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

2014

This Form is Open to Public Inspection

For colone	Annual Repoi							
FOI Calefic	dar plan year 2014 or	fiscal plan year beginning 01/01/	2014 and ending	12/31/2014				
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer of participating employer information in acc					
		a one-participant plan	a foreign plan					
B This ret	turn/report is	the first return/report	the final return/report					
	,	an amended return/report	a short plan year return/report (less than 12	12 months)				
C Check	box if filing under:	Form 5558	automatic extension	DFVC program	1			
		special extension (enter des	cription)					
Part II	Basic Plan Inf	formation—enter all requested i	nformation					
1a Name		omer an requested :	The state of the s	1b Three-digit				
	TZLER, PA 401(K) P	LAN		plan number				
				(PN) •	001			
				1c Effective date of p 01/01/2				
2a Plan s		address; include room or suite num	ber (employer, if for a single-employer plan)	2b Employer Identific (EIN) 65-097				
				2c Sponsor's telepho	one number			
1421 SE 4TI FORT LAUD	H AVE DERDALE, FL 33316			954-764-				
	/END/NEE, 1 E 00010	2d Business code (see instructions) 812990						
3a Plan a	3a Plan administrator's name and address XSame as Plan Sponsor.				N			
				20 11::::::::				
				3c Administrator's tell	lephone number			
		he plan sponsor has changed sinc	e the last return/report filed for this plan, enter the	4b EIN				
	sor's name	umber nom the last return/report.		4c PN				
		ts at the beginning of the plan year			3			
_		0 0 , ,		-	3			
		, ,	f the plan year (defined benefit plans do not		•			
comp	lete this item)			5c				
		participants at the beginning of the	olan year	5d(1)	3			
d(2) To	tal number of active r			, , , , , , , , , , , , , , , , , , ,				
			ear	5d(2)	3			
e Numbe	er of participants that	terminated employment during the	earplan year with accrued benefits that were	5d(2) 5e	3			
e Number	er of participants that nan 100% vested	terminated employment during the	plan year with accrued benefits that were	5e	3			
e Number less the Caution: A Under pen SB or Sch	er of participants that man 100% vested A penalty for the lat nalties of perjury and edule MB completed	e or incomplete filing of this retu other penalties set forth in the instrand signed by an enrolled actuary,	plan year with accrued benefits that were	5e cause is established. report, including, if applicate	ole, a Schedule			
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Caution: A Under pen SB or Sch belief, it is SIGN HERE	er of participants that man 100% vested A penalty for the lat malties of perjury and edule MB completed true, correct, and confiled with authorize Signature of plants	e or incomplete filing of this retu other penalties set forth in the instrand signed by an enrolled actuary, mplete. d/valid electronic signature. administrator	rn/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will as the electronic version of this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions as well as the electronic version of this return/report will be assessed unless reasonable of uctions.	5e cause is established. report, including, if applicate ort, and to the best of my k	nowledge and nistrator or plan sponsor			
Caution: A Under pen SB or Sch belief, it is SIGN HERE	er of participants that man 100% vested A penalty for the lat malties of perjury and edule MB completed true, correct, and confiled with authorize Signature of plants	e or incomplete filing of this retu other penalties set forth in the instrand signed by an enrolled actuary, mplete. d/valid electronic signature. administrator	rn/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will as the electronic version of this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return/report will be assessed unless reasonable of uctions, I declare that I have examined this return will be assessed unless reasonable of uctions.	sause is established. report, including, if applicate ort, and to the best of my keyidual signing as plan administration.	ole, a Schedule nowledge and nistrator			
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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 nunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cannot be a number of the plan cannot have the plan c	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par			ı				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Fotal plan assets	7a		0	_		46793
	Total plan liabilities	7b		•	_		40700
	Net plan assets (subtract line 7b from line 7a)	7c		0	-		46793
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)					
	2) Participants	8a(2)	470)50			
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	-2	257			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					46793
	Benefits paid (including direct rollovers and insurance premiums						
1	o provide benefits)	8d					
e	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
	Net income (loss) (subtract line 8h from line 8c)	8i					46793
J	Transfers to (from) the plan (see instructions)	8j					
	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare few V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Cor	rection Program)	10a		X	
	on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		7000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ	
е	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 ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		Χ	
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 2520.101			10i			
Part	<u> </u>						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•••••		· 			
<u>11a</u>	Enter the unpaid minimum required contribution for current year from					11a	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	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 6	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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)			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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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 Report	t Identification Information				
For calendar plan year 2014 or f		01/01/2014	and ending	12/31/	2014
A This return/report is for:	x a single-employer plan	a multiple-employer p	olan (not multiemployer oyer information in acco) (Filers checking to	his box must attach a list
	a one-participant plan	a foreign plan	•		,
B This return/report is	x the first return/report	the final return/report			
	an amended return/report	a short plan year retui	n/report (less than 12 r	months)	
C Check box if filing under:	Form 5558	automatic extension		DFVC p	orogram
	special extension (enter descri	iption)			
Part II Basic Plan Info	ormation—enter all requested infe	ormation			•
1a Name of plan				1b Three-digi	t
Itzler & Itzler, PA	401(k) Plan			plan numb	
				1c Effective d	late of plan
				01/01/	
Za Plan sponsor's name and ad Itzler & Itzler, PA	ldress; include room or suite numbe	r (employer, if for a single	-employer plan)		dentification Number
icziei w icziei, PA					-0973152
1421 SE 4th Ave				2c Sponsor's 954-764	telephone number
					code (see instructions)
Fort Lauderdale	FL 33316			, 812990	,
3a Plan administrator's name ar	nd address XSame as Plan Spons	or.		3b Administra	tor's EIN
				3c Administra	tor's telephone number
					to o telephone number
				1	
				ļ	
,					
4 If the name and/or FIN of the	a plan changed since the				
4 If the name and/or EIN of the name, EIN, and the plan nu	e plan sponsor has changed since the	ne last return/report filed fo	or this plan, enter the	4b EIN	
name, EIN, and the plan nur a Sponsor's name	mber from the last return/report.			4c PN	-
name, EIN, and the plan nur a Sponsor's name	e plan sponsor has changed since the mber from the last return/report. at the beginning of the plan year			4c PN	
name, EIN, and the plan null a Sponsor's name 5a Total number of participants	mber from the last return/report.			4c PN 5a	3
name, EIN, and the plan null a Sponsor's name 5a Total number of participants b Total number of participants C Number of participants with	at the beginning of the plan year at the end of the plan year account balances as of the end of the	ne plan year (defined bene	fit plans do not	4c PN 5a	3 3
name, EIN, and the plan number of participants b Total number of participants c Number of participants with complete this item)	at the beginning of the plan year at the end of the plan year	ne plan year (defined bene	fit plans do not	4c PN 5a 5b 5c	3 3
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	ne plan year (defined bene n year	fit plans do not	4c PN 5a 5b	3 3
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Page 2

