## 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

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2015		and ending 12	/31/201	5				
A This ret	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a one-participant plan  a foreign plan									
<b>B</b> This retu	turn/report is									
C Check I	box if filing under:	Form 5558	automatic extension	on DFVC program						
D1 II	Deede Bleeder									
Part II  1a Name BERNARD		ormation—enter all requested information	tion		р	hree-digit lan number	001			
					1c E	Effective date of plan 01/01/2001				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Boo ce, country, and ZIP or foreign postal coo		ruotiona)			ication Number 016425			
•	a. SINGER, PA	ce, country, and ZIP or foreign postal cod	de (ii foreign, see instr	uctions)	<b>2c</b> S	<b>2c</b> Sponsor's telephone number 954-985-8600				
B107 STIRLING ROAD, SUITE 104 FT. LAUDERDALE, FL 33312						2d Business code (see instructions)  541110				
3a Plan a	dministrator's name a	nd address XSame as Plan Sponsor.			<b>3b</b> Administrator's EIN					
					<b>3c</b> A	dministrator's to	elephone number			
		e plan sponsor has changed since the la imber from the last return/report.	st return/report filed for	or this plan, enter the	4b EIN					
<b>a</b> Spons	or's name				4c PN					
<b>5a</b> Total i	number of participants	s at the beginning of the plan year			5a					
_				Ť	5b		1			
D Total number of participants at the end of the plan year						5c				
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the plan ye	ar		5d(1	)	2			
				Ī	5d(2	-	1			
d(2) Total number of active participants at the end of the plan year  e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						5e (				
		or incomplete filing of this return/rep			se is es	stablished.				
SB or Sche		ther penalties set forth in the instructions and signed by an enrolled actuary, as we aplete.								
SIGN	Filed with authorized	l/valid electronic signature.	10/04/2016	BERNARD A. SINGER	R					
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrator						
SIGN HERE										
	Signature of empl	oyer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor						

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

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.	X Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not deteri	mined
Part III   Financial Information					_			
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year	
a Total plan assets	7a		1990	0860			9	0
D Total plan liabilities  C Net plan assets (subtract line 7b from line 7a)	7b 7c		1990				0	90
Net plan assets (subtract line 7b from line 7a)      Income, Expenses, and Transfers for this Plan Year	76	(a) Amou		000			(b) Total	30
a Contributions received or receivable from:		(a) Alliot	4111				(b) Total	
(1) Employers	8a(1)			0				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
<b>b</b> Other income (loss)	8b		110	601				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1106	01
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2100	436				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			0				
<b>g</b> Other expenses	8g			35				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21004	71
i Net income (loss) (subtract line 8h from line 8c)	8i						-19898	70
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 1A 3D	realure coc	des from the List of Pi	an Cha	racteris	suc CC	odes in t	ne instructions.	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V							7cuit	
Program)	······	,	10a		X			0
reported on line 10a.)			10b		X			0
C Was the plan covered by a fidelity bond?			10c		X			0
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ			0
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X			0
f Has the plan failed to provide any benefit when due under the pla					Х			
			10f		-			0
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X			0
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ			
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			. •,	1	<u> </u>	<u>.                                    </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								X No
11a Enter the unpaid minimum required contribution for all years from						11a	··, 山	
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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 granting the waiver								
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal			
b	Enter th	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	s $\square$ No			
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(		
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No		
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>			
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)		
	100(1)	uno oi piuntoj.	130(2)	LII4(3)		130(3)	· <b>v</b> (3)		
Dant		Turnet hafe amount on							
Part	Name o	Trust Information		14b Trust's EIN					
ı <del>T</del> a	Name 0	ii iiust		140	TUSES EII	14			
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number					
				telepriorie numbei					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	s	No			
				Design-					
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test					
450				method					
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye					
	2(a)(2)	(ii))?		□ Ra	atio				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No			
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the applicable code (See instruction for tax law changes and codes).							tructions		
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No			
19	Were in	n-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 whether or not retired), as required under section 401(a)(9)?								

