Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entri	es in accordance wi	th the instructions to the Form 5500	O-SF.	·		
Pa	art I Annual Report Identification Inform	nation					
For	calendar plan year 2011 or fiscal plan year beginning	08/01/2011	and ending 0	7/31/2	012		
Α	This return/report is for:	a multipl	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final	return/report				
	an amended return/re	port a short p	lan year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	☐ automat	ic extension	ſ	DFVC progra	m	
	special extension (ent			L			
_		. ,					
	art II Basic Plan Information—enter all reque	ested information					
	Name of plan				Three-digit plan number		
LEOI	NARD I. SAFRA, CPA, PA PROFIT SHARING PLAN				(PN)	002	
					Effective date of		
				10	08/01/		
2a	Plan sponsor's name and address; include room or suite	e number (employer.	if for a single-employer plan)	2b	Employer Identif		r
	NARD I. SAFRA, CPA, PA		3 1 1 1 1 1 1 1 1		(EIN) 59-210		
				2c	Sponsor's teleph	none number	
1101	1 SHERIDAN STREET SUITE 113				954-432		
	OPER CITY, FL 33026			2d	Business code (s	see instructions	s)
					54121		,
3a	Plan administrator's name and address (if same as plan	sponsor, enter "Sam	ie")	3b	Administrator's E	ΞΙΝ	
LEON		1011 SHERIDAN STI			59-21	09866	
		OOPER CITY, FL 33	026	3c	Administrator's to		oer
4	If the many and/on FINI of the miles encourage has also as	d a: tha last mat	/non-set filed for this place and on the	415	954-432	0333	
4	If the name and/or EIN of the plan sponsor has change name, EIN, and the plan number from the last return/re		report filed for this plan, enter the	4b	EIN		
а	Sponsor's name	F 0		4c	PN		
	Total number of participants at the beginning of the plan	n vear		5a			-
b	Total number of participants at the end of the plan year	•	•	5b			
C	Number of participants with account balances as of the		†	30			
C	complete this item)	, ,	•	5c			1
6a	Were all of the plan's assets during the plan year inves	sted in eligible assets	? (See instructions.)			X Yes	No
b		· ·	,				
	under 29 CFR 2520.104-46? (See instructions on waive					X Yes	No
	If you answered "No" to either 6a or 6b, the plan ca	nnot use Form 5500	-SF and must instead use Form 550	00.			
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	1450185			1517526	
b	Total plan liabilities	7b				58712	
С	Net plan assets (subtract line 7b from line 7a)	7c	1450185			1458814	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а					()		
	(1) Employers	8a(1)	27000				
	(2) Participants	8a(2)	22000				
	(3) Others (including rollovers)	8a(3)					
b	· · · · · · · · · · · · · · · · · · ·		43094				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					92094	
d	Benefits paid (including direct rollovers and insurance p						
-	to provide benefits)		64712				
е	Certain deemed and/or corrective distributions (see inst	tructions) 8e					
f	Administrative service providers (salaries, fees, commis	ssions) 8f	18753				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					83465	
i	Net income (loss) (subtract line 8h from line 8c)					8629	
j	Transfers to (from) the plan (see instructions)						
	, , , , , , , , , , , , , , , , , , , ,	0)					

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Form	かか()()・	->-⊢	ンロコ	1

Page 2 - 1	
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Part IV	Plan	Characte	ristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D 3E
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

_								
art	The second secon	I						
0	During the plan year:		Yes	No		Amo	unt	
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		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		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 com 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	011011	0.00		. Ц		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year		[12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a		<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to			_		_
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	1	13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	se is	establ	ished.			
nde	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, in	cludin	g, if appl	icable, a	a Sche	edule

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.	02/04/2013	LEONARD SAFRA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	02/04/2013	LEONARD SAFRA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

5500 Electronic Filing Authorization

Plan Name:

Leonard I. Safra, CPA, PA Profit Sharing Plan

EIN/PN;

59-2109866/002

Plan Year;

08/01/2011 - 07/31/2012

I hereby authorize Hackett Pickering 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 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

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Plan Spokso

(s/gn)

