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).

1210-0089

OMB Nos. 1210-0110

2012

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	0-SF.	
Part I	Annual Report	Identification Information				
For caler	dar plan year 2012 or fi	scal plan year beginning 01/01/2	012	and ending 1	2/31/2012	
	eturn/report is for:	a single-employer plan		an (not multiemployer)	a one-p	participant plan
B This r	eturn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Chec	k box if filing under:	Form 5558	automatic extension		DFVC	orogram
		special extension (enter descrip	otion)		<u>—</u>	
Part II	Basic Plan Info	ormation—enter all requested info	rmation			
1a Nam		ontor an requested lines	maton		1b Three-digi	it
	A. SINGER, PA PENS	ION PLAN			plan numb	
					(PN) ▶	001
					1c Effective of	•
						01/01/2001
	sponsor's name and ac A. SINGER, PA	ddress; include room or suite number	(employer, if for a single-	employer plan)	' '	Identification Number 65-0016425
5358 SW 1	B8TH AVENUE					telephone number 54-985-8600
	ERDALE, FL 33312					code (see instructions)
3a Plan	administrator's name a	nd address XSame as Plan Sponso	r Name Same as Plar	Sponsor Address	3b Administra	541110 ator's EIN
				·		
					3c Administra	ator's telephone number
4 If the	name and/or FIN of the	e plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b EIN	
		mber from the last return/report.	o last retain, report means	in time plant, enter the	TO LIN	
a Spor	nsor's name				4c PN	
5a Tota	I number of participants	at the beginning of the plan year			5a	2
b Tota	I number of participants	at the end of the plan year			5b	2
		account balances as of the end of th	, ,	•		0
	'	s during the plan year invested in elig			5c	
_		s during the plan year invested in elig of the annual examination and report				🗡 100 🗌 110
	,	? (See instructions on waiver eligibili			,	X Yes No
If yo	ou answered "No" to e	ither line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form 5500.	
Caution:	A penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is establishe	ed.
		ther penalties set forth in the instructi	•			
	hedule MB completed a s true, correct, and com	nd signed by an enrolled actuary, as plete.	well as the electronic ver	sion of this return/report	, and to the best	of my knowledge and
SIGN	Filed with authorized	/valid electronic signature.	07/24/2013	JAY NICHOLSON		
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	an administrator
SIGN						
HERE	Signature of emplo		Date		ual signing as em	nployer or plan sponsor
Preparer	s name (including firm r	name, if applicable) and address; incl	ude room or suite numbe	r (optional)	Preparer's telep	phone number (optional)
				-		

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Da	t III Financial Information										
Pa	t III Financial Information				<u> </u>						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End				
<u>a</u>	Total plan assets	7a	155060		_			17	779424		
	Total plan liabilities	7b		0	+				C		
	Net plan assets (subtract line 7b from line 7a)	7c	155060)2	_			17	79424		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	15000	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	7883								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	7000					2	28838		
	Benefits paid (including direct rollovers and insurance premiums	00							20030		
	to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g	1	6							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16	6	
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	228822	2	
	Transfers to (from) the plan (see instructions)										
Pai	t IV Plan Characteristics	_ <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	tic Co	odes in	the instru	ctions	:		
	1A 3D										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	c Cod	des in t	he instruct	ions:			
Par	Part V Compliance Questions										
							1				
10	During the plan year:				Yes	No		Amo	ount		
10 a	Was there a failure to transmit to the plan any participant contribu			100	Yes			Amo	ount		0
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a	Yes	No X		Amo	ount		0
а	Was there a failure to transmit to the plan any participant contribu	ciary Corr? (Do not	rection Program)include transactions reported	10a	Yes			Amo	ount		0
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr ? (Do not	rection Program)	10b	Yes	X		Amo		2500	0
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Corr? (Do not	rection Program)			X		Amo		2500	0
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	rection Program) include transactions reported and, that was caused by fraud	10b		X		Amo		2500	0
b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	(Do not i	include transactions reported	10b 10c		X		Amo		2500	0
b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	fidelity borner persons of the benefits	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		X		Amo		2500	0000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	fidelity both	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c		X X X		Amo		2500	0
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a b c d e e f g h 11 11a 11a 12	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity both fidelity fidel	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X A A A A A A A A A A A A A A	ERISA?		Yes		0 0 0 0 0 0 0
a b c d e e f g h 11 11a 11a 12 a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	fidelity both per personal fithe benefit soft year experience (See instrument requirements? (If """ requirements as applications as applications and mortizations are serviced as applications and mortizations are requiremental for the service of t	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X A A A A A A A A A A A A A A	ERISA?		Yes Yes		0 0 0 0 0 0 0
a b c d d e f g h 11 11a 11a 12 a lf	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir	fidelity bonner personner	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scher ction and	X X X X X X Adule SE 11a 302 of	ERISA?	the le	Yes Yes		0 0 0 0 0 0 0

