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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information				
For calen	dar plan year 2014 or	fiscal plan year beginning 01/01/20	014	and ending 12	/31/2014	
∆ This ra	eturn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in accord		
A IIIIS I	ctum/report is ior.	a one-participant plan	a foreign plan	loyer information in accord	dance with the form	instructions)
R This ro	oturn/roport io	the first return/report	the final return/repor	t		
D This re	eturn/report is	- 브	_ 		th - \	
		an amended return/report	a short plan year ret	urn/report (less than 12 m	ionths)	
C Check	k box if filing under:	Form 5558	automatic extension	1	DFVC pro	gram
		special extension (enter descr	ription)			
Part II	Basic Plan Inf	ormation—enter all requested inf	formation			
1a Name					1b Three-digit	
BERNARD	A. SINGER, PA PEN	SION PLAN			plan number	
					(PN) •	001
					1c Effective date 01	e of plan /01/2001
2a Plan	sponsor's name and a	address; include room or suite numbe	er (employer, if for a sing	le-employer plan)		ntification Number
BERNARD	A. SINGER, PA				(=)	-0016425
2107 STIDI	LING ROAD, SUITE 10	24			2c Sponsor's te	lephone number 985-8600
	RDALE, FL 33312	,				le (see instructions)
						1110
3a Plan	administrator's name	and address XSame as Plan Spons	sor.		3b Administrator	's EIN
					3c Administrator	o talanhana numbar
					JC Administrator	's telephone number
		he plan sponsor has changed since	the last return/report filed	I for this plan, enter the	4b EIN	
	ie, EIN, and the pian n isor's name	umber from the last return/report.			4c PN	
		ts at the beginning of the plan year				
		ts at the end of the plan year			5b	
		h account balances as of the end of				
comp	olete this item)				5c	(
d(1) To	otal number of active p	participants at the beginning of the plant	an year		5d(1)	2
d(2) To	otal number of active p	participants at the end of the plan year	ar		5d(2)	
						2
		terminated employment during the p	•		5e	2
less t	than 100% vested				5e	2
less t	than 100% vested A penalty for the late	e or incomplete filing of this return	n/report will be assesse	d unless reasonable cau	use is established.	
Caution: Under per SB or Sch	than 100% vested A penalty for the late nalties of perjury and of hedule MB completed	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a	n/report will be assesse	d unless reasonable cau	use is established. port, including, if app	
Caution: Under per SB or Schelief, it is	than 100% vested A penalty for the late nalties of perjury and chedule MB completed strue, correct, and correct.	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete.	n/report will be assesse	d unless reasonable cau	use is established. port, including, if app	
Caution: Under per SB or Sch belief, it is	A penalty for the late nalties of perjury and chedule MB completed s true, correct, and correct, and correct with authorized	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete. d/valid electronic signature.	n/report will be assesse ctions, I declare that I hav as well as the electronic v	d unless reasonable cau re examined this return/re ersion of this return/report	use is established. port, including, if app t, and to the best of	my knowledge and
Caution: Under per SB or Schelief, it is	than 100% vested A penalty for the late nalties of perjury and chedule MB completed strue, correct, and correct.	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete. d/valid electronic signature.	n/report will be assesse	d unless reasonable cau	use is established. port, including, if app t, and to the best of	my knowledge and
Caution: Under per SB or Sch belief, it is SIGN HERE SIGN	A penalty for the late nalties of perjury and chedule MB completed s true, correct, and correct, and correct with authorized	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete. d/valid electronic signature.	n/report will be assesse ctions, I declare that I hav as well as the electronic v	d unless reasonable cau re examined this return/re ersion of this return/report	use is established. port, including, if app t, and to the best of	my knowledge and
Less to Caution: Under per SB or Schelief, it is SIGN HERE SIGN HERE	A penalty for the late natives of perjury and content of the completed of true, correct, and content of penalties of penal	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a mplete. d/valid electronic signature.	n/report will be assesse ctions, I declare that I have as well as the electronic vertical Date	d unless reasonable cause examined this return/reportersion of this return/reportersion and the return of individual enter name of individual ente	use is established. port, including, if appt, and to the best of	my knowledge and