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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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		dentification information				
For	the calendar plan year 2011 or f	iscal plan year beginning	08/0:	L/2011 and ending	07	/31/2012
Α	This return/report is for:	x a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final re	turn/report		
		an amended return/report	a short pla	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension	ÍГ	DFVC program
		special extension (enter description] = b
D,	art II Basic Plan Info	—				
	Name of plan	rmation enter all requested inf	ormation.		1h 7	Three-digit
	•					olan number
	Leonard I. Safra, CPA	A, PA Profit Sharing Plan	1			PN) ► 002
						Effective date of plan 08/01/1997
2a	Plan sponsor's name and addr	ress; include room or suite number (e	mployer, if fo	r single-employer plan)		Employer Identification Number
	Leonard I. Safra, CP	A, PA	, , ,	3 · · · · · · · · · · · · · · · · · · ·		EIN) 59-2109866
					2c F	Plan sponsor's telephone number
	11011 sheridan Street	t Suite 113				(954) 432-8333
						Business code (see instructions)
	Cooper City	FL 33026				541211
sa	Plan administrator's name and Same	address (If same as plan sponsor, e	nter "Same")		3b /	Administrator's EIN
					3c /	Administrator's telephone number
4	If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the la	ast return/rep	ort filed for this plan, enter the	4b €	EIN
а	Sponsor's Name	er nom the last return/report.			4c F	PN
5a	Total number of participants at	the beginning of the plan year			5a	1
b	Total number of participants at	the end of the plan year			<u>5b</u>	1
С	complete this item)	count balances as of the end of the p	lan year (defi	ned benefit plans do not	5с	1
6a	Were all of the plan's assets du	uring the plan year invested in eligible	assets? (Se	e instructions.)		XYes No
b	Are you claiming a waiver of th	e annual examination and report of a	n independe	nt qualified public accountant (IQPA)		
		See instructions on waiver eligibility a		•		Yes No
Da	rt III Financial Inform	er 6a or 6b, the plan cannot use Fo	rm 5500-SF a	and must instead use Form 5500.		
7	Plan Assets and Liabilities	iation		(a) Beginning of Year		(b) End of Year
-	Total plan assets		. 7a	1,450,185	-	
b	Total plan liabilities		. 7b	1,430,163	+	1,517,526 58,712
С	Net plan assets (subtract line 7	b from line 7a)	. 7c	1,450,185		1,458,814
8	Income, Expenses, and Transf	· · · · · · · · · · · · · · · · · · ·		(a) Amount		(b) Total
a	Contributions received or received	vable from:				. ,
	(1) Employers		· 8a(1)	27,000	-	
	(2) Participants		. 8a(2)	22,000	-	
b	(3) Others (including rollovers) Other income (loss)		. 8a(3)	42.004	-	
C	Total income (add lines 8a(1), 8		. 8b	43,094		
d		ollovers and insurance premiums	, 00			92,094
-		• • • • • • • • • • • • •	. 8d	64,712		
е	Certain deemed and/or correcti	ive distributions (see instructions) .	. 8e	**************************************		
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	18,753		
g	Other expenses		. 8g			
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	. 8h			83,465
i	Net income (loss) (subtract line	8h from line 8c)	. 8i			8,629
<u>i</u> _	Transfers to (from) the plan (se	e instructions)	. 8j			

•,	Form 5500-SF 2011	Page 2-	.			
Ran	Y Plan Characteristics					· · · · · · · · · · · · · · · · · · ·
	f the plan provides pension benefits, enter the applicable pension	n foature and a few Mark Mark (File and			***************************************	
	AE 46 20 30 3E					
b	f the plan provides welfare benefits, enter the applicable welfare	feature codes from the List of Plan Chara	cleristic C	odes in the	: Instructions:	
W.	86 a	-				
Par				<u>, , , , , , , , , , , , , , , , , , , </u>		
10	During the plan year:			Yes No		Amount
a	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fig.	butions within the time period described in	10a	x		
þ	Were there any nonexempt transactions with any party-in-intere	est? (Do not include transactions reported	•			<u>.</u>
	on time 10a.)		- 10b	X		
C	Was the plan covered by a fidelity bond?		, 10c	x		
d	Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	n's fidolity bond, that was caused by freud	15 III		Annual An	
			· 10d	×		
•	Were any fees or commissions paid to any brokers, agents, or o	ther persons by an insurance carrier,				
	Insurance services or other organization that provides some or instructions.)	all of the benefits under the plan? (See	100	x		
f	Has the plan failed to provide any benefit when due under the p			х		
g	Did the plan have any participant loans? (if "Yes," enter amoun					
ħ	If this is an individual account plan, was there a blackout period	? (See instructions and 29 CFR			1020000000	
	2520.101-3.)		. 10h	x		
í	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. Pension Funding Compliance	101-3	. 101	<u> </u>	Printing 1	
<u>469582</u> 11	Is this a defined benefit plan subject to minimum funding requin	omonto? (M*Vee " ee- leete ski				
	5500))	ements: (if res, see instructions and co	mplete Si	chedule SB	(Form	ON X SOY
12	is this a defined contribution plan subject to the minimum fundir (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as ap	ng requirements of section 412 of the Cod plicable.)	e or secti	on 302 of E	RISA? .	•
a If y	If a waiver of the minimum funding standard for a prior year is b granting the waiver		Month	nd enter th	a date of the ay	letter ruling Year
ь	Enter the minimum required contribution for this plan year			, 12b	F	
C	Enter the amount contributed by the employer to the plan for this					-
d	Subtract the amount in line 12c from the amount in line 12b, En negative amount)	iter the result (enter a minus sign to the let	tofa	12d		
e	Will the minimum funding amount reported on line 12d be met l	by the funding deadline?			Yes	□No □N!A
Part	VII Plan Terminations and Transfers of Asset	ets				4.4.
13a	Has a resolution to terminate the plan been adopted in any plan	ryear?				Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the	e employer this year	,	· 13a		
b	Were all the plan essets distributed to participants or beneficiari	ies, transferred to another plan, or brought	t under th	e control		
c	of the PBGC? If during this plan year, any assets or liabilities were transferred					· Yes X No
~	which assets or liabilities were transferred. (See instructions.)	from this plan to another plan(s), identify t	ihė plan(s) to		
•	3c(1) Name of plan(s):			13-(2)	E151/e\	40-401 (2014-1
			- 	13c(2)	<u></u>	13c(3) PN(s)
· • · · · · · · · · · · · · · · · · · ·						
	on: A penalty for the late or incomplete filing of this return/re					
30 U	penalties of perjury and other penalties set forth in the instruction Schedule MB completed and signed by an enrolled actuary, as w it is true, correct, and complete.	ns, I declare that I have examined this return well as the electronic version of this return/	ım/report report, an	, including, d to the be	if applicable, at of my knov	a Schedule vledge and
	Donard Sava	¥ 2/4/13 Leonard S				
	Siturature of pran administrator	Date Enter name o		al signing a	s plan admin	istrator
	Louis I Saph	X 3/4/13 Leonard S	efra			
	Manature of employer/plan sponsor	Date Enter name o	f Individua	al signing a	s employer o	r plan sponsor