## 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.

**Public Inspection** 

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to

Part I		t Identification Information							
For calend	lar plan year 2016 or	fiscal plan year beginning 01/01/2			2/31/2016				
A This re	turn/report is for:	X a single-employer plan     ☐			oyer) (Filers checking this box must atta on in accordance with the form instruction				
		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/repo						
0		an amended return/report	a short plan year re	eturn/report (less than 12 r	_				
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	on	DFVC program	1			
Don't II	Decis Dien Ind	<u> </u>	<u> </u>						
Part II		ormation—enter all requested in	formation		1h Thuas dist				
1a Name	of plan NER, PA PROFIT SI	HARING PLAN			<b>1b</b> Three-digit plan number	er			
					(PN) ▶	001			
			1c Effective da	ate of plan 01/01/1990					
		loyer, if for a single-employer plan)			<b>2b</b> Employer Id	lentification Number			
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		netructions)	(EIN)	65-0093699			
•	KAPNER, PA	ice, country, and zir or loreign posi	ai code (ii loreign, see i	nstructions)		elephone number -683-9000			
					2d Business code (see instructions)				
	H O STREET TH, FL 33460				541110				
LITTLE WORT	111,1200400								
3a Plan administrator's name and address X Same as Plan Sponsor.						or's EIN			
					<b>3c</b> Administrator's telephone number				
		he plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN				
<del></del>		ts at the beginning of the plan year.			5a	2			
		ts at the end of the plan year			5b				
C Numb	er of participants wit	h account balances as of the end of	the plan year (only defir		5c	C			
		varticipants at the hoginning of the p			5d(1)				
		participants at the beginning of the plan vo	-		5d(1)				
		participants at the end of the plan ye							
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested      Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable of the late or incomplete filing of this return/report will be assessed unless reasonable of the late or incomplete filing of this return/report will be assessed unless reasonable of the late or incomplete filing of this return/report will be assessed unless reasonable of the late or incomplete filing of this return/report will be assessed unless reasonable of the late or incomplete filing of this return/report will be assessed unless reasonable or the late or incomplete filing of this return/report will be assessed unless reasonable or the late or incomplete filing of this return/report will be assessed unless reasonable or the late or incomplete filing of this return/report will be assessed unless reasonable or the late or incomplete filing of this return/report will be assessed unless reasonable or the late or incomplete filing of this return/report will be assessed unless reasonable or the late or incomplete filing of this return/report will be assessed unless reasonable or the late or incomplete filing of this return/report will be assessed unless reasonable or the late or incomplete filing of the late or incomplete filing or incomplet					5e	(			
		e or incomplete filing of this return other penalties set forth in the instru							
SB or Sche		and signed by an enrolled actuary, a							
SIGN	Filed with authorize	d/valid electronic signature.	07/05/2017	LEWIS KAPNER					
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as plar	administrator			
SIGN									
HERE		loyer/plan sponsor	Date			oloyer or plan sponsor			
I Dranarar's	name (including firm	name if applicable) and address (in	actuda room ar suita nur	mhar \	Prenarer's teleni	none number			

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b	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No</li> </ul>								4 10
	rt III Financial Information	isurarice p	ologiam (see LNISA se	-CHOIT 4	021):		162	No Not determined	
7	Plan Assets and Liabilities		(a) Beginning (	of Year				(b) End of Year	_
a	Total plan assets	7a		975595				0	
	Total plan liabilities	7b		0				0	_
	Net plan assets (subtract line 7b from line 7a)	7c	!	975595				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total	
а	Contributions received or receivable from:	2 (1)		0					
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b		47762					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						47762	
	Benefits paid (including direct rollovers and insurance premiums	00							
	to provide benefits)	8d	1	023357	_				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0	_				
f	Administrative service providers (salaries, fees, commissions)	8f		0					
<u>g</u>	Other expenses	8g		0	_	4000057			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1023357 -975595	
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i		0				-975595	
	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics		1 ( 11 11 ( 17)	01		0		a	
9a	If the plan provides pension benefits, enter the applicable pension $2E  3D$	reature co	odes from the list of Pi	an Cna	racteri	Stic Co	aes in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in t	he instructions:	
Par	t V Compliance Questions				1		1		
10	During the plan year:				Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary f	Fiduciary 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?			10c		X			
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X			
е	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 the plan? (See instructions.)			10e		X			
f	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					X			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
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 2520.10			10i					