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

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).

2015

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

> Complete all entries in accordance with the Instructions to the Form 5500-SF.

For calendar	pian year 2015 or fi	scal plan year beginning	1/1/2015	and ending	12/31/20	015			
		🖊 a single-employer plan	a multiple-employer pla	this box must attach a					
A This return/report is for:		——————————————————————————————————————		oloyer information in ac	cordance with the form instructions)				
		a one-participant plan	a foreign plan						
D		The first out and							
<b>B</b> This retur	n/report is	the first return/report an amended return/report	the final return/report						
		onths)							
C Check be	ox if filing under:		DFVC program						
	-	Form 5558	automatic extension			program			
PartII	Pagis Plan Info	special extension (enter desc							
F-87-03-04-0		ormation—enter all requested in	formation	····					
1a Name o	•	1b Three-dig plan num	L						
Bernard A. Singer, PA Pension Plan						100			
		(PN) 10 Effective date of plan							
					1/1/2001				
2a Plan sp	onsor's name (emplo	yer, if for a single-employer plan)	**************************************		<b>2b</b> Employer	Identification Number			
Mailing City or t	address (include roo	m, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	D. Box) tol code (if forming, coe inch.)		(EIN) 65-0016425				
Bernard	A. Singer, PA	se, country, and ZIP or (oreign pos	tar code (ii foreign, see instit	actions)	2c Sponsor's	s telephone number			
					9	54-985-8600			
3107 St	irling Road, Suite	104			2d Business	code (see instructions)			
Ft. Laud	erdale	FL				w			
33312	ordaic	7 ten				541110			
her-de-	ministrator's name a	nd address Same as Plan Spon	SOF.		3b Administrator's EIN				
					1 Administrator 3 Env				
					3c Administrator's telephone number				
4 if the na	ame and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN				
a Sponso		mber from the last return/report.			4				
	·				4C PN	0			
		s at the beginning of the plan year.				2			
b Total n	umber of participants	s at the end of the plan year	)*************************************		5b	l			
C Numbe	er of participants with the this item\	account balances as of the end of	fthe plan year (defined bene	fit plans do not	5c	0			
		articipants at the beginning of the p				2			
		articipants at the end of the plan ye			5d(2)	1			
e Number	er of participants that 00% vested	t terminated employment during th	e plan year with accrued ber	nefits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	rn/report will be assessed	uniess reasonable ca	use is establish	ed.			
Under pena	Ities of perjury and o	ther penalties set forth in the instru	ctions. I declare that I have	examined this return/re	port including i	familicable, a Schedule			
belief, it is to	rue, correct, and com	and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	rt, and to the bes	t of my knowledge and			
SIGN		A. Singer	10/4/16	Bernard A.	Singer				
HERE									
	Signature of plan		Date	Enter name of individ		lan administrator			
SIGN HERE	Bernard A	A. Singer	10/4/16	Bernard A.	Bernard A. Singer				
	Signature of empl		Date	Enter name of individ	dual signing as e	mployer or plan sponsor			
Preparer's r	name (including firm	name, if applicable) and address (	include room or suite numbe	er)	Preparer's tele	phone number			
Investment of the last of the	al- Deduction A (A) (	ce and OMB Control Numbers, see t			TOTAL COMMONSTA	ra rijeritkie sija urijeliki 46.			