	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable wi	an indeper and conditi	dent qualified public accounta	int (IQ	PA)		X Yes 🗌 No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information				1		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a	21011				1990860
<u>b</u>	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	21011	139			1990860
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	-1102	224			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-110224
d	Benefits paid (including direct rollovers and insurance premiums			0			
	o provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		55			
	Other expenses	8g		00			 55
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i					-110279
	Net income (loss) (subtract line 8h from line 8c)			0			110210
Par		8j					
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Charad	cterist	tic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		Χ	0
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	0
c	Was the plan covered by a fidelity bond?			10c	X		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	0
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		X	0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	0
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	X		14638
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 2520.102			10i		Χ	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>11a</u>	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 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 negative amount)	· ·	1 124		(
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No X 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 t	his year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	red to another plan, or brought u	nder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
				•	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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).

This Form is Open to Public Inspection

OMB No. 1210-0110

2014

File as an attachment to Form 5500 or 5500-SE

		File as an attachment to Form	3300 OF 3300-SF.			
For	calendar	plan year 2014 or fiscal plan year beginning 01/01/2014	and end	ng 12/3	31/2014	
		ff amounts to nearest dollar.				
_		A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable cause is establish	ed.	1	
	Name of p	olan J. SINGER, PA PENSION PLAN	B Three-dig	,		001
DLI	NAND A	SINGER, FA FENSION FLAN	plan num	ber (PN)	•	
C F	Plan spon	sor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identifica	tion Number (E	:IN)
		. SINGER, PA		65-0016		,
Ет	ype of pla	an: X Single Multiple-A Multiple-B F Prior year pla	an size: X 100 or fewer	101-5	00 More th	an 500
Pa	art I	Basic Information				
1	Enter th	ne valuation date: Month <u>01</u> Day <u>01</u> Year _	2014		•	
2	Assets:					
	a Marke	et value		2a		2101139
	b Actua	arial value		2b		2101139
3	Funding	g target/participant count breakdown	(1) Number of participants	•	ted Funding arget	(3) Total Funding Target
	a For re	etired participants and beneficiaries receiving payment	0		0	0
	b For te	erminated vested participants	0		0	0
		ctive participants	2		1910245	1910245
			2		1910245	1910245
4		an is in at-risk status, check the box and complete lines (a) and (b)	<u> </u>		1010210	1010210
7			—	4a		
	_	ing target disregarding prescribed at-risk assumptions		<u>4a</u>		
		ing target reflecting at-risk assumptions, but disregarding transition rule for parish status for fewer than five consecutive years and disregarding loading fa		4b		
5	Effectiv	e interest rate		5		6.26%
6	Target	normal cost		6		0
Stat	ement b	y Enrolled Actuary		•	•	
		of my knowledge, the information supplied in this schedule and accompanying schedules, statements with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a				
		offer my best estimate of anticipated experience under the plan.				
S	IGN					
Н	ERE				04/17/20)15
		Signature of actuary			Date	
HAF	RLAN W.	RICHARDSON			14-0295	54
		Type or print name of actuary		Most r	ecent enrollme	nt number
RIC	HARDSO	ON ACTUARIAL SERVICES			530-759	-9562
		Firm name	Te	elephone	number (includ	ling area code)
	LUZ PLA IS, CA 9					
	-,					
		Address of the firm				
lf tha	ootus = 1	non not fully reflected any regulation or ruling promulated under the extent	in completing this set and	ام مامدا	the her and =	
ir the	actuary I	nas not fully reflected any regulation or ruling promulgated under the statute	in completing this schedu	ile, check	tile box and se	ee 📗