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)								
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co.  A?					Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling 		
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1				
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d					
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information								
14a	Name	of trust			14b <sup>-</sup>	<b>14b</b> Trust's EIN				
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions		<u> </u>						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ILI ,		n-based arbor	d [	] "Prior y test	ear" ADP		
				"Curre	ent year est	I I IN/A				
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percetest					entage		verage enefit test	□ N/A		
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No			
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

## 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 section 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

2016

This Form is Open to Public Inspection

F	art	Annual Report	Identification Information									
Fo	r cale	ndar plan year 2016 or fi	scal plan year beginning	0	1/01/2016	and ending	12	/31/2016				
Α	This	return/report is for:	x a single-employer plan	a list			er) (Filers checking this box must attach in accordance with the form instructions					
В	This	return/report is:	the first return/report	the fi	nal return/repor	t						
			an amended return/report	4	-	urn/report (less than 12	months)					
С	Chec	k box if filing under:	Form 5558	,	matic extension			DFVC progra	ım			
-			Ц , , , , , , , , , , , , , , , , , , ,									
	art I	Basic Plan Info	rmation enter all requested infor	rmatio	n		41					
Ia	A Name of plan  Lewis Kapner, PA Profit Sharing Plan							hree-digit dan number PN) ▶	001			
_								ffective date o	f plan			
2a	Mai	ling Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo ce, country, and ZIP or foreign postal co		foreign, see ins	structions)		mployer Identi EIN) 65-009	fication Number 93699			
	Kap	oner & Kapner, PA	<b>A</b>			•		ponsor's telepl 561) 683-9				
	1324 North O Street							2d Business code (see instructions) 541110				
20		Lake Worth FL 33460	d ddag V Come Die C				26.4		-141			
3a	Pian	i auministrator's name ar	nd address X Same as Plan Sponsor	ÞΓ			3b Administrator's EIN					
							3c Administrator's telephone number					
4			e plan sponsor has changed since the lands are the lands are trom the last return/report.	last ret	urn/report filed	for this plan, enter the	4b EIN					
a	Spoi	nsor's name				4	4c P	N				
Ба	Tota	I number of participants	at the beginning of the plan year				5a		2			
b	Tota	I number of participants	at the end of the plan year				5b		0			
С			account balances as of the end of the p				5c		0			
d(ʻ	<b>1)</b> To	tal number of active part	icipants at the beginning of the plan year	ear .			5d(1)		0			
d(2		· ·					5d(2)	ų	0			
е	less	than 100% vested	erminated employment during the plan			nefits that were	5e		0			
Cai	ution	A penalty for the late of	or incomplete filing of this return/rep	ort w	ill be assessed	l unless reasonable ca	use is es	tablished.				
SB	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 pelief, it is true, correct, and complete.											
SI	GN	Jani 12.	71-	X		Lewis Kapner						
HE	RE	Signature of plan admi	nistrator	Date	7/5/17	Enter name of individua	l signing	as plan admin	istrator			
SI	GN )	Ilmi K.	you	X	1 (	Lewis Kapner						
ALC: NO		Signature of employer		Date		Enter name of individua						
		s name (including firm na is question	ame, if applicable) and address (include	le roon	n or suite numb	er)		r's telephone n his questic				
						a de la companya de l						

