Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

Inspection

This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

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

Pa	ırt I	Annual Report	t Identific	ation Inforn	nation					
For	calenda	ar plan year 2010 or f	fiscal plan y	ear beginning	08/01/2	2010	and ending	07/31	/2011	
A 7	This retu	urn/report is for:	X single	-employer plan		multiple-	employer plan (not multiemploy	er)	one-participa	int plan
B 1	This retu	urn/report is for:	first re	eturn/report		final retu	rn/report		_	
			an an	nended return/re	eport	short pla	n year return/report (less than 1	12 months)	1	
C	Check b	oox if filing under:	Form	5558		automati	c extension		DFVC progra	am
		3	specia	al extension (en	ter descri	ption)				
Pa	rt II	Basic Plan Info	_ Ш	•		<u> </u>				
	Name c		<u> </u>	ontor an roqu	00100 11110	madon		1k	Three-digit	
		SAFRA, CPA, PA PI	ROFIT SHA	RING PLAN					plan number	002
									(PN) ▶	
								10	Effective date of 08/01/1	
		oonsor's name and ac	ddress (emp	oloyer, if for sing	jle-emplo	yer plan)		2k	Employer Identi	
LEON	IARD I.	SAFRA, CPA, PA						20	(EIN) 59-210	
		RIDAN STREET SUIT	ΓE 113					20	Pian sponsor's 954-43	telephone number 2-8333
COO	PER CI	TY, FL 33026						20	Business code	(see instructions)
32	Dlan ad	dministrator's name a	and addraga	/if same as Blo		r ontor "Com	0")	34	541211 Administrator's	
LEON	NARD I.	SAFRA, CPA, PA	anu audress		11011 SH	IERIDAN ST	REET SUITE 113	3.	59-210	
				(DOOPER	CITY, FL 33	026	30	Administrator's 954-43	telephone number 2-8333
4 If	the nar	me and/or EIN of the	plan spons	or has changed	since the	last return/r	eport filed for this plan, enter the	e 4b) EIN	
r	name, E	IN, and the plan num	nber from th	e last return/rep	ort. Spor	nsor's name		40	DN	
52	Total n	number of participants	s at the boa	inning of the pla	n voor				PN	1
			J		•			- 00		1
							year (defined benefit plans do r		9	'
						•	year (defined benefit plans do i		;	
6a	Were a	all of the plan's asset	ts during the	e plan year inve	sted in eli	gible assets?	(See instructions.)			X Yes No
b							ndent qualified public accounta			X Yes No
			,		-	•	tions.) -SF and must instead use Fo			☐ 100 ☐ 1 1 0
Pa	rt III	Financial Infor								
7	Plan As	ssets and Liabilities					(a) Beginning of Yea	ır	(b) End	of Year
а	Total p	lan assets				7a	13	44620		1450185
b	Total p	lan liabilities				7b				
С	Net pla	an assets (subtract lin	ne 7b from I	ne 7a)		7с	13	44620		1450185
8	Income	e, Expenses, and Tra	ansfers for t	nis Plan Year			(a) Amount		(b) ·	Γotal
а		outions received or re				90(1)		25000		
	1.1	nployers articipants						22000		
	` ,	hers (including rollove				` '				
b	• •	income (loss)	,				1	16573		
C		ncome (add lines 8a)								163573
		ts paid (including dire		. ,				50000		
		vide benefits)						58008		
е		n deemed and/or corr		`	,					
f	Admini	istrative service provi	iders (salari	es, fees, commi	issions)	8f				
g		expenses								50000
h		expenses (add lines 8		0,						58008
i		come (loss) (subtract		,						105565
- 1	I ransfe	ers to (from) the plan	ı (see instru	ctions)		····· 8j				

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				_
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 2J 3D 3E	acteris	tic Co	des in	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	the instructions:
art	t V Compliance Questions				
0	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
art	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of E	ERISA? Yes 🛚 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1	T
h	Enter the minimum required contribution for this plan year		1	12b	ĺ

12c

12d

Yes

No

Yes

Yes X No

N/A

No

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

b Enter the minimum required contribution for this plan year.....

C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/16/2011	LEONARD SAFRA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	12/16/2011	LEONARD SAFRA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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5500-SF Electronic Filing Authorization

Plan Nam¢:

Leonard I. Safra, CPA, PA Profit Sharing Plan

BIN/PN:

59-2109866/002

Plan Year:

08/01/2010 - 07/31/2011

I hereby authorize Hackett Fickering Daugherty & Daugherty to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filling and posted on the US Department of Labor's internet site for public disclosure.

Plan (Administrator

Plan Sponso

/_____

12/14/2011 17:21

9542177618

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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Emptoyce Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Rotirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1219-0110 1210-0089