	Form 5500-SF 2015		Page <b>2</b>								
n	Were all of the plan's assets during the plan year invested in eligit. 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 plan is a defined borofit plan in it assessed under the PROOF	an indepe and condi not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.				
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ction 4	021)?	····· <u>L</u>	Yes	✓ No Not determined			
	Plan Assets and Liabilities	(Fig. 2) AMARA				<del></del>					
	Total plan assets	. 7a	(a) Beginning		ar 99086		(b) End of Year				
	Total plan liabilities	990									
	Net plan assets (subtract line 7b from line 7a)										
	Income, Expenses, and Transfers for this Plan Year		(a) Amou		<del>, 5 5 5 6</del>		- 111	(b) Total			
	Contributions received or receivable from:					1000	#100 E				
	(1) Employers	8a(1)				0					
	(3) Others (including rollovers)	8a(2)				0					
b	Other income (loss)	. 8a(3) . 8b			1000	0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			1,341,5	<u>1060</u>	A REGIST	A STATE OF THE PROPERTY OF THE	110001			
đ	Benefits paid (including direct rollovers and insurance premiums					132700		110601			
	to provide benefits)	. 8d		21	0043	100000					
	Certain deemed and/or corrective distributions (see instructions)	. 8e				0					
	Administrative service providers (salaries, fees, commissions)  Other expenses					0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g	Management Space Company	3.000 miles (\$3.000)	3	5	the state of the s				
	Net income (loss) (subtract line 8h from line 8c)	. 8h . 8i					2100471				
j	Transfers to (from) the plan (see instructions)	. Bj		0			-1989870				
9a B Part	If the plan provides pension benefits, enter the applicable pension 1A 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 1A 3D										
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary F	Iduciary Correction	10a		,		Alloun			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		<b>∀</b>					
C	Was the plan covered by a fidelity bond?					1					
d		fidelity bo	nd that was caused	10c		<b>√</b>					
е		her person	is by an insurance	10e		<u> </u>					
f	Has the plan failed to provide any benefit when due under the pla	n?	*****	10f		1	Carrier Services				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	<u> </u>	<b>√</b>					
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					<b>▼</b>	San in				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				-						
j	Did the plan trust incur unrelated business taxable income?			101		1	ANGER.				
Part	223234434			10j	<u> </u>	L	<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If "	Yes," see instructions	and cor	nplete	Sched	tule SB	(Form Yes / No			
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	n			11a	I Tes V No			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction		ERISA? Yes 📝 No			

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	Form 5500-SF 2015 Page <b>3 -</b>						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	· · · · · ·				_	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	tructions, and e				ng	
if	granting the waiver	lonth	Day		rear	<del></del>	
	Enter the minimum required contribution for this plan year	· · · · · · · · · · · · · · · · · · ·	12b				
			12c	<del></del>			
<del>d</del>	Enter the amount contributed by the employer to the plan for this plan year	off of a	120				
	negative amount)	en or a	12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes No N/A				
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?			<b>√</b> Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	*******************			Yes 🛭 N	10	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to				_	
	l3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
\$ 000000 mm mm							
Part	VIII Trust Information						
14a	Name of trust	*******	14b Trust's EIN				
14c	Name of trustee or custodian		14d Trustee's or custodian's				
		telephone number					
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Ye	3	No		
15h	If "Voc " how does the 404/ld plan satisfy the analysis of		Design- based safe harbor		" ADP/ACP test		
130	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer				/ACP	
150				ethod			
100	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	01(m\-	∐ Ye:	\$	No		
	2(a)(2)(ii))?	***************************************	D-	4:			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio rcentage st	Ave bene	rage efit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come this plan with any other plans under the permissive aggregation rules?	bining	Ye		∏ No		
17a	Has the plan been timely amended for all required tax law changes?	••••••	Ye	S	No	∏n/A	
17b	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 inst	tructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plantage and the letter's serial number of the plantage of	umber				or	
	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 favo	orable		
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	has been Islands)?	Yes	;	No		
19	Were in-service distributions made during the plan year?		Ye	S	No		
	If "Yes," enter amount		19	<del></del>		<del></del>	
20	Were required minimum distributions made to 5% owners who have affained age 70 ½ (regardless of w	hether or not	∏ Ye		Пы-	□ NUA	
• • • • • • • • • • • • • • • • • • • •	retired), as required under section 401(a)(9)?		LJ re	<u> </u>	No	∏ N/A	