	Form 5500-SF 2012 Page 3 - 1			
			1	
C	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 a negative amount)	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2012

						▶ File as	an attachme	nt to Form	5500 or	5500-8	r.							
Fo	r calendar	plan	year 2012	or fisc	cal plan ye	ear beginning	01/01/2012				and end	ling	12/31/2	2012				-
•	Round o	ff am	ounts to i	neares	st dollar.													
•	Caution:	A pe	nalty of \$1	1,000 w	vill be asse	essed for late filing	of this report ι	unless reaso	onable ca	use is	establish	ned.						
A	Name of p	lan	CED DA	DENICI	ION PLAN	ı				В	Three-di	igit				0	01	
DE	KNAKD A	. SIIV	GER, PA	PENSI	ION PLAN	l					plan nur	nber	(PN)	<u> </u>				
С	Plan snon	enr'e	name as s	shown	on line 2a	of Form 5500 or 5	500-SE			D E	mnlover	· Ider	ntification	Num	her (F	:INI\		
	RNARD A			3110 1111	on line za	011 0111 0000 01 0	300-01				0016425	iuci	itincation	i i vaiii	DCI (L	.114)		
										03-0	0010423							
Е	Type of pla	ın: 🔀	Single	Пм	ultiple-A	Multiple-B	F	Prior year pla	n size: 🗴	100 (or fewer	П	101-500	Пм	ore th	an 500		
			<u> </u>	Ш	-			,	0.20.					Ш				
			c Inforn			04	D 04		2040									
1		e val	uation date	e:	N	1onth <u>01</u>	Day01	Year _	2012	_								
2	Assets:												_					
												_	2a					1550602
													2b					1550602
3	Funding	targ	et/participa	ant cou	unt breakd	lown:			(1) N	lumber	of partic	ipant	ts		(2) F	unding	Target	
	a For re	etired	participan	nts and	beneficia	ries receiving paym	ent						0					0
	b For te	ermin	ated veste	ed parti	cipants			. 3b					0					0
	C For a	ctive	participant	ts:														
	(1)	No	n-vested b	benefit	s			3c(1)										0
	(2)	Ve	sted bene	fits				3c(2)										2113557
	(3)	То	tal active.					3c(3)					2					2113557
	d Total							. 3d					2					2113557
4	If the pl	an is	in at-risk s	status,	check the	box and complete	lines (a) and (b)										
	a Fund	ng ta	raet disred	gardino	prescribe	ed at-risk assumption	ons						4a					
	_	•	•		•	mptions, but disreg						-	4h					
						onsecutive years an							4b					
5	Effectiv	e inte	rest rate										5					4.98 %
6	Target i	norma	al cost										6					25003
Sta	tement by	/ Enr	olled Acti	uary														
						in this schedule and acco												
						erience under the plan.		. (3										
;	SIGN																	
	IERE													07/	/13/20	13		
					Signat	ure of actuary				_				Da	ate			
HA	RLAN W. I	RICH	ARDSON		· ·	•								11	1-029	54		
				Т	vpe or pri	nt name of actuary				_		N	/lost rece				oer	
RIC	HARDSO	N AC	TUARIAL		• • •	,										9562		
						irm name				_	т	elen	hone nur				a code)	
	LUZ PLA										'	J.0P			,o.uc		<i>0000)</i>	
DA	VIS, CA 9	5616																
										_								
					Addre	ess of the firm												
		nas n	ot fully refl	lected	any regula	ation or ruling prom	ulgated under	the statute	in comple	eting th	is sched	ule, d	check the	e box	and s	ee		
ineti	uctions		•		-	= -			-	-								ш