Page 2	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefund	ling Bala	ances								
								(a) (Carryover balance	:	(b)	Prefundir	ıg balan	ce	
7		Ū			cable adjustments (0			1	43619	
8				-	unding requirement	•				0				0	
9	Amount	remainiı	ng (line 7 minus li	ne 8)n						0			1	43619	
10	Interest	on line 9	using prior year's	s actual ret	urn of <u>8.70</u> %					0				12495	
11	Prior ye	ar's exce	ess contributions t	o be added	I to prefunding bala	nce:									
	a Prese	ent value	of excess contrib	utions (line	38a from prior year	r)								17549	
					Ba over line 38b fror re interest rate of									758	
	b(2) In	terest or	line 38b from pri	or year Sch	edule SB, using pri	or year's a	ctual								
														0	
	Crotar	avallable	at beginning of cui	rrent plan ye	ear to add to prefund	ing balance								18307	
	d Portion	on of (c)	to be added to pre	efunding ba	lance									0	
12	Other re	eductions	s in balances due	to elections	s or deemed election	ns				0			9774		
13	Balance	at begir	nning of current ye	ear (line 9 +	line 10 + line 11d -	- line 12)				0		1	46340		
Pa	art III	Fun	ding Percenta	ages											
14	Funding	target a	ttainment percent	tage								14	102	.33 %	
			g target attainmen									15	102	.33 %	
16					of determining whe							16	73	.35 %	
17	If the cu	ırrent val	ue of the assets of	of the plan i	s less than 70 perce	ent of the fu	unding targe	et, enter s	such percentage			17		%	
Pá	art IV	Con	tributions an	d Liquid	ity Shortfalls										
18	Contrib	utions ma	ade to the plan for	r the plan y	ear by employer(s)	and employ	yees:								
(M	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid employees	d by	(a) Dat (MM-DD-Y					(c) Amount paid by employees			
						_		1.00			4243				
							otals ►	18(b)		0	18(c)			0	
19			-		ructions for small p										
	_			•	imum required cont					19a				0	
					ljusted to valuation					19b				0	
					uired contribution for	current yea	r adjusted to	valuation	n date	19c				0	
20		•	outions and liquidi	•						L			, F	-	
			_		he prior year?								Yes	No	
				-	installments for the	-		a timely	manner?			X	Yes	No	
	C If line	20a is "	Yes," see instructi	ons and co	mplete the following			-C 41- '							
		(1) 19	st	1	Liquidity shortfal (2) 2nd	i as of end	or quarter of	of this pla (3)	n year 3rd			(4) 4th			
		(1) 13	0		. ,	0		(0)	0			(+) +01	0		
			-	<u> </u>		-									

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	ınt rate:								
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ıll yield	curv	e used
	b App	licable month (enter code)			21b				0
22	Weight	ted average ret	irement age			22				67
23	Mortali	ty table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				ruarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equirec	1	
		-							Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27	•	•	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid		*	years		28				0
29	Discou	inted employer	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				
										0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0
	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct	,		T T				
	a Targe	et normal cost	(line 6)			31a				0
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a	 I	31b				0
32	Amorti	zation installme	ents:		Outstanding Bala	ance		nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
						0				0
33				ter the date of the ruling letter grar) and the waived amount		33				
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	0			
				Carryover balance	Prefunding bala	nce	To	otal bal	ance	
35			use to offset funding	0		0				0
36	Additio	nal cash requi	rement (line 34 minus line 35).			36				0
37	Contrib	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				0
38	Preser	nt value of exce	ess contributions for current ye	ar (see instructions)						
						38a				0
				prefunding and funding standard c		38b				0
39				ear (excess, if any, of line 36 over		39				0
40	Unpaid	d minimum requ	uired contributions for all years)		40				0
Pa	rt IX			Pension Relief Act of 2010)				
41	If an ele		de to use PRA 2010 funding re			-				
							2 plus 7 yea	ars [15	years
				41a was made				2010		2011
42			•	+1a was made		42	<u> </u>		<u>′ ⊔</u>	
				d over to future plan years		 				
			dillouin to be buille							