U	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 cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the contract of the plan cannot be seen that the contract of the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the plan cannot be seen that the contract of the contra	an indepe and coπdi	tions.)	ant (10	QPA)			X Ye	
c	If the plan is a defined benefit plan, is it covered under the PBGC in							Not dete	rmined
	rt III Financial Information		<u>- </u>				<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year	
а	Total plan assets	. 7a			0		(=)_=::=		46793
b	Total plan fiabilities	. 7b					•		
	Net plan assets (subtract line 7b from line 7a)	. 7c			0				46793
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal .	-
a	Contributions received or receivable from: (1) Employers	8a(1)				* 1 5 ** ** * *			. 3
	(2) Participants	8a(2)		470	50	202		132-	
	(3) Others (including rollovers)	8a(3)			T-			San Sec	1.1
b	Other income (loss)	8b		- 2!	57	- ! Y.! Y		8-1 5	() -19%
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		È)					46793
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				, ' , ,-		,	720
е	Certain deemed and/or corrective distributions (see instructions)	8e				324.		.arg	., .
f	Administrative service providers (salaries, fees, commissions)	8f			1	Sec.			
g	Other expenses	8g			1	0.20	<u></u>	ν, :	3
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and the state of t		_			`	0
i	Net income (loss) (subtract line 8h from line 8c)			4. Å.	id.				46793
j	Transfers to (from) the plan (see instructions)	8i			•	•27.597		- 1838	1. (c) %
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe								
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Con	rection Program)	10a		х		· · · · · · ·	
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		х			
	Was the plan covered by a fidelity bond?	• • • • • • • • • • • • • • • • • • • •		10¢	Х				7000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er person of the ben	s by an insurance carrier, efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	n?		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.)	See instru	ictions and 29 CFR	10h		х		×	OPFICE ATOMS
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	I notice or one of the	10i				22 2000 (200	e de la company
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	lule SB	(Form	☐ Yes	
11a	Enter the unpaid minimum required contribution for current year from					11a		<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding						RISA?	☐ Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applica	able)				*.	Hel.	
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	ed in this plan year, see instruc	tions,	and e	nter the		e letter rui	ling

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and	l skip to	line 13.				
	Enter the minimum required contribution for this plan year				12b			
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 resu negative amount)	lt (enter a mini	us sign to	the left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding					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				13a	1		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another	plan, or	brought under the o	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	an to another	plan(s), i	dentify the plan(s) I	io		<u> </u>	- 11
1	3c(1) Name of plan(s):			1;	3c(2) E	EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)							
	Name of trust		•					
144	Name of Bust				14b 1	Trust's EIN		

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