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	art II	Begin	ning of Year (Carryov	er Prefunding Baland	ces						
						-	(a)	Carryover balance	!	(b) F	Prefundi	ng balance
7		•	•		cable adjustments (line 13 f				0			79951
8			•	-	unding requirement (line 35				0			0
9	Amoun	t remainii	ng (line 7 minus lin	e 8)					0			79951
10	Interest	t on line 9	using prior year's	actual ret	urn of -29.46 %				0			-23554
11	Prior ye	ear's exce	ess contributions to	be added	I to prefunding balance:							
	a Pres	ent value	of excess contribu	ıtions (line	38a from prior year)							68494
					nterest rate of5.63 %							3856
	C Total	available	at beginning of curi	ent plan ye	ear to add to prefunding balar	ice						72350
	d Porti	on of (c)	to be added to pre	funding ba	llance							72350
12	Other r	eductions	s in balances due t	o elections	s or deemed elections				0			0
13	3 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)									128747		
Р	art III	Fun	ding Percenta	ges								
14	Funding	g target a	ttainment percenta	age							14	67.27 %
15	15 Adjusted funding target attainment percentage									15	67.27 %	
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									110.15 %			
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
P	art IV	Con	tributions and	l Liquid	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD		(b) Amount pa employer((0		int paid by oyees
12	2/24/2012	2		125000	0							
06	6/19/201	3		25000	0							
							Т				1	
						Totals ►	18(b)		150000	18(c)		(
19			•		ructions for small plan with			0 0				
					imum required contributions				19a			0
	b Cont	ributions	made to avoid rest	trictions ac	ljusted to valuation date				19b			0
					uired contribution for current y	ear adjusted	to valuation	n date	19c			142443
20		•	outions and liquidity	•								1 🗆
		•	•		he prior year?							Yes X No
					installments for the curren	-	-	manner?				Yes No
	C If line	e 20a is "	Yes," see instruction	ons and co	mplete the following table a							
		(1) 19	st I		Liquidity shortfall as of e (2) 2nd	nd of quarte	r of this pla	an year 3rd	1		(4) 4th	า
		(1) 13	0		(<i>L)</i> 2110	0	(0)	UIU .	0		(<i>+)</i>	0
			~									

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		ınt rate:								
	a Seg	gment rates:	1st segment: 1.98%	2nd segment: 5.07%	3rd segment 6.19 %		N/A, fu	ll yield	curve	e used
	b App	licable month (enter code)			21b				0
22	Weigh	ted average ret	tirement age			. 22				65
23	Mortal	ity table(s) (see	e instructions) X Pro	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	tuarial assumptions for the current	•			. –	l Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment			Yes	X No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Remai	ning amount of	funpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct	,		T				
	a Targ	et normal cost	(line 6)			. 31a				25003
				line 31a		. 31b				0
32		zation installme			Outstanding Bala		li	nstallm	ent	
						691702				109209
22				to the date of the order of the order	L	0				0
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	· 31b + 32a + 32b - 33)	. 34				134212
				Carryover balance	Prefunding bala	ince	To	tal bal	ance	
35			use to offset funding	(0				0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				134212
37	Contrib (line 1	outions allocate 9c)	ed toward minimum required o	ontribution for current year adjuste	d to valuation date	37				142443
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	I (excess, if any	y, of line 37 over line 36)			. 38a				8231
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard of	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40			•	S		40				0
	rt IX			Pension Relief Act of 2010	(See Instructions)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:		.	-	_		
	a Sche	edule elected					2 plus 7 yea	rs	15	years
			•	41a was made			8 2009	2010) 📗	2011
						42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2012