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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pan Annual Repor	t Identification information		10 11104154	PEASING PAR BLANK MAKANA ALA	**************************************	
For calendar plan year 2014 or		1/1/2014		and ending	12/31/201	4
A This return/report is for:	a single-employer plan	a multiple-emp	oloyer plan	(not multiemployer)		
B This return/report is	the first return/report an amended return/report	the final return		eport (less than 12 m	onths)	
C Check box If filling under:	Form 5558	automatic extension	ension		☐ DFVC p	rogram
Part II Basic Plan Inf	ormation—enter all requested in	fomation				
1a Name of plan Bernard A. Singer, P.					1b Three-digit plan numb (PN)	I
					1c Effective d	ate of plan /1/2001
2a Plan sponsor's name and Bernard A. Singer, PA	address; include room or suite numb	ber (employer, if for	a singl e -er	nployer plan)	(EIN)	dentification Number 650016425
3107 Stirling Road, Suit	e 104					telephone number 649858600
Ft. Lauderdale 33312					2d Business	code (see instructions) 541110
	and address Same as Plan Spor		out filled for	this plan enter the	3b Administra 3c Administra 4b EIN	itor's telephone number
name, EIN, and the plan	number from the last return/report.	a ma mor recommop	SE MOG TO	and party writer are	4c PN	
***************************************	nts at the beginning of the plan year		471441141168411	**************************	. 5a	2
, ,	nts at the end of the plan year				***************************************	2
C Number of participants w	th account balances as of the end o	of the plan year (defi	ned benef	it plans do not	50	
	participants at the beginning of the				5d(1)	2
	participants at the end of the plan y at terminated employment during the				5d(2) 5e	2
less than 100% vested	45),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C((***);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		0
Under negalties of perium and	te or incomplete filing of this retu to ther penalties set forth in the instr d and signed by an enrolled actuary omplete.	ructions. I declare th	at i have e	examined this return/r	eport, including, if	applicable, a Schedule
SIGN L	I Suulla	4/3	5/15	Berne	WALS	Brger
PIERE Signature of pla	n administrator	Čate ₄	/	Enter name of indiv	ldual signing as p	an administrator
SIGN / / /	Asign Touste	, €	4/1S.	Kareh Enterperpe et indi		15CV mployer or plan sponsor
Signature or en	ployer/plaর্ম spońsor m name, if applicable) and address		ite numbe			phone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition not use Form	ent qualified public accountar is.) i 5500-SF and must instead	t (IQF use I	PA) Form	5500.	
- Inches	Financial Information	· .					
7	Plan Assets and Liabilities		(a) Beginning of Year			•	(b) End of Year
a	Total plan assets	. 7a		1139)		1990860
b	Total plan liabilities	7b		()		0
C	Net plan assets (subtract line 7b from line 7a)	. 7c	210	1139	9		1990860
8	Income, Expenses, and Transfers for this Plan Year	Company of the Compan	(a) Amount				(b) Total
а	Contributions received or receivable from:	0-45		_			
	(1) Employers	8a(1))		
	(2) Participants	8a(2)		(1000000		
	(3) Others (including rollovers)	. 8a(3)		0224			######################################
		. 8b . 8c	- 1 1	UZZ			-110224
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	460		()		-110224
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		()	1000,0000	NAV 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
f	Administrative service providers (salaries, fees, commissions)	. 8f		()	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	
g	Other expenses	. 8g		58	5		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		701.70E(47E0			55
ī	Net income (loss) (subtract line 8h from line 8c)	. 8i	AND AND RESERVE OF AN AREA COMMENT OF THE PARTY OF THE PA		unt es		-110279
j	Transfers to (from) the plan (see instructions)	. 8j		C	1	# 1	
Pa	rt IV Plan Characteristics						•
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	n feature code	es from the List of Plan Chara	cteris	tic Co	des in	the instructions:
b		feature codes	s from the List of Plan Charac	teristi	c Cod	les in th	ne instructions:
Pai	TV Compliance Questions	.,					
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic	luciary Correc	ction Program)	10a		✓	0
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		✓	0
	Was the plan covered by a fidelity bond?			10c	√.		250000
	Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		1	0
•	Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or a instructions.)	Il of the benef	fits under the plan? (See	10e		✓	0
1	Has the plan failed to provide any benefit when due under the pl		•	10f		✓	0
	g Did the plan have any participant loans? (If "Yes," enter amount			10g	√		14638
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See instruc	tions and 29 CFR	10h		√	
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i			
Pai	t VI Pension Funding Compliance						

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

a 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

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39......

