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**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit LEWIS KAPNER, PA PROFIT SHARING PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number KAPNER & KAPNER, PA 65-0093699 (EIN) Sponsor's telephone number 561-683-9000 1655 PALM BEACH LAKES BLVD #630 WEST PALM BEACH, FL 33401 Business code (see instructions) 541110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 3 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature **SIGN HERE**

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

SIGN **HERE** Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2								
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 cannot be a second to the plan cannot be a sec	an independe and condition	ent qualified public accounta	nt (IQ	PA)				<u>.</u>	es [No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No	N	lot de	ermi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
<u>a</u>	Total plan assets	. 7a	10730)51					108	3499	
<u>b</u>	Total plan liabilities	. 7b	40706	\F.4					400	0.400	
	Net plan assets (subtract line 7b from line 7a)	. 7с	10730)51					108	3499	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	. 8a(1)		0							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	781	57							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							7	8157	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	485	523							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
	Administrative service providers (salaries, fees, commissions)	. 8f	191	86							
	Other expenses			0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)								6	7709	
	Net income (loss) (subtract line 8h from line 8c)								1	0448	
j	Transfers to (from) the plan (see instructions)	. 8i		0							
Part	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Coc	les in t	the instr	uctior	ns:		
10	During the plan year:				Yes	No		Δ	moun	t	
a		utions within t	he time period described in							•	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	•	<u> </u>	10a		X					
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.)	her persons benefi	by an insurance carrier, ts under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h	If this is an individual account plan, was there a blackout period?		,	iug							
	2520.101-3.)	·		10h		X					
i	If 10h was answered "Yes," check the box if you either provided t 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)								Y	es >	< No
11a	Enter the unpaid minimum required contribution for current year f	rom Schedule	e SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requirement	s of section 412 of the Code	or se	ction	302 of	ERISA?	·	Υ	es >	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 bei granting the waiver.	-			and e	enter tl Day			letter ear _	rulin	g

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 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	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the 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.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Départifient of Lebor 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 4086 of the Employee Relirement Income Security Act of 1974 (ERISA), and section 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