Part I		t Identification Information	4/4/2042			2/31/2012	
		fiscal plan year beginning	1/1/2012	and ending	i_		
	rn/report is for:	✓ a single-employer plan	a multiple-employer pl	an (not multiemployer)	L	a one-partici	oant plan
B This retu	rn/report is:	the first return/report	the final return/report				
_		an amended return/report	a short plan year return	/report (less than 12 m	onths) r	7	
C Check b	ox if filing under:	☐ Form 5558	automatic extension		L	DFVC progra	ım
		special extension (enter des					
Part II		ormation—enter all requested in	nformation	••	46	T 1. P. H	
1a Name o	·					Three-digit plan number	001
Berna	ard A. Singer, P.	A Pension Plan				(PN) •	001
					1c	Effective date o 1/1.	f plan /2001
•		ddress; include room or suite numi	ber (employer, if for a single-	employer plan)	1		fication Number
Bernard A	A. Singer, PA					(=,	50016425
						Sponsor's telep 95498	58600
5358 SW	/ 38th Avenue				2d	Business code	(see instructions)
Ft. Laude	ardala	FL				54	1110
33312	zi ual e	r .					
					0 L		MATE I
3a Plan ad	ministrator's name	and address //Same as Plan Spoi	nsor Name ∐Same as Plan	Sponsor Address	30	Administrator's	EIN
					3с	Administrator's	telephone number
		he plan sponsor has changed since turn/report.	e the last return/report filed for	or this plan, enter the	4b	EIN	
a Sponso	•	diffuer from the last return report.			4c	PN	
5a Total n	umber of participan	ts at the beginning of the plan year			5a		2
b Total n	umber of participan	ts at the end of the plan year			5b		2
		h account balances as of the end o			5c		0
6a Were	all of the plan's ass	ets during the plan year invested in	eligible assets? (See instruc	tions.)			Yes No
		of the annual examination and rep					Yes No
		6? (See instructions on waiver elig either line 6a or line 6b, the plan					M tes 140
		e or incomplete filing of this retu					
		other penalties set forth in the instr	· · · · · · · · · · · · · · · · · · ·				able, a Schedule
SB or Schei		and signed by an enrolled actuary,					
SIGN	P		1/22/13	Bernar	-d	AISI	yer-
HERE	Signature of plan	administrator	Date	Enter name of individ	ual sig	ning as plan ad	ministrator
SIGN	Ja/		7/22/13	Bernara	J F	7,5m	eer
HERE		loyer/plan sponsor	Date	Enter name of individ			
Preparer's r	name (including firm	name, if applicable) and address;	include room or suite number	r (optional)	Prep	arer's telephone	number (optional)
i							

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	155	060	2	•	1779424
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	155	060	2		1779424
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	18	5000	_		
	(2) Participants	8a(2)			<u> </u>		
	(3) Others (including rollovers)	8a(3)	-	7000			
	Other income (loss)	8b		′883	╙		200000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			╫		228838
	to provide benefits)	8d		1	0		
е	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f	Administrative service providers (salaries, fees, commissions)	8f			0		
g	Other expenses	. 8g		1	6		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					16
i	Net income (loss) (subtract line 8h from line 8c)	8i					228822
j	Transfers to (from) the plan (see instructions)	8i		(5		
Par	t IV Plan Characteristics	•	,				
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
-	<u> </u>		 				
Part	- manual community and the second control of						.
_10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		✓	0
b 	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		√	0
C	Was the plan covered by a fidelity bond?	•••••		10c	✓		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		✓	0
е	Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all					,	
	instructions.)			10e		٧	0
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		✓	0
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		✓	. 0
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		✓	
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	dule SI	B (Form Yes No
11a	Enter the amount from Schedule SB line 39					11a	0
12	Is this a defined contribution plan subject to the minimum funding	-	• •			302 of	ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru	rtions	and	enter ti	he date of the letter ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	•••••				12b	

	Form 5500-SF 2012 Page 3 -						
	Enter the amount contributed by the employer to the plan for this plan year	T	120	c		· · · · · · · · · · · · · · · · · · ·	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).		120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes [No [N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	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		13ε	,		•	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	e ç	ontr	ol		Yes	× No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	s) to)				
	13c(1) Name of plan(s):	13	c(2)) EIN	۷(s)	13c(3) PN(s)
	VIII Trust Information (optional) Name of trust	1	I4b	Tru	ust's EIN		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2012

