Form 550	0-SF	Short Form Annu		ort of Small Empl	oyee	C	MB Nos. 1210-0110 1210-0089	
Department of the Internal Revenue		This form is required to be file	Benefit Pla		etirement	2015		
Department of L Employee Benefits Securit	y Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fo	rm is Open to c Inspection	
Pension Benefit Guarant				instructions to the Form 5	500-SF.	- usin	mepeenen	
		lentification Information		and ending 1	2/31/2015			
		a single-employer plan		ver plan (not multiemployer)		king this box	must attach a	
A This return/report	is for:	a one-participant plan	list of participatin	g employer information in ac	cordance wi	th the form i	nstructions)	
<b>B</b> This return/report	is [	the first return/report an amended return/report	the final return/rep	oort eturn/report (less than 12 m	onths)			
C Check box if filing	under:	Form 5558	automatic extens	on	_ D	FVC progra	m	
Dort II Pocio	Blan Infor	special extension (enter desc						
Part IIBasic1aName of plan	Plan Inform	mation—enter all requested in	formation		1b Three	diait		
LEWIS KAPNER, PA	PROFIT SHAF	RING PLAN				number	001	
					1c Effect	ive date of p		
		r, if for a single-employer plan) apt., suite no. and street, or P.0	D. Box)		2b Emplo	01/01/ oyer Identific 65-00	ation Number	
City or town, stat		country, and ZIP or foreign pos	al code (if foreign, see	instructions)	. ,	sor's telepho 561-683	one number 3-9000	
					2d Busine	ess code (s	e instructions)	
655 PALM BEACH LA /EST PALM BEACH,		530				54111	0	
3a Plan administrate	or's name and	address XSame as Plan Spon	sor.		3b Admir	nistrator's El	N	
					3c Admir	histrator's te	lephone number	
A If the name and		lon opener has shanred since	the last return (report fi	lad for this plan, optor the				
		plan sponsor has changed since per from the last return/report.	the last return/report h	ied for this plan, enter the	4b EIN 4c PN			
5a Total number of	participants at	the beginning of the plan year.			5a		2	
<b>b</b> Total number of	participants at	the end of the plan year			5b		2	
		count balances as of the end of			5c		2	
<b>d(1)</b> Total number	of active partie	cipants at the beginning of the p	lan year		5d(1)		2	
d(2) Total number	of active parti	cipants at the end of the plan ye	ar		5d(2)		2	
than 100% vest	ed	rminated employment during the			5e		0	
Under penalties of pe	erjury and othe completed and	incomplete filing of this retur r penalties set forth in the instru signed by an enrolled actuary, a	ctions, I declare that I h	nave examined this return/re	port, includin	g, if applica		
		lid electronic signature.	09/22/2016	LEWIS KAPNER				
HERE	re of plan adı		Date	Enter name of individ	ual signing a	s plan admi	nistrator	
SIGN HERE								
Signatu		er/plan sponsor ne, if applicable) and address (i	Date nclude room or suite nu	Enter name of individ imber)		s employer telephone n		
For Paperwork Reduct	ion Act Notice	and OMB Control Numbers, see th	e instructions for Form	5500-SF.		F	orm 5500-SF (2015)	

	Form 5500-SF 2015		Page <b>2</b>						
b c	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 rt III Financial Information	an indeper and condit ot use Fo	ndent qualified public actions.) rm 5500-SF and must	counta	ant (IQ I <b>d use</b>	PA) Form	5500.		X       Yes       No         X       Yes       No         Image: Not determined       No
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) E	nd of Year
а	Total plan assets	7a		1083				<u> </u>	975595
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c		1083	499				975595
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b	) Total
а	Contributions received or receivable from:	- (1)			0				
	(1) Employers	8a(1)			0	_			
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers) Other income (loss)	8a(3)		-44					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c				_			-44771
d	Benefits paid (including direct rollovers and insurance premiums			- 10	500				
	to provide benefits)	8d		48	523	_			
	Certain deemed and/or corrective distributions (see instructions)	8e			0				
	Administrative service providers (salaries, fees, commissions)	8f		1/	610				
<u> </u>	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h		14	010	_			63133
	Net income (loss) (subtract line 8h from line 8c)	8i							-107904
j	Transfers to (from) the plan (see instructions)	8j			0				101001
Pa	rt IV Plan Characteristics	0)							
9a B	If the plan provides pension benefits, enter the applicable pension $2E  3D$ If the plan provides welfare benefits, enter the applicable welfare for								
Par	t V Compliance Questions					1			
10	During the plan year:				Yes	No	N/A		Amount
_	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?	<u> </u>		10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			

	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
j	Did the plan trust incur unrelated business taxable income?	10j			Х			
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below)			Schedu	le SB	(Form	Yes X	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	e or sec	tion 30	)2 of E	RISA?	Yes X	No

Х

Х

Х

Х

10e

10f

10g

10h

**e** Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under

f

g

h

i.

the plan? (See instructions.).....

Has the plan failed to provide any benefit when due under the plan? .....

Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.).....