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

✓ Yes

Yes 🗸

No

No

0

11

5500) and line 11a below) ...

	Form 5500-SF 2014 Pag	e 3 - 🔃						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk	kip 1	to line 1	3.			
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 negative amount).		-			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadl	ine?					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 N	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	r				13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?							Yes × No
C	If during this plan year, any assets or liabilities were transferred from this plan to at which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):					13c(2) E	IN(s)	13c(3) PN(s)
					}			
Part	VIII Trust Information (optional)							
14a	Name of trust					14b T	rust's EIN	•

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).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014			12/31/20	21.4
Round off amounts to nearest dollar.	and endin	y	12/31/20	714
 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonal 	hle cause is establishe	4		
A Name of plan	1_			. *** •
BERNARD A. SINGER, PA PENSION PLAN	B Three-digi			001
·	platt fluitin	iei (FIN)		
P 00 00 00 00 00 00 00 00 00 00 00 00 00				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer lo	dentificatio	n Number (E	IN)
BERNARD A. SINGER, PA	65-001642	5		
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan s	ize: X 100 or fewer [101-508	More the	an 500
Part Basic Information				
1 Enter the valuation date: Month 01 Day 01 Year 23	014_			
2 Assets:				
a Market value		2a	~	2101139
b Actuarial value	*******************************	2b		2101139
3 Funding target/participant count breakdown	(1) Number of participants	, ,	ed Funding rget	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	•	Q	C
b For terminated vested participants	0		þ	(
C For active participants	2		1910245	1910245
d Total	2		1910245	1910245
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	П			
a Funding target disregarding prescribed at-risk assumptions	Ш	4a	- H - H	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plan- at-risk status for fewer than five consecutive years and disregarding loading factor	s that have been in	4b		
5 Effective interest rate		. 5		6.26%
6 Target normal cost		. 6		
Statement by Enrolled Actuary	<u> </u>			
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and accordance with applicable law and regulations, in my opinion, each other assumption is reasonable (taking into accordance with applicable law and regulations, in my opinion, each other assumption is reasonable (taking into accordance with a plan.	attachments, if any, is comple unt the experience of the plan	te and accura and reasonab	te. Each prescribe le expectations) a	ed assumption was applied in nd such other assumptions, in
HERE Houland. Richardon			04/17/20	15
Signature of actuary	-		Date	
HARLAN W. RICHARDSON			140295	4
Type or print name of actuary		Most re	cent enrollme	nt number
RICHARDSON ACTUARIAL SERVICES		5	30-759-9	562
Firm name	Te	lephone n	umber (includ	ling area code)
221 LUZ PLACE				
DAVIS CA 95616				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in clinitructions	completing this schedu	le, check t	he box and s	ee 📗