Pension Benefit Guaranty Corporation	File as an attachme	nt to Eorm	EEOO or I	5E00_QE			opconon
For calendar plan year 2012 or fiscal p	<u> </u>		0000 01 3	and ending	L	12/31/2	2012
▶ Round off amounts to nearest do	T T			and ontaing			
	e assessed for late filing of this report u	nless reaso	nable ca	use is established			
A Name of plan				B Three-digit			
BERNARD A. SINGER, PA	PENSION PLAN			plan numbe	er (PN)		001
				pian nambe	21 (t 14)		
C Plan sponsor's name as shown on I	ine 2a of Form 5500 or 5500-SF			D Employer Id	entifica	tion Number (EIN)
BERNARD A. SINGER, PA				65-0016425			
E Type of plan: X Single Multipl	e-A Multiple-B	Prior year pla	ın size: X	100 or fewer	101-5	00 More t	han 500
Part I Basic Information							
1 Enter the valuation date:	Month 01 Day 01	Year_	2012			,	
2 Assets:				ı			Andrews
a Market value				***************************************	2a		1550602
b Actuarial value					2b		1550602
3 Funding target/participant count to	oreakdown:		(1) N	umber of participa	ints	(2)	Funding Target
a For retired participants and ber	neficiaries receiving payment	3a			C		0
b For terminated vested participa	ants	3b			C		0
c For active participants:							
(1) Non-vested benefits		3c(1)					0
(2) Vested benefits		3c(2)					2113557
(3) Total active		3c(3)	\$		2	2	2113557
d Total		3d			2	2	2113557
4 If the plan is in at-risk status, che	ck the box and complete lines (a) and (b)		П			
•	escribed at-risk assumptions	•		ш	4a		
	c assumptions, but disregarding transition					<u> </u>	
	five consecutive years and disregarding				4b		
5 Effective interest rate					5		4.98%
6 Target normal cost		********			6		25003
Statement by Enrolled Actuary							
To the best of my knowledge, the information s accordance with applicable law and regulation combination, offer my best estimate of anticipa	supplied in this schedule and accompanying schedul s. In my opinion, each other assumption is reasonab sted experience under the plan.	es, statements le (taking into a	and attachm ecount the e	ents, if any, is complete experience of the plan ar	and acco nd reason	urate. Each prescr able expectations	ibed assumption was applied in and such other assumptions, in
SIGN Harlan W	achrista					07/13/2	1013
	Signature of actuary					Date	
HARLAN W. RICHARDSON	,					11029	54
Type	or print name of actuary			_	Most	recent enrolln	nent number
RICHARDSON ACTUARIAL SE					Moot	530-759-	
	Firm name			Tel	ephone	number (incl	uding area code)
221 LUZ PLACE							
DAVIS CA S	95616				-		
	Address of the firm						
If the actuary has not fully reflected any							