	Actubieté un eurnes il s	iccordance with the inst	ructions to the Form 56	00-SF.					
	t Identification information								
For calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2	014				
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a il of participating employer information in accordance with the form instructions) a foreign plan the final return/report							
	an amended return/report	a short plan year re	um/report (less than 12 n	nonths)					
C Check box If filling under:	Form 6658	nipilon)		DFVC) prògram				
Part II Basic Plan Inf	ormation enter all requested	Information							
1a Name of plan Lewis Kapner, PA Profit Sharing Plan					gil ibar 001				
					date of plan 1990				
2a Plan sponsor's name and a Kapner & Kapner, P	ddress; include room or sulte numb A	ber (employer, if for a sing	le-employer plan)	2b Employer Identification Number (EIN) 65-0093699					
1655 Palm Reach Lakes B	lvd #630			20 Sponsor's telephone number (561) 683-9000					
110 Week Halm Banch Dr. 0	àaàs			20 Business 541110	code (see instructions)				
3a Plan administrator's name and address X Same as Plan Sponsor Name					rator's EIN				
		·		3c Administ	ralor's telephone number				
	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b ein					
Mannot rental sand this testing in	mber from the last rettirn/report.			Į.					
à Sponsor's name	mber from the last return/report.			46 PN	_				
a Sponsor's name	mber from the last rettirn/report. at the beginning of the plan year		halmantingarijanninin l	46 PN 58	3				
Sponsor's name Total number of perticipants Total number of perticipants	at the beginning of the plan year at the end of the plan year	magaamaamaa;amjaaja			3 2				
Sponsor's name Total number of perticipants Total number of perticipants 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	ihe plan year (defined ber	efit plans do not	58	2				
Sponsor's name Total number of perticipents Total number of perticipents Number of participents with complete this item)	at the beginning of the plan year at the end of the plan year annua account balances as of the end of	manumumaannaan ihe pian year (defined ber	annonamoniconomicamon efit plans do not	5a 5b 5c	· · · · · · · · · · · · · · · · · · ·				
Sponsor's name Total number of perticipants Total number of perticipants 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 dicipants at the beginning of the pla	the plan year (defined ber	efit plans do not	58 5b 5c 5d(1)	3 3				
Sponsor's name Total number of perticipants Total number of participants Number of participants with complete this item)	at the beginning of the plan year at the end of the plan year annua account balances as of the end of	the plan year (defined ben an year managamana an year managamana plan year with accrued be	etil plans do not	5a 5b 5c	3				
Sponsor's name Total number of perticipants Total number of perticipants Number of participants with complete this item)	e at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year all classes at the end of the plan year at the end of the plan year terminated employment during the	the plan year (defined ber an year managamana r managamanana plan year with accrued be	efit plans do not manufactura de la constitución d	5a 5b 5c 5d(1) 5d(2)	3 3 3 0				
Sponsor's name Total number of perticipants Total number of participants Number of participants with complete this item)	e at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan year terminated employment during the continuous attention of the plan year terminated employment during the continuous filling of this return the penalties set forth in the instructed signed by an enrolled actuary; and signed by an enrolled actuary;	the plan year (defined ber an year minimized ber r manipulation of the plan year with accrued be introport will be assessed clions, I declare that I hav	efil plans do not mente that were l unless reasonable cau e examined this returning	5a 5b 5c 6d(1) 5d(2) 5e se is established, including, i	2 3 3 3 0 ied. fapplicable, a Schedule				
A Sponsor's name 50 Total number of perticipants b Total number of perticipants c Number of participants with complete this item)	e at the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan year terminated employment during the continuous attention of the plan year terminated employment during the continuous filling of this return the penalties set forth in the instructed signed by an enrolled actuary; and signed by an enrolled actuary;	the plan year (defined ber an year minimized ber r manipulation of the plan year with accrued be introport will be assessed clions, I declare that I hav	efil plans do not mente that were l unless reasonable cau e examined this returning	5a 5b 5c 6d(1) 5d(2) 5e se is established, including, i	2 3 3 3 0 ied. f applicable, a Schedule				
Sponsor's name Total number of perticipants Total number of perticipants Number of participants with complete this item)	e at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year all cleants at the end of the plan year terminated employment during the or lincomplete filling of this return the penalties set forth in the instructed algorithm by an enrolled actuary; and signed by an enrolled actuary.	the plan year (defined ber an year with accrued be assessed to the plan year with accrued be assessed to the later that I have as well as the electronic versions.	efit plans do not mefits that were unless reasonable cau a examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e Ise is established, including,	2 3 3 3 0 ied. f applicable, a Schedule of my knowledge and				
A Sponsor's name 5a Total number of perticipants b Total number of participants c Number of participants with complete this item) cli(1) Total number of active participants that lass than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a bellef, it is true, correct, and con Alere Signature of plan adm	e at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year all cleants at the end of the plan year terminated employment during the or lincomplete filling of this return the penalties set forth in the instructed algorithm by an enrolled actuary; and signed by an enrolled actuary.	the plan year (defined ber an year with accrued be plan year with accrued be infreport will be assessed clions, I declare that I hav as well as the electronic ve	efit plans do not mefits that were a examined this return/report LEW/3 Enter name of individua	5a 5b 5c 5d(1) 5d(2) 5e Ise is established, including,	2 3 3 3 0 ied. f applicable, a Schedule t of my knowledge and				
A Sponsor's name 5a Total number of perticipants b Total number of perticipants c Number of participants with complete this item) complete this item) cli(1) Total number of active participants that lass than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed a bellef, it is true, correct, and con SIGN MIERE Signature of plan adm	eat the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan yea terminated employment during the or lincomplete filling of this return the penalties set forth in the instructed signed by an enrolled actuary; and signed by an enrolled actuary.	the plan year (defined ber an year with accrued be nitroport will be assessed clions, I declare that I have as well as the electropic very page.	efit plans do not mefits that were a examined this return/report LEW/3 Enter name of individua	5a 5b 5c 5d(1) 5d(2) 5e Ise is established, including,	3 3 3 0 ied. fappilcable, a Schedule t of my knowledge and 2 administrator				
A Sponsor's name 5a Total number of perticipants b Total number of perticipants c Number of participants with complete this item)	eat the beginning of the plan year at the end of the plan year account balances as of the end of dicipants at the beginning of the plan yea terminated employment during the or lincomplete filling of this return the penalties set forth in the instructed signed by an enrolled actuary; and signed by an enrolled actuary.	the plan year (defined ber an year with accrued be introport will be assessed clions, I declare that I have as well as the electronic very Date	efit plans do not mefits that were l unless reasonable cau e examined this return/report LEW/3 Enter name of individual Enter name of individual	5a 5b 5c 5d(1) 5d(2) 5e Ise is established in the beself including, including, in and to the beself in the beself	3 3 3 0 ied. f applicable, & Schedule t of my knowledge and 2 administrator				

