund	**	12,013
	Westcore Select	Mutual Fund	**	10,670
	JPMorgan Mid Cap Value A	Mutual Fund	**	10,479
	Federated Prime Obligation Fund	Mutual Fund	**	6,965
	Vanguard Total Stock Market Index	Mutual Fund	**	2,233
	Vanguard REIT Index	Mutual Fund	**	939
	Vanguard Intermediate-Term Bond Index	Mutual Fund	**	222
	Fidelity Advisor Int'l Discovery A	Mutual Fund	**	169

EMPLOYEE PROFESSIONALS RETIREMENT SAVINGS PLAN
SCHEDULE 1
PLAN NUMBER: 334
PLAN FEIN: 32-0077432
FORM 5500, SCHEDULE H, PART IV, ITEM i -
ASSETS HELD FOR INVESTMENT PURPOSES AT
THE END OF PLAN YEAR (MODIFIED CASH BASIS)
December 31, 2011

(a)	(b) IDENTITY OF ISSUE	(c) DESCRIPTION OF INVESTMENT	(d) HISTORICAL COST	(e) CURRENT VALUE
	Principal High Yield	Mutual Fund	**	156
	Vanguard Total Bond Index	Mutual Fund	**	85
	Vanguard High Yield Corporate Bond	Mutual Fund	**	60
	American Captial World Growth & Inc R4	Mutual Fund	**	62
	American Funds Washington Mutual Fund R4	Mutual Fund	**	46
	Pimco Total Return A	Mutual Fund	**	30
	Dreyfus Appreciation	Mutual Fund	**	24
	Fidelity Advisor Diversified Int'l A	Mutual Fund	**	25
	T. Rowe Price International Stock	Mutual Fund	**	17
	Vanguard Mid Cap Index	Mutual Fund	**	16
	American Funds New Perspective	Mutual Fund	**	14
	DWS Health Care	Mutual Fund	**	8
	SSgA Small Cap	Mutual Fund	**	7
	SSgA S&P Index 500	Mutual Fund	**	4
	American Funds American Balanced R5	Mutual Fund	**	2
	Vanguard Small Cap Index	Mutual Fund	**	1
	American Funds Capital World Bond R5	Mutual Fund	**	1
				$5,211,209

** Historical cost is excluded from this schedule as all transactions are participant directed.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

EMPLOYEE PROFESSIONALS RETIREMENT SAVINGS PLAN **PLAN # 334** **EIN #: 32-0077432**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	AIM Funds	CPHYX - Principal High Yield		156
	American Funds	RCWFX - American Funds Capital World Bond R5		1
	American Funds	RCWGX - American Funds Capital World Bond R6		12,013
	American Funds	RERFX - American Funds EuroPacific R5		-
	American Funds	RERGX - American Funds EuroPacifc R6		528,512
	American Funds	RGAEX - American Growth Fund Of America Cl R4		-
	American Funds	RGAFX - American Funds Growth Fund of America R5		-
	American Funds	RGAGX - American Funds Growth Fund of America R6		-
	American Funds	RLBFX - American Funds American Balanced R5		2
	American Funds	RNPEX - American Funds New Perspective		14
	American Funds	RWIEX - American Captial World Growth & Inc R4		62
	American Funds	RWIFX - American Funds Capital World G&I R5		-
	American Funds	RWIGX - American Funds Capital World G & I R6		61,993
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		46
	American Funds	RLBGX - American Funds American Balanced R6		18,740
	BlackRock Funds	MALOX - BlackRock Global Allocation		47,208
	BlackRock Funds	PSGIX - BlackRock Small Cap Growth Equity		68,062
	Columbia Funds	CSCZX - Columbia Small Cap Value		34,729
	Davis Funds	NYVTX - Davis New York Venture Cl A		-
	Dreyfus Funds	DGAGX - Dreyfus Appreciation		24
	DWS Funds	KTCAX - DWS Technology A		-
	DWS Funds	SUHAX - DWS Health Care		8
	Federated Funds	POIXX - Federated Prime Obligation Fund		6,965
	Fidelity Funds	FAIDX - Fidelity Advisor Int'l Discovery A		169
	Fidelity Funds	FDVAX - Fidelity Advisor Diversified Int'l A		25
	Fidelity Funds	FLVCX - Fidelity Leveraged Company Stock		23,253
	Fidelity Funds	FUSEX - Fidelity Spartan 500 Index		-
	Fidelity Funds	FUSVX - Fidelity Spartan 500 Index Adv		77,812
	JPMorgan Funds	JAMCX - JPMorgan Mid Cap Value A		10,479
	MFS Funds	MEIJX - MFS Value Fund Cl R4		51,157
	PIMCO Funds	PTTAX - Pimco Total Return A		30
	PIMCO Funds	PTTRX - PIMCO Total Return Inst		220,290
	Principal Funds	PHYTX - Principal Investors High Yield II		42,892
	Ssga Funds	SVSCX - SSgA Small Cap		7
	Ssga Funds	SVSPX - SSgA S&P Index 500		5
	T Rowe Price Funds	PRASX - T_ Rowe Price New Asia		298,444
	T Rowe Price Funds	PRESX - T_ Rowe Price European Stock		-
	T Rowe Price Funds	PRITX - T_ Rowe Price International Stock		17
	T Rowe Price Funds	PRNEX - T_ Rowe Price New Era		255,086
	TCW Galileo Funds	TGVOX - TCW Galileo Value Opportunities I		-
	Thrivent Funds	LBMIX - Thrivent Mid Cap Growth Inst		-