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

Form 5500-SF 2015

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<ul> <li>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.</li> </ul>		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
<b>b</b> Enter the minimum required contribution for this plan year		12b			
		12c			
<ul> <li>C Enter the amount contributed by the employer to the plan for this plan year</li> <li>d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the</li> </ul>					
negative amount)		12d			1
e 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?			X Yes	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		<b>14b</b> ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
<b>15a</b> Is the plan a 401(k) plan?		Ye:	S	No	
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADI tes	
<b>15c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No	
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
<b>17b</b> Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	_ (See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

	Form 5500-SF	Short Form Annua	l Return/Repoi Benefit Plan		oyee		OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service	This form is required to be			yee		2015		
	Department of Labor Employee Benefits Security Administration	Retirement Income Security /		nd section 6057(b) and 60		This Form is Open to Public Inspection			
1	Pension Benefil Guaranty Corporation Part I Annual Report Id	Complete all entries in ac lentification Information		structions to the Form 55	500-SF.				
	For calendar plan year 2015 or fisca		01/01/2015	5 and ending	12	/31/2015			
	A This return/report is for:	g a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participation a foreign plan the final return/rep	er plan (not multiemployer ng employer information in port eturn/report (less than 12	accordan				
C	Check box if filing under:	Form 5558 special extension (enter descri	automatic extensio	on		DFVC progra	m		
17.000	Part II Basic Plan Inform	nation enter all requested in							
	a Name of plan Lewis Kapner, PA Prof		niormation		pl (P 1c Ef	hree-digit an number PN) ► ifective date of 1/01/1990	001 f plan		
2	a Plan sponsor's name (employer Mailing Address (include room, City or town, state or province, or	r, if for a single-employer plan) apt., sulte no. and street or P.O. country, and ZIP or foreign posta	. Box) al code (if foreign, see i	nstructions)	2b Er (E	mployer Identi IN) 65–009			
	Kapner & Kapner, PA				2C Sp	oonsor's telept 561) 683-9	ione number 1000		
	1655 Palm Beach Lakes	Blvd #630			2d Bu		see instructions)		
-	US West Palm Beach FL 33401								
3	a Plan administrator's name and a	ddress [X] Same as Plan Spor	nsor Name		3b Ad	ministrator's E	IN		
							elephone number		
4	If the name and/or EIN of the pla name, EIN, and the plan number	an sponsor has changed since th r from the last return/report.	ne last return/report file	d for this plan, enter the	4b EIN	N			
	a Sponsor's name	·			4c PN				
5	A REAL PRODUCT REPORT OF A REAL PROPERTY AND A REAL PROPERTY OF				5a		2		
k	for the second sec				5b		2		
C	· · · · · · · · · · · · · · · · · · ·	ount balances as of the end of the			5c		2		
d	(1) Total number of active participation				5d(1)		2		
d	(2) Total number of active participation	ants at the end of the plan year	*****		5d(2)		2		
e	Number of participants that termi		an year with accrued be	enefits that were	5e		0		
C	aution: A penalty for the late or in	ncomplete filing of this return/	report will be assesse	ed unless reasonable cau	ise is est	ablished.			
S	nder penalties of perjury and other p B or Schedule MB completed and s elief, it is true, correct, and complete	igned by an enrolled actuary, as							
	SIGN X Femi Kopen		× 9/22/15	X LEWIS KA	PNER				
	ERE Signature of plan administ	trator	Date	Enter name of individual			strator		
	SIGN X This Kype		X 9/22/15	X LEWIF KA	PNER				
14.30	IERE Signature of employer/plan eparer's name (including firm name		Date ude room or suite num	Enter name of individual ber		s employer or s telephone nu	A STATE OF THE OWNER		

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Form 5500-SF 2015		Page <b>2</b>							
6a Were all of the plan's assets during the plan year invested in el	iqible assets?	(See instructions.)					XYes No		
<b>b</b> Are you claiming a waiver of the annual examination and report	•	. ,	counta	ant (IQ	PA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibi If you answered "No" to either line 6a or line 6b, the plan ca	lity and condit annot use Fo	ions.) rm 5500-SF and must i							
c If the plan is a defined benefit plan, is it covered under the PBG	C insurance	orogram (see ERISA sec	tion 4	021)?			es 🗌 No 🗌 Not determine		
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year		
a Total plan assets	7a	1,0	083,	499			975,595		
<b>b</b> Total plan liabilities	7b			0			0		
C Net plan assets (subtract line 7b from line 7a)	7c	1,0	083,	499			975,595		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
Contributions received or receivable from:     (1) Employers	90(1)			0					
(1) Employers				0					
(2) Participants				0					
(3) Others (including rollovers)			14,7						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(4	•••, /	<u>/ + /</u>					
d Benefits paid (including direct rollovers and insurance premiums							(44,771)		
to provide benefits)			48,	523					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g		14,0	510					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				63,133				
i Net income (loss) (subtract line 8h from line 8c)	8i				(107,904)				
j Transfers to (from) the plan (see instructions)	8j			0					
9a       If the plan provides pension benefits, enter the applicable pension         2E       3D         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions									
				Yes		ALLA	Amount		
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contr</li> </ul>	ibutions within	the time period	1	res		N/A	Amount		
described in 29 CFR 2510.3-102? (See instructions and DOL's		•							
Program)		•	10a		x				
b Were there any nonexempt transactions with any party-in-inter-									
reported on line 10a.)		******	10b		x				
<b>c</b> Was the plan covered by a fidelity bond?			10c		x				
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		x				
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ome or all of t	he benefits under	10e		x				
<b>f</b> Has the plan failed to provide any benefit when due under the p			10f		х				
g Did the plan have any participant loans? (If "Yes," enter amoun	t as of vear e	nd.)	10g		x				
<ul> <li>If this is an individual account plan, was there a blackout period 2520.101-3.)</li> </ul>	? (See instru	ctions and 29 CFR	10h		x				
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10j			x			
Part VI Pension Funding Compliance									