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			,		X Ye	s No	
þ	Are you claiming a waiver of the annual examination and report of a	n indeper	ndent qualified public accounta	nt (IC	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ınd conditi	ons.)					X Ye	sNo	
c	If you answered "No" to either line 6a or line 6b, the plan cannot lifthe plan is a defined benefit plan, is it covered under the PBGC in							o 🗀 Not	determined	
Б		- Suranoc p	rogiam (see Entert seedon 4	/2 1/1	******	٠ ــــــــــــــــــــــــــــــــــــ		,	40.0111111100	
7	Plan Access and Linbillian	Ladar Values	(a) Beginning of Yea		т-		/b) End	of Year		
<u>/</u>	Plan Assets and Liabilities Total plan assets	7a	1,073,0			1,083,499				
<u>u</u> b	Total plan assets Total plan liabilities	7a 7b	1,073,0	731	+			1,00.	3,499	
c	Net plan assets (subtract line 7b from line 7a)	7c	1,073,0)51				1,083	3,499	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1	(b) Total				
а	Contributions received or receivable from:	0-(4)		0	11.50			#41214(#11#)		
	(1) Employers	8a(1) 8a(2)		0	-160	49a ea Seach				
	(2) Participants	8a(3)		<u> </u>						
b	Other income (loss)	8b	78,1		14736V		angangangan (sa malalahili pelebuhan 1906-1906-1906) iak Pada Pada Pada (sa malalahili pelebuhan 1906-1906) iak Pada Pada Pada (sa malalahili pelebuhan 1906-1906) iak			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Professional Control of the Contro			3,157	
d	Benefits paid (including direct rollovers and insurance premiums		Contraction of the last and the							
	to provide benefits)	8d	48,5		EVEN Over			in 1947 i Tro-Eil- Marita (S) 2019		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	10.1	0	F-102					
<u></u>	Administrative service providers (salaries, fees, commissions)	8f	19,1	0	62776) 627773	adio (ili Saletti		ance very ender Herring with		
<u>g</u> h.	Other expenses	8g 8h		Total y		H15149);		67	,709	
<u>''</u>	Net income (loss) (subtract line 8h from line 8c)	8i		824 BZ 84684	9-4 1				,448	
i	Transfers to (from) the plan (see instructions)	8i	erindian ethe e na erim, killer ethiken ethiken ethika ja melja, <u>utation kin</u>	0	24/25			Never State		
Pa	nt IV Plan Characteristics		hade training training training to the control of t				3,14,1,111	,		
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charac	terist	ic Cod	les in	the instruc	tions:	•	
	2A 2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Characte	eristic	Code	s in th	ne instruction	ons: .		
	rt V Compliance Questions									
10	During the plan year:				Yes	No	T	Amount		
a	Was there a failure to transmit to the plan any participant contributi	ons within	the time period described in	<u> </u>	163	140		Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Corre	ction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?		•	10c	х				100,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?			10d		х			<u> </u>	
е	Were any fees or commissions paid to any brokers, agents, or other		**************************************	1.00					····	
	insurance service, or other organization that provides some or all or	f the bene	fits under the plan? (See	 		.,				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х		avarimus ev vetr		
h	If this is an individual account plan, was there a blackout period? (S 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			-147 G. 44 -178 44 44			
Par	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme								s 🗓 No	
11a	5500) and line 11a below)						***********	L 16:	O ICEL INU	
12	Is this a defined contribution plan subject to the minimum funding re					l)2 of F	ERISA?	Ye	s X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a		· · · · · · · · · · · · · · · · · · ·					•		
a	If a waiver of the minimum funding standard for a prior year is being			ions,	and er	ter th	ie date of t	he letter r	uling	
	granting the waiver								-	

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.			
b	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 result negative amount)				,
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?	11190662411198641141111999106404441119908844119909111411		res X 1	Vo
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan 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):		13c(2) EIN	(s)	13c(3) PN(s)
	·				
Part	VIII Trust Information (optional)				
	lame of trust	A REPUBLICATION OF STREET	14b 1	rust's EIN]
	·				