Page 2	-
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b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.3.2%. b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return. C Total available at beginning of current plan year to add to prefunding balance. d Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections. 3 Balances at beginning of current year (line 9 + line 10 + line 11d − line 12). 9 On 1.46340 Part III Funding Percentages 14 Funding target attainment percentage. 15 Adjusted funding target attainment percentage. 16 Prior year's funding percentage for purposes of determining whather carryover/prefunding balances may be used to reduce current year's funding requirement. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 Ag Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employee(s) and employees: (a) Date (b) Amount paid by employee(s) and employees. (b) Amount paid by employee(s) and employee(Pa	ırt II	Begin	ning of Year	Carryov	er and Prefunding B	alanc	es	•						,
8 Portion efected for use to offset prior year's funding requirement (in a 35 from prior year) 9 Amount runnaining (into 7 minus lins 8)		•							(a) C	arryover balance		(b) F	refundi	ng balar	ice
9 Amount romaining (the 7 natives line 8)			-			•					0			.1.	43619
10 Interest on line 9 using prior years actual ratum of \$.70\%. 11 Prov year's excess contributions to be added to prefunding belance. 2 Present Year Schedule SR, supply or year's effective interest rate of 4.32\%. 3 Present Year SR year of the SR supply or year's effective interest rate of 4.32\%. 4 Present Year SR year of Year of Year's effective interest rate of 4.32\%. 5 Present Year of Year of Year's effective interest rate of 4.32\%. 5 Present Year of Year's on the excess, if any, of line 38b from prior year's actual return. Feturn Centro of (c) to be added to prefunding belance. 6 Present Year of Year's on the seasons of the Year's actual return. 7 Present Year's for Year's funding percentages. 12 Other reductions in belances due to elections or deemed elections. 9 9 7774 13 Belances at beginning of current year (fine 9 + line 10 + line 11d - line 12). 9 14 6340 Part III Funding Percentages 14 Funding terget attainment percentage 15 Adjusted funding target attainment percentage 16 Adjusted funding target attainment percentage 17 Here current value of the assets of the pins in less than 70 percent of the funding target, enter such percentage. 18 Contributions and Liquidity Shortfalls 18 Contributions and Liquidity Shortfalls 18 Contributions and to the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by (c) Amount paid by employees (d) Amount paid by e	8 														
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d Petrion of (c) to be added to prefunding balance 0 3774 2 Other reductions in balances due to elections or deemed elections 0 3774 3 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 146340 Part III Funding Percentages 14 162.33 % 15 Adjusted funding target attainment percentage 15 102.33 % 15 Adjusted funding target attainment percentage 16 102.33 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding belances may be used to reduce 16 73.35 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage 17 % Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employees (MM-DD-YYYY) (b) Amount paid by employer(s) and employees: (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s) (b) Amount paid by employer(s) (c) Amount paid by employer(s) (a) Date (b) Amount paid by employer(s)			return						<u> </u>						0
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Part III Funding target attainment percentage											0				1.46340
14 Funding target attainment percentage	P						,	.,,							""
15 102 , 33 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year funding requirement. 16 73 , 35 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 9%	<u> </u>											1	14	102	.33%
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									******************						
17 Second the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage		Prior y	ear's fund	ling percentage for	purposes	of determining whether car	ryover/	/prefun	ding balan	ces may be used t				73	3.35%
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b Contributions made to avoid restrictions adjusted to valuation date	19	Discou	ınted emp	loyer contributions	s – see ins	tructions for small plan with	a valua	ation d	ate after th	e beginning of the	year:				
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date		a Con	ntributions	allocated toward (unpaid mir	nimum required contribution	s from	prior y	ears		19a				(
Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?		b Con	tributions	made to avoid res	trictions a	djusted to valuation date		•••••			19b				C
a Did the plan have a "funding shortfall" for the prior year?		C Con	tributions	allocated toward mi	inimum rec	uired contribution for current	year ad	ljusted	to valuation	date	19c				(
b if line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	20	Quarte	erly contri	butions and liquidit	y shortfall	s:									
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year		a Did	the plan	have a "funding sh	ortfall" for	the prior year?								X Yes	No
Liquidity shortfall as of end of quarter of this plan year		b If lin	ne 20a is '	'Yes," were require	ed quarterl	y installments for the currer	nt year i	made i	n a timely i	manner?			-		∏ No
Liquidity shortfall as of end of quarter of this plan year									_			<u> </u>	······································		.
(1) 1st (2) 2nd (3) 3rd (4) 4th										n year		dram management			·
			(1) 1	st		(2) 2nd			(3)	3rd	-		(4) 41	h	