2010

This Form is Open to Public Inspection

212	Annual Report Id	dentification Information		rance will	I file luantrelle	2019 to the Louis oor	10-01 <u>.</u>					
	the calendar plan year 2010 or		-	08/0	/2010	and ending	0	7/31/2011				
A	This return/report is for:	x single-employer plan	П	multiple-e	nployer plan (n	nt multiémplayer)		one-participa	ni plan			
	This return/report is for:	first retum/report	П	final return	/report		,		,			
		an amended return/report	冶		•	ort (lass than 12 mon	lhe\					
_	Charlehan Estate and an	Form 5558	H	•	extension	mi (laas meet 12 myn	(E103)	DFVC progra	. Pro			
U	Check box if filing under:	=	Ш		PYICHONI			T DI AC biogla	list			
):(300)	JPSTW069	special extension (enter descri		-								
	Basic Plan Infor	mation — enter all requested	infor	mation		(45-1-34)	16	Three-digit				
14							10	bjev uhwpos usee-ciliu				
	Leonard I. Safra, CPA	A, PA Profit Sharing Pl	.an			•	-	(PN) ►	002			
					•		1¢	Effective date o 08/01/1997	t biau			
2a	Plan sponsor's name and addre	ess (employer, if for single-employ	/er pl	an)			2b	Employer Identi	fication Number			
	Leonard I. Safra, CPA	A, PA				٠	<u> </u>	(EIN) 59-21				
	11011 sheridan Street	Suita 113					26	Plan sponsor's (954) 432-8	lelephone number			
							2d		see instructions)			
	Cooper City	FL 33026		4 a.v. II C				541211				
34	Same	address (If same as plan employe	er, en	ter "Same")		30	Administrator's	EIN			
							3C Administrator's telephone number					
4	If the new and the state of											
4	name, EIN and the plan number	lan sponsor has changed since the from the last return/report. Spon	ia las Isor's	t return/rep Name	ort filed for this	plan, enter the	4b EIN					
		- <u></u>						4c PN				
ac d		the beginning of the plan year .					5a	-	1			
C	Total number of participants with	the end of the plan year. In account belances as of the end	of th	e olan year	(defined banet	it olena da det	5b	 	1			
	complete this Item)	, , , , , , , , , , , , , , , , , , , 			. <u> </u>	<u></u>	5c					
бa	Were all of the plan's assets du	ring the plan year invested in elig	ible a	esets? (Se	e instructions.)				X Yes No			
D	Are you claiming a waiver of the under 29 CFR 2520.104-467 (S	e annual examination and report of sections are eligibilities.	of an Vand	independe: Leonditions	nt qualmed publ				X Yes No			
	If you answered "No" to either	r 6a or 6b, the plan cannot use	Form	5500-SF :	and must inste		• • •		⊠les □wo			
P	Financial Inform								AMPRIL			
7	Plan Assets and Liabilities				(a) Be	ginning of Year		(b) End	of Year			
a	Total plan assets			7a		1,344,620	1	, ,	1,450,185			
þ	Total plan liabilities			7b		,		****J****				
Ç	Net plan assets (subtract line 70	from line 7a)	<u>.</u> -	7¢		1,344,620			1,450,185			
8	income, Expenses, and Transfe				(8) Amount		(b) 7	otal			
а	Contributions received or received (1). Employers											
	(1) Employers		• •	8a(1)		25,000						
	(3) Others (including rollovers).			8a(2) 8a(3)		22,000						
b	Other Income (loss)			8h		116,573						
c	Total income(add lines 8a(1), 8a	a(2), 8a(3), and 8b)		8¢			TO PART		162 572			
d	Benefits paid (including direct ro	ollovers and insurance premiums	•		COMPANY OF THE PROPERTY OF THE	NEODE BUILD THE PROPERTY OF	ALL STREET		163,573			
_	to provide benefits)			8d		58,008						
9		e distributions (see Instructions)		Ĉ⊎								
f		(salaries, fees, commissions) .		81								
g	Other expenses		٠.	89	(AND OTHER DESIGNATION OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	SOLVERAL CONTROL CONTR						
þ	Total expenses (add lines 8d, 8s		. ,	8h					58,008			
i	Net Income (loss) (subtract line	8h from line 8¢)		85					105,565			
j	Transfers to (from) the plan (see	instructions)		8î								

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	Form 5500-SF 2010 Page 2-						
Par	Plan Characteristics	,					
9a	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charact 2E 2G 2J 3D 3E I the plan provides welfere benefits, enter the applicable welfare feature codes from the List of Plan Charact						
Pai	(Compliance Ougstions						
10	Compliance Questions During the plan year.		Yes	No	Ī	Amount	
10 2	Was there a failure to transmit to the plan any participant contribution within the time period described in			X.			
b	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	. 10a		×	<u> </u>		
	on line 10a.)	. 10b	 	x		·	
C	Was the plan covered by a fidelity bond?	. 10c	 		 		
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	• f0d		ж			<u></u>
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	. 10e		×	<u> </u>		
f	Has the plan failed to provide any benefit when due under the plan?	- 10f		X			
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	. 10g		x			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	. 10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	. 10i					
	Pension Funding Compliance						
11	is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see instructions and com 5500))			-		Yes	X No
12 a #:	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver Note the complete line 12e, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, a	nd ente	r the	date of the	. Yes	
b	Enter the minimum required contribution for this plan year		. [12b			
đ	Enter the amount contributed by the employer to the plan for this plan year		· -	12e 12d			
e	negative amount)		• ∟		Yes	∏No [IN/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>	•	[, , , , , , , , , , , , , , , , , , ,		
13a	400					Yas	X No
•	If "Yes," enter the amount of any plan assets that reverted to the employer this year	· · · ·		13a	• • •		22,110
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	<i>.</i>		 ol 		Yes	X No
Ċ	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to				
	3c(1) Name of plan(s):		130	(2) E	N(8)	13c(3) P	N(s)
Dave"	The Amena like four than lote and in a grant late fire.				-		<u>"</u>
	on: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable						
JU UL	penalties of perjury and other penalties senforth in the instructions. I declare that I have examined this return Schedule MB completed and signed by an empired actuary, as well as the electronic version of this return/re it is true, correct, and complete)	n/report, port, an	includir d to the	ng, if : beat	applicable, : of my know	a Schedule ladgo and	
	Legital Jan / Leonard Sa	Era					
	Signature of plan administrator Date Enter name of		al signin	g ás i	olan admini	strator	***************************************
	Titule Leonard Sa			اتتبهم			
	Signature of employer/par aponso		ningla t	g as (employer or	plan sponso	or
	· 1						