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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	tions to the Form 5500	O-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report lo	dentification Information							
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This ret	urn/report is for:			an (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:		he final return/report						
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)				
C Check b	oox if filing under:		automatic extension			DFVC progra	am		
Dant II	Dania Dian Infan	special extension (enter description	<u></u>						
Part II	Į.	mation—enter all requested informat	ion	_	41.		1		
1a Name LUCKY IN LO	of plan OVE PROFIT SHARING	3 PLAN			10	Three-digit plan number	004		
					10	(PN)	001		
					16	Effective date o			
2a Plan sp SINGER CA	ponsor's name and add PITAL INVESTMENTS,	ress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 27-34	fication Number 18759		
3300 NW 41	ST STREET				2c	Sponsor's telep			
MIAMI, FL 3					2d	305-638-5484 Business code (see instructions) 339900			
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's	EIN		
					3c	Administrator's	telephone number		
4 If the r	name and/or EIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN			
		ber from the last return/report.	•	•					
a Spons					4c	PN			
5a Total r	number of participants a	at the beginning of the plan year			5a		3		
		at the end of the plan year			5b		3		
		ccount balances as of the end of the plants	•	•	5с		3		
_	·	during the plan year invested in eligible	•	,			X Yes No		
		the annual examination and report of ar (See instructions on waiver eligibility ar					X Yes No		
If you	answered "No" to eitl	her line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.			
C If the p	olan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)?		Yes No	Not determined		
Caution: A	penalty for the late or	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.			
SB or Sche		er penalties set forth in the instructions, d signed by an enrolled actuary, as well ete.							
SIGN	Filed with authorized/va	alid electronic signature.	07/29/2014	BRAD SINGER					
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator		
SIGN									
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual sig	ining as employe	er or plan sponsor		
Preparer's		me, if applicable) and address; include					number (optional)		

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year				
	Total plan assets	7a	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	0		71224			224	
	Total plan liabilities	7b		0					0	
	Net plan assets (subtract line 7b from line 7a)	76 7c	0				71224			
	Income, Expenses, and Transfers for this Plan Year	70								
	Contributions received or receivable from:		(a) Amount				(b) To	lai		
	(1) Employers	8a(1)	7122	4						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						712	24	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						712	224	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	,	moun		
a		tions withi	n the time period described in				,	anoun		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X				
	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 or dishonesty?	-	•	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Пу	es	No
112								<u> </u>		1
	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No.									
	(If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling									
a	granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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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 a negative amount)	12d		
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	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		

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

2013

This Form is Open to Public Inspection

Part I		t Identification Information		12 /0012		-	12/21/2012				
For calenda	ar pian year 2013 or	fiscal plan year beginning)1/2013	and ending		12/31/2013				
A This ret	um/report is for:	X a single-employer plan	∐ ar	multiple-employer pl	an (not multiemployer)		a one-participant plan				
B This ret	urn/report is:	X the first return/report	the	e final return/report							
		an amended return/report	☐a si	hort plan year returr	n/report (less than 12 m	onths)				
C Check t	oox if filing under:	X Form 5558	au	tomatic extension			DFVC program				
	-	special extension (enter des	scription)								
Part II	Basic Plan Info	ormation—enter all requested i	informatio	ា							
1a Name	***************************************					1b	Three-digit				
		it Sharing Plan					plan number 001				
						<u> </u>	(PN) P				
						10	1c Effective date of plan 01/01/2013				
		ddress; include room or suite num	iber (empl	loyer, if for a single-	employer plan)	2b	Employer Identification Number				
Singer	Capital Inve	estments, LLC					(EIN) 27-3418759				
						2c	Sponsor's telephone number				
3300 NV	V 41st Street	<u>.</u>					305-638-5484				
*** 3		77 77140				2d	Business code (see instructions)				
Miami		FL 33142 and address XSame as Plan Spor			O	26	339900				
Sa Pian ad	aministrators name a	and address Name as Plan Spoi	insor Nam	ie Moame as Plan	Sponsor Address		Administrator's EIN				
						3с	Administrator's telephone number				
4 If the n	name and/or FIN of th	ne plan sponsor has changed since	e the last	return/report filed fo	r this plan, enter the	4h	EIN				
		umber from the last return/report.	o alo lost	rotalisi opoit isoa io	t this plant cheef the	70	CH				
a Sponso	or's name					4c PN					
5a Total r	number of participant	s at the beginning of the plan year	۲			5a	3				
b Total r	number of participant	s at the end of the plan year				5b	3				
		account balances as of the end o				5c	3				
		to during the plan year levented in									
	*	its during the plan year invested in of the annual examination and repo	-	•	-		X Yes No				
		67 (See instructions on waiver elig					X Yes No				
If you	answered "No" to	either line 6a or line 6b, the plan	cannot i	use Form 5500-SF	and must instead use	Form	5500.				
C If the p	olan is a defined bene	afit plan, is it covered under the PB	3GC insur	ance program (see	ERISA section 4021)?.		Yes No Not determined				
Caution: A	nanalty for the late	or incomplete filing of this retu	ırnirenor	will be seeced	inless reasonable con	eo in	Actablished				
							ncluding, if applicable, a Schedule				
SB or Sche		and stigned by an enrolled actuary,									
70.00, 10.00	/ (X	T								
SIGN HERE	<u> </u>			7/24/14	Brad Singer						
	Signature of plan	admiriistrator		Date /	Enter name of individu	ual si	gning as plan administrator				
SIGN											
HERE	Signature of empl	oyer/plan sponsor		Date	Enter name of individu	ual sig	gning as employer or plan sponsor				
Preparer's		name, if applicable) and address;	include ro	oom or suite number			parer's telephone number (optional)				
					-						

Pa	rt III Financial Information					······		
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		· · · · · · · · · · · · · · · · · · ·	(b) End of Year	
а	Total plan assets	7a			0		71224	
b	Total plan liabilities	7b			0		(
С	Net plan assets (subtract line 7b from line 7a)	7c			0		71224	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:			7122	34			
	(1) Employers	8a(1)		112				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)			_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		·····			71224	
	Benefits paid (including direct rollovers and insurance premiums	06					/1224	
	to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					C	
1	Net income (loss) (subtract line 8h from line 8c)	81		····			71224	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructions:	
—ь	2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe	Satura and	ion from the List of Class Chaus					
U	in the plan provides werrare benefits, enter the applicable werrare re	ature cou	les from the List of Flam Chara	Cleris	lic Coc	ies in t	ne instructions:	
Pari	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х		
C	Was the plan covered by a fidelity bond?		********************************	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х		
е								
***************************************	insurance service, or other organization that provides some or all instructions.)			10e		х		
f	Has the plan failed to provide any benefit when due under the plan	n?	1177113342444415241411114141444775477744	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х		
i								
Part								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year for					11a	1 	
12	Is this a defined contribution plan subject to the minimum funding		***************************************				ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						The state of the s	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see instruc	tions,	and e	nter th Day	ne date of the letter ruling Year	
If	If 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		

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C	Enter the amount contributed by the employer to the plan for this plan year	11(********)//)**) (**********************	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)		12d			
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?	***************************************		Yes X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	nis year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		control		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(s)	to			
1	3c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)	
***************************************		······································	 			
Part	VIII Trust Information (optional)					
	Name of trust		14b Trust's EIN			
		Į.				