Page	2	-	Γ

Pa	art II Begir	nning of Year Ca	rryover Prefu	nding Balanc	es	(-)	^		4L\ D	6		
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)						(b) ⊢	retundi	ng balance 79951			
8									0			
9	Amount remaining (line 7 minus line 8)					0 7995			79951			
10	Interest on line	9 using prior year's ac	tual return of2	9.46%				0		-23554		
11	Prior year's exc	ess contributions to be	added to prefune	ding balance:				1				
	a Present value of excess contributions (line 38a from prior year)							68494				
	b Interest on (a) using prior year's eff provided (see instruc	ective interest ratetions)	e of <u>5.63</u> %	except				3856			
	C Total available	at beginning of current	plan year to add t	o prefunding balan	ce				72350			
	d Portion of (c)	to be added to prefun	ding balance							72350		
12	Other reduction	s in balances due to e	lections or deeme	ed elections				0		0		
13	Balance at begi	nning of current year (line 9 + line 10 +	line 11d – line 12)				0			128747	
P	art III Fun	ding Percentage)S	-		•						
14	Funding target a	attainment percentage								14	67.27%	
15		g target attainment pe					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·		15	67.27%	
16	Prior year's fund current year's fu	ding percentage for puunding requirement	rposes of determ	ining whether carr	yover/prefu	ınding b al aı	nces may be used	I to reduce		16	110.15%	
17	If the current va	lue of the assets of the	e plan is less thar	70 percent of the	funding ta	rget, enter s	such percentage.			17	%	
Р	art IV Cor	tributions and li	quidity short	falls					<u>'</u>			
18		ade to the plan for the	<u> </u>		loyees:							
(N	(a) Date //M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Am	nount paid by nployees	(a) l	Date D-YYYY)	(b) Amount p employer		(c		nt paid by oyees	
	2/24/2012	12	5000	0		,						
	5/19/2013	2!	5000	0								
		,										
								·				
				······						·		
<u>.</u>												
								** * **********************************				
	mmere misser merene magne museum mande	<u> </u>			T_4-!	400.		150000	401 .			
40		-1	2 No Con 10 Co 20		Totals ▶			150000	18(C)		0	
19		oloyer contributions — s					= =					
	a Contributions allocated toward unpaid minimum required contributions from prior years.								0			
	b Contributions made to avoid restrictions adjusted to valuation date					<u> </u>		0				
				oution for current y	ear adjuste	to valuation	n date	19c			142443	
20	•	butions and liquidity sh						<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	a Did the plan have a "funding shortfall" for the prior year?						<u> </u>	Yes X No				
								Yes No				
C If 20a is "Yes," see instructions and complete the following table as applicable:												
	(1) 1	st I		y shortfall as of ei 2nd	nd of quarte	-				(4) 421		
	(1) 1st (2) 2nd (3) 3rd					(4) 4th						

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and	Targe	t Normal Cost				
21	Discount rate:									
	a Segment rates:		1st segment: 1.98%	2nd segment: 5 . 0 7%				N/A, full yield curve used		
	b Applicable month (enter code)			21b	0			
22		Weighted average retirement age						65		
23		Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate					Substitu	te		
Pa	irt VI Miscellaneous Items									
24		Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required								
25		Attachment								
26			provide a Schedule of Activ	······································				<u> </u>		
27	If the	plan is subject t	o alternative funding rules, e	nter applicable code and see	instruc	tions regarding	27			
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years									
28	Unpai	d minimum requ	uired contributions for all pric	r years			28	0		
29	Discou (line 1	unted employer 9a)	contributions allocated towa	rd unpaid minimum required	contrib	utions from prior years	29	0		
30	Rema	ining amount of	unpaid minimum required o	ontributions (line 28 minus lir	ne 29)		30	0		
Pa	rt VIII	Minimum	Required Contributio	n For Current Year				<u> </u>		
31	Targe	t normal cost a	nd excess assets (see instru	ctions):						
	a Target normal cost (line 6)						31a	25003		
			oplicable, but not greater tha				31b	0		
32	Amort	ization installme	ents:			Outstanding Bala	nce	Installment		
	a Net	shortfall amortiz	zation installment				691702	1.09209		
	b Waiver amortization installment					0	0			
33						33	0			
34	Total f	funding requiren	nent before reflecting carryo	ver/prefunding balances (line	es 31a -	31b + 32a + 32b - 33)	34	134212		
				Carryover balance		Prefunding balar	ice	Total balance		
35			use to offset funding		0.		0	0		
36							36	134212		
37							37	142443		
38										
	a Total (excess, if any, of line 37 over line 36)						38a	8231		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						38b	0		
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					39	0			
40	Unpaid minimum required contributions for all years					40	0			
Pai	art IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)									
41	1 If an election was made to use PRA 2010 funding relief for this plan:									
	a Schedule elected									
42	Amount of acceleration adjustment									
	Excess installment acceleration amount to be carried over to future plan years 43									
				The state of the s			75			

Schedule SB, part V - Summary of Plan Provisions BERNARD A. SINGER, PA PENSION PLAN 65-0016425/001

FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

TYPE OF ENTITY

Corporation.

DATES

Effective-01/01/2001 Valuation-01/01/2012 Eligibility-12/31/2012 Year-end-12/31/2012 Top Heavy Years - 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012

ELIGIBILITY

Minimum age- 21 Months of service- 24 Maximum age- None Age at last birthday. Other ages at nearest birthday.

Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR

Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

PLAN ENTRY - January 1 or July 1 immediately following satisfaction of eligibility requirements.

New participants are included in current year's valuation.

RETIREMENT

NORMAL - First of month coincident with or following attainment of age 65, and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years of participation.

ACCRUED BENEFIT - 3 Highest consecutive years of participation.

TOP HEAVY ACCRUED BENEFIT - 3 Highest consecutive top heavy years of participation.

PLAN BENEFITS

RETIREMENT--

100.000% of average monthly compensation.

415 Limits - Percent 100.00 Dollar - \$16,667

Minimum benefit - None

Maximum benefit - None

Maximum 401(a)(17) compensation \$250,000

TEFRA Minimum Benefit: 2.000% of compensation per year plan is top heavy, limited to 10 yrs of participation.

2.000% actuarially adjusted for normal form of benefit.

PLAN IS SUPER TOP HEAVY

Schedule SB, part V - Summary of Plan Provisions BERNARD A. SINGER, PA PENSION PLAN 65-0016425/001

FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

NORMAL FORM

Life Annuity.

Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target is greater present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at normal retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

DEATH BENEFIT

Present value of accrued benefits.

ACCRUED BENEFIT

Pro-rata based on participation (calculated as of beginning of plan year).

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is least amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality or c) 105% of 417(e) present value (only if not eligible employer under IRC 408(p)).

TERMINATION

BENEFITS

100% full and immediate.

Service is calculated using all years of service.

CONTRIBUTIONS

EMPLOYEE REQUIRED -- None

EMPLOYEE VOLUNTARY -- None

ASSET VALUATION

METHOD

Market value.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods BERNARD A. SINGER, PA

PENSION PLAN

65-0016425/001

FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

FUNDING METHOD

As prescribed in IRC Section 430.

INTEREST RATES

Years 0-5

Segment rate 1 1.980%

Years 6-20

Segment rate 2 5.070%

Years over 20 Segment rate 3 6.190%

PRE-RETIREMENT

MORTALITY TABLE --

None.

TURNOVER/DISABILITY-- None

SALARY SCALE --

None

INTEGRATION LVL INCR- None

BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT

MORTALITY TABLE --

2012 Funding Target - Combined - IRC 430(h)(3)(A).

EXPENSE LOAD --

None

COST OF LIVING

None

OPTIONAL FORM

100% of retirees assumed to elect lump sum payment.

LUMP SUM --

2012 Applicable Mortality Table for 417(e) (Unisex).

0r

Actuarial Equivalence

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES

Years 0~5

Segment rate 1 1.990%

Years 6-20

Segment rate 2 4.470%

Years over 20 Segment rate 3 5.260%

MORTALITY TABLE --

2012 Applicable Mortality Table for 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT

INTEREST --

6.000%

MORTALITY TABLE ---

1983 GROUP ANNUITY.

BLENDED --

50.000% Male 50.000% Female

POST-RETIREMENT

INTEREST ---

6.000%

MORTALITY TABLE --

1983 GROUP ANNUITY.

BLENDED --

50.000% Male 50.000% Female

Schedule SB, part V - Statement of Actuarial Assumptions/Methods BERNARD A. SINGER, PA PENSION PLAN

65-0016425/001

FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:

INTEREST --

8.500%

POST-RETIREMENT:

INTEREST --

8.500%

MORTALITY TABLE -- 1971 GROUP ANNUITY male rates.

PERMISSIVELY AGGREGATED PLANS: Not Tested as Single Plan.

COMPENSATION:

Use Current Compensation to calculate the

Benefit Accrual Rate (Annual Method).

TESTING AGE:

Normal Retirement Age.

Schedule SB, line 32 - Schedule of Amortization Bases BERNARD A. SINGER, PA PENSION PLAN 65-0016425/001 FOR THE PLAN YEAR 01/01/2012 THROUGH 12/31/2012

Type of Base	Present Value of	Date Base	Years Remaining	Amortization
	Remaining Instalments	Established	Amortization Period	Installment
Shortfall	691,702	01/01/12	7	109,209