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Tar	get Normal Cost		·			
21	Discount rate:				·	" "			
	a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%		N/A, full yield curve used			
	b Applicable month (enter code)		,	21b	0			
22	Weighted average re	tirement age	***************************************		22	67			
23	Mortality table(s) (se	e instructions) X Pro	escribed - combined	rescribed - separate	Substitut	e			
Pa	rt VI Miscellane	ous Items	·			 			
24		· · · · · · · · · · · · · · · · · · ·	tuarial assumptions for the curre						
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruction	ns regarding required attac	hment	Yes X No			
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see inst	ructions regarding required	attachment,	Yes X No			
27			ter applicable code and see inst		27				
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contributi	ons For Prior Years					
28	Unpaid minimum req	uired contributions for all prior	years		28	0			
29			l unpaid minimum required con		29	0			
30	Remaining amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29))	30	0			
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost a	ind excess assets (see instruc	tions):						
	a Target normal cost	(line 6)			. 31a	0			
			line 31a		31b	0			
32	Amortization installment	ance	Installment						
	a Net shortfall amorti	Ö	0						
	b Waiver amortization installment 0 0								
33	If a waiver has been (Month	33	0						
34	Total funding require	ment before reflecting carryov	er/prefunding balances (lines 3°	a - 31b + 32a + 32b - 33)	. 34	0			
			Carryover balance	Prefunding bala	nce	Total balance			
35	Balances elected for requirement	use to offset funding				0			
36	Additional cash requi	irement (line 34 minus line 35)	.,,,,,,		36	0			
37		ed toward minimum required c	37	0					
38		ess contributions for current ye							
	a Total (excess, if an	. 38a	0						
	b Portion included in	line 38a attributable to use of	prefunding and funding standar	d carryover balances	. 38b	0			
39	Unpaid minimum req	. 39	0						
40	Unpaid minimum req	uired contributions for all year	S		40	0			
Pa	rt IX Pension	Funding Relief Under	Pension Relief Act of 20	10 (See Instructions	;)				
41	If an election was ma	de to use PRA 2010 funding r	elief for this plan:						
	a Schedule elected .					2 plus 7 years 15 years			
	b Eligible plan year(s	s) for which the election in line	41a was made			·			
42			***************************************		42	<u> </u>			
		······································	ed over to future plan years		43				

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Bernard A. Singer, PA Pension Plan 65-0016425 / 001

For the plan year 01/01/2014 through 12/31/2014

Valuation Date:

01/01/2014

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed 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 the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.25
Segment 2	6 - 20	4.06
Segment 3	> 20	5.08

Segment rates as of September 30, 2013 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA				
Segment #	Year	Rate %		
Segment 1	0-5	4.99		
Segment 2	6 - 20	6.32		
Segment 3	> 20	6.99		

Pre-Retirement - Mortality Table -

None

Turnover/Disability -

None

Salary Scale -Expense Load - None

Ancillary Ben Load -

None None

Post-Retirement - Mortality Table -

14C - 2014 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

None

Lump Sum -

G83 - 1983 Group Annuity blended 50.00% male and 50.00% female rates at 6%

14E - 2014 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination -Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.5%

Mortality Table -

G71M - 1971 Group Annuity (male)

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 or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Bernard A. Singer, PA Pension Plan 65-0016425 / 001

For the plan year 01/01/2014 through 12/31/2014

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, Part V **Summary of Plan Provisions**

Bernard A. Singer, PA Pension Plan 65-0016425 / 001

For the plan year 01/01/2014 through 12/31/2014

Employer:

Bernard A. Singer, PA

Type of Entity - C-Corporation

EIN: 65-0016425

TIN:

Plan #: 001

Plan Type: Defined Benefit

Dates:

Effective - 01/01/2001

Year end - 12/31/2014

Valuation - 01/01/2014

Top Heavy Years - 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014

Eligibility:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21

Months of service - 24

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation:

Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 3 consecutive top heavy years of participation

Plan Benefits:

Retirement - Derived from the fixed benefit formula below:

100% of average monthly compensation

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit -

Present Value of Accrued Benefit

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations:

Percent: 100

Dollar: \$210,000

Maximum 401(a)(17) compensation - \$260,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

100% Vested immediately

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Bernard A. Singer, PA Pension Plan 65-0016425 / 001

For the plan year 01/01/2014 through 12/31/2014

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment#	Years	Rate %
Segment 1	0 - 5	1.19
Segment 2	6 - 20	4.53
Segment 3	> 20	5.66

Mortality Table - 14E - 2014 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

6%

Mortality Table -

G83 - 1983 Group Annuity blended 50.00% male and 50.00% female rates

Post-Retirement - Interest -

6%

Mortality Table -

G83 - 1983 Group Annuity blended 50.00% male and 50.00% female rates