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)						XYes	□No	
b	Are you claiming a waiver of the annual examination and report of a								<u></u>		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						******		XYes	□No	
	If you answered "No" to either line 6a or line 6b, the plan cannot										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sec	tion 4	021)?	******	. 🗌 Y	es 🔲 N	o 🔲 Not d	etermined	
P	art III Financial Information										
7	Plan Assets and Liabilities	are de la	(a) Beginning	of Ye	ar			(b) End	of Year		
а	Total plan assets	7a	9	75,	595					0	
b	Total plan liabilities	7b			0					0	
C	Net plan assets (subtract line 7b from line 7a)	7c	g	75,	595					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)			0						
	(2) Participants	8a(2)			0						
	(3) Others (including rollovers)	8a(3)			0	15.00 5.00 5.00 5.00					
b	Other income (loss)	8b		47,							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							47.	762	
d	Benefits paid (including direct rollovers and insurance premiums			***********							
	to provide benefits)	8d	1,0	23,3							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0							
<u></u>	Administrative service providers (salaries, fees, commissions)	8f		0							
<u>g</u>	Other expenses	8g		2.9.24	0		1,023,357				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i			0		(975,595)				
	Transfers to (from) the plan (see instructions)	8j			-	55	100				
-	Plan Characteristics								17		
ya	If the plan provides pension benefits, enter the applicable pension fe 2E 3D	ature code	es from the List of Plan C	inara	cterist	ic Co	des in	tne instruc	tions:		
-											
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Ch	aract	eristic	Code	es in th	e instructi	ons:		
	dW Compliance Questions								·		
<u>га</u> 10	Tt V Compliance Questions				V	N <sub>2</sub>	N/A		A		
	During the plan year:  Was there a failure to transmit to the plan any participant contributi	ons within	the time period	Τ	Yes	INO	INA		Amount		
u	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vol		•								
	Program)	-	•	10a		х					
b	Trans many and the management of the many party in microsoft										
	reported on line 10a.)			10b		Х					
<u>_</u>	Was the plan covered by a fidelity bond?			10c		х				<del></del>	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	•		10d		x					
е	Were any fees or commissions paid to any brokers, agents, or other										
·	carrier, insurance service, or other organization that provides some										
	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 end.)			10g		х					
h	If this is an individual account plan, was there a blackout period? (S	ee instruc	tions and 29 CFR								
	2520.101-3.)			10h		Х			artistication		
İ	If 10h was answered "Yes," check the box if you either provided the			40:							
	exceptions to providing the notice applied under 29 CFR 2520.101-	3		10i	1						

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Pari	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," s (Form 5500 and line 11a below)	ee instructions	and complete	Schedul	e SB		Yes	X No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (F	orm 5500) line	40	11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of ERISA?	section 412 of t	he Code or sec	tion 302	of		Yes [	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in the		- in-Amustiana			-1511-	- 1-11			
	granting the waiver				er the da		e letter ear	ruling		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500									
b	Enter the minimum required contribution for this plan year		********	12b						
С	Enter the amount contributed by the employer to the plan for the plan year			12c						
	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 deadli	ine?			Yes [	☐ No	□ N	1/A		
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	***********	[3	Yes		No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***************************************	************	13a						
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C	If, during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)									
130	c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)					
Part '	VIII Trust Information - Skip These Questions									
14a i	Name of trust			14b1	rust's E	EIN				
14c i	Name of trustee or custodian			14d Trustee or custodian's telephone number						
Part I	X IRS Compliance Questions - Skip These Questions									
	s the plan a 401(k) plan? If "No," skip b.	***************************************	Ye	s			No			
	How did the plan satisfy the nondiscrimination requirements for employee deferrals u			sign-ba			"Prior ye	ar" ADP		
			"C	urrent ye P test		_	N/A			
	Vhat testing method was used to satisfy the coverage requirements under section 4 ear? Check all that apply:			itio rcentage		Averag benefit		□ N/A		
	old the plan satisfy the coverage and nondiscrimination requirements of sections 410 or the plan year by combining this plan with any other plan under the permissive agg		4) 🖂 🗸				٧o			
	the plan is a master and prototype plan (M&P) or volume submitter plan that received the letter/	ed a favorable II	RS opinion lette	er or adv	isory le	tter, ent	er the d	ate of		
17b if	the plan is an individually-designed plan that received a favorable determination let	er from the IRS	, enter the date	of the r	nost re	cent det	erminat	ion		

Yes No

☐ No

Yes

Defined Benefit Plan or Money Purchase Pension Plan Only:

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?