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	Thrivent Funds	TPSIX - Thrivent Partner Small Cap Value		-
	Vanguard Funds	NAESX - Vanguard Small Cap Index		-
	Vanguard Funds	VBIIX - Vanguard Intermediate-Term Bond Index		222
	Vanguard Funds	VBISX - Vanguard Short-Term Bond Index		58,185
	Vanguard Funds	VBMFX - Vanguard Total Bond Index		85
	Vanguard Funds	VFISX - Vanguard Short-Term Treasury		21,903
	Vanguard Funds	VGRSX - Vanguard REIT Index Signal		446,977
	Vanguard Funds	VGSIX - Vanguard REIT Index		939
	Vanguard Funds	VGTSX - Vanguard Total Intl Stock Index Fund		-
	Vanguard Funds	VIMSX - Vanguard Mid Cap Index		16
	Vanguard Funds	VIPSX - Vanguard Inflation Protected Secs		84,522
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		1
	Vanguard Funds	VMISX - Vanguard Mid Cap Index Signal		55,334
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		733,077
	Vanguard Funds	VSGBX - Vanguard Short-Term Fed		887,251
	Vanguard Funds	VSISX - Vanguard Small Cap Index Signal		43,273
	Vanguard Funds	VTSGX - Vanguard Total Int'l Stock Index Signal		13,068
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		2,233
	Vanguard Funds	VTSSX - Vanguard Total Stock Market Index Signal		1,016,756
	Vanguard Funds	VWEHX - Vanguard High Yield Corporate Bond		60
	Wells Fargo Funds	SGRAX - Wells Fargo Growth A		78,437
	Westport Funds	WTSLX - Westcore Select		10,670
	Participant Loans	3.25% to 9.25%		264,249

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [x] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ [ ]

D Check box if filing under:
- [x] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Employee Professional Retirement Savings Plan

1b Three-digit plan number (PN) ▶ 334

10/01/1997

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

EQUITY GROUP LEASING I, INC.

EMPLOYEE PROFESSIONALS

1409 Kingsley Avenue, Suite 8

Orange Park FL 32073

2b Employer Identification Number (EIN) 32-0077432

2c Sponsor's telephone number (904) 278-1150

2d Business code (see instructions) 561300

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 accompanying schedules, statements and attachments, 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 HERE	Michelle Nolan	10/15/12	Michelle Nolan
	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
SIGN HERE			
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name		**4b** EIN **4c** PN
5 Total number of participants at the beginning of the plan year	**5**	867
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	719
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	187
d Subtotal. Add lines **6a, 6b,** and **6c.**	**6d**	906
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	906
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	361
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a 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

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ ___ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)