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes 🗶 No
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40 11a	
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

Form 5500-SF 2015	Page <b>3</b>			
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica a If a waiver of the minimum funding standard for a prior year is being amortiz granting the waiver.	ed in this plan year, see		d enter th	ne date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form			-,	
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)			12d	
e 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?			X Ye	s 🗌 No
If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year		13a	0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	d to another plan, or brou	ight under the c	ontrol	Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), ident	ify the plan(s) to	l	
13c(1) Name of plan(s):		13c	(2) EIN(s	) 13c(3) PN(s)
Part VIII Trust Information				
14a Name of trust			<b>14b</b> Tru	ist's EIN
14c Name of trustee or custodian				istee or custodian's none number
Part IX IRS Compliance Questions		I.		
<b>15a</b> Is the plan a 401(k) plan:			Yes	No No
<b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Desig base harbo meth	d safe ADP/ACP
<b>15c</b> If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for nonhighly compensated employees (Treas. Reg. section 1.4 2(a)(2)(ii))?	01(k)-2(a)(2)(ii) and 1.40		] Yes	No No
16a Check the box to indicate the method used by the plan to satisfy the coverage re			Ratio Perce Test	entage 🔲 Average Benefit Test
			Yes	No No
17a Has the Plan been timely amended for all required law changes?			Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes w instructions for tax law changes and codes).				e code (See
17d If the plan is an individually-designed plan and recieved a favorable determination	nd the letter's serial num	ber.		
<ul> <li>determination letter / /</li> <li>18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under EF made), American Samoa, Guam, the Commonwealth of the Northern Mariana Isl</li> </ul>	RISA section 1022(i)(2) h	as been	] Yes	No
40			] Yes	No
If Yes, enter amount			9	
20 Were minimum required distributions made to 5% owners who have attained age not retired) as required under section 401(a)(9)?			] Yes	□ No □ N/A

## Application for Extension of Time To File Certain Employee Plan Returns

Department of the Treasury Internal Revenue Service

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

Ą	Name of filer, plan administrator, or plan sponsor (see instructions) Kapner & Kapner, PA	В	Emp	oyer ide		•		) xx-xxxxxx
	Number, street, and room or suite no. (If a P.O. box, see instructions)		65-0	09369	9			
	1655 Palm Beach Lakes Blvd #630		Socia	I securi	ty number (SS	SN) (9 di	igits XXX-X	(-XXXX)
	City or town, state, and ZIP code							
<u>.</u>	West Palm Beach FL 33401				1			
2	Plan name		Pla: numb		MM	Plan y	ear endir DD	
	Lewis Kapner, PA Profit Sharing Plan	0	0	1	12		31	2015
Pa	art II Extension of Time To File Form 5500 Series, and/or Form 8955					İ		
	· ·						1 <b>f</b> ()	1 1! 41
1	☐ Check this box if you are requesting an extension of time on line 2 to file t in Part 1, C above.	he first i	-orm :	500 s	eries returr	n/repor	t for the p	lan listed
2	I request an extension of time until 10 / 17 / 2016 to file Form	5500 se	ories (	see in	structions)			
-	Note. A signature IS NOT required if you are requesting an extension to file F				50 0000137.			
3	I request an extension of time until 10 / 17 / 2016 to file Form	8955-S	SA (s	ee inst	ructions).			
	Note. A signature IS NOT required if you are requesting an extension to file F	orm 895	5-SS/	۹.				
	The application <b>is automatically approved</b> to the date shown on line 2 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which th	is exten	sion is	reque				
	and/or line 3 (above) is not later than the 15th day of the third month after the	normal (	due da	ate.				
Par	t III Extension of Time To File Form 5330 (see instructions)							
4	I request an extension of time until / / / to file Form					_		
4	I request an extension of time until ////////////////////////////////////		l due	date of	f Form 533	0.		
4 a	You may be approved for up to a 6 month extension to file Form 5330, after th		l due a	date of	f Form 533	0.		
	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax		1 1	date of	f Form 533	0. 		
a	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►			
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		
a b	You may be approved for up to a 6 month extension to file Form 5330, after the Enter the Code section(s) imposing the tax	e norma ►	a • •	• •	. ►	b		