Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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. 2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	t Identification Information)							
For calend	lar plan year 2017 or f	iscal plan year beginning 01/01/	2017	and ending	12/31/2017					
A This re	turn/report is for:	x a single-employer plan			yer) (Filers checking this box must attach a in accordance with the form instructions.)					
		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year ret	urn/report (less than 12 n	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC program					
		special extension (enter desc	. ,							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name SILVER & S	of plan SILVER PA 401(K) PL	AN			1b Three-digit plan number					
			(PN)	001						
					1c Effective dat	e of plan 1/01/2007				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Number (EIN) 65-0419730					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SILVER & SILVER PA					lephone number 488-3344				
					2d Business coo	de (see instructions)				
	ES RD SUITE 201 DN, FL 33434				5-	41110				
Booking	5N, 1 E 00404									
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Administrato	r's EIN				
					3c Administrato	r's telephone number				
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN					
	sor's name	, ,,,,,			4d PN					
C Plan N	Name									
5a Total	number of participants	s at the beginning of the plan year			. 5a	6				
		s at the end of the plan year			5b	7				
		account balances as of the end of			5c	5				
` '	•	articipants at the beginning of the p	•		. 5d(1)	4				
		articipants at the end of the plan ye			. 5d(2)	5				
than	100% vested	o terminated employment during th			5e	0				
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is established					
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.								
SIGN		d/valid electronic signature.	10/01/2018	BRUCE SILVER						

Date

Date

10/01/2018

Filed with authorized/valid electronic signature.

Signature of plan administrator

HERE

SIGN

HERE

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

BRUCE SILVER

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							X Yes	□ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not deter	mined
•	If "Yes" is checked, enter the My PAA confirmation number from the		-					(See instruc	
Day	rt III Financial Information							_ `	
			(a) Danimmin a	-f V			(h) F.	L of Voor	
7	Plan Assets and Liabilities Total plan assets	70	(a) Beginning	ot Year 42291			(b) End	660963	
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b	J.	42291				000903	
	Net plan assets (subtract line 7b from line 7a)	70 7c	5	42291				660963	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(b)	Total	
	Contributions received or receivable from:		(a) Amoun	<u> </u>			(D)	IOtal	
	(1) Employers	8a(1)		6170					
	(2) Participants	8a(2)	;	39900					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		72602					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						118672	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	8i						118672	
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	٠,							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut 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.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ			3000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	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 person ne or all of	s by an insurance the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No	
11a	Enter the unpaid minimum required contributions for all years 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 ERISA?	f 	Y	′es X No		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A	
Part '	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0	
	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?		Yes X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)	

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Department of Labor Employee Benafits Security Administration Pension Benefil 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

2017

This Form is Open to Public Inspection

	ildentification information				··-··	
For calendar plan year 2017 or fi		01/01/2017	and ending	12/31/203	.7	
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/report	olan (not multiemployer) employer information in m/report (less than 12	accordance with th		
C Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension		☐ DFVC p	rogram	
Part II Basic Plan Info	ormation — enter all requested	<u> </u>				
1a Name of plan	STRACION enter all requestes	TUID(MANO)(1b Three-digit	·	
Silver & Silver PA	401(k) Plan			plan numb (PN) ►		
2a Plan sponsor's name (empl- Mailing Address (include ro- City or town, state or provin	2b Employer Identification Number (EIN) 65-0419730					
	City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Silver & Silver PA					
6100 Glades Rd Sui	6100 Glades Rd Suite 201					
US Boca Raton FL 33434			•			
	ind address 🗷 Same as Plan Sp	onsor		3b Administrat	or's EIN	
				3c Administrat	or's telephone number	
4 If the name and/or EIN of the	e plan sponsor or the plan name h	an abangad alpas the lock	alternation of floor	4b EIN		
	insor's name, EIN, the plan name a			40 EN		
a Sponsor's name C Plan Name				4d PN		
	at the beginning of the plan year				6	
	at the end of the plan year account balances as of the end of				7	
complete this item)	***************************************	2M2M2M4M4M4M4M4M4M4M4M4M4M4M4M4M4	#449490791499294H04AMISEPP49999944N		5	
	rticipants at the beginning of the pl	•	144 224 294 294 297 42 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 1/2	4	
Number of participants who	(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were				5	
less than 100% vested	**************************************			. 5e	. 0	
Under penalties of perjury and s SB or Schedule MB completed belief, it is true, correct, and cor	a or incomplete filing of this retu other penallies set forth in the instr and signed by an enrolled actuary, mplete.	uctions, I declare that I have	examined this return/r	eport, including, if a	oplicable, a Schedule	
SIGNE CALL		10.01-18				
HERE Signature of plan ad	ministrator	Date 10-61-18	Enter name of individ	ual signing as pian a	administrator	
Sign Signature of employe	-	Dale			yer or plan sponsor	

 ······································	

	Were all of the plan's assets during the plan year invested in eligible	•					*********	пини»	X Yes	∐No
Ŋ	Are you claiming a walver of the annual exemination and report of er under 29 CFR 2520.104-467 (See instructions on walver eligibility ar						1H10001H100	І НННИ	X Yes	∐No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inst	ead t	ise F	orm 6	500.			
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA section	1 402	1)?	[Yes	☐ No	Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emlum filing for this year					(See instruc	tions.)
Б	福川 Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year	•	<u> </u>		(b) End (of Year	
· a	Total plan assets	7a	- · · · · · · · · · · · · · · · · · · ·	2.2		1-		(-)	660,	963
ь	Total plan liabilities	7b		-		1			<u>-</u>	
c	Net plan assets (subtract line 7b from line 7a)	7c	542,291			660,963				963
8	Income, Expenses, and Transfers for this Plan Year	学想的				(b) Total				
а	Contributions received or receivable from:					"然后我们还是我们的 他是不会				
	(1) Employers	8a(1)	6,170		9:29% in 24.		TERRITORIUM PARTICIONIS PROPERTURA			
	(2) Participants	8a(2)		9,9	00	27 76				
- <u>-</u>	(3) Others (Including rollovers)	8a(3)				2011				
	Other Income (loss)	8b		2,6		1555	CREATE	an unital	hartis.	Carlotter
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		是任何	4	2.735	S 454, 180	erior, disposa in to per	118, 118, 200	672
u	to provide benefits)	8d				N. W	學學	多學學		
8	Certain deemed and/or corrective distributions (see instructions)	8e						開始	創門社会	
f	Administrative service providers (salaries, fees, commissions)	Bf				1			是對於	12.00
g	Other expanses	8g				NO.	學院			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	经经验的 医动物	學的學	(1) The					
$\overline{1}$	Net Income (loss) (subtract line 8h from line 8c)	81		遊览	選点			·	118,	672
$\overline{1}$	Transfers to (from) the plan (see instructions)	Bj					L.		動的影響	学系进 数
P	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructio	ns:	
	2E 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture code:	s from the List of Plan Cha	racte	ristic (Codes	in the	Instruction	ns:	
	ant.V. Compliance Questions									
10	During the plan year:				Yes	No	ΝA		Amount	
· ā	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo	ions withir	the time period							
	Program)			10a		ж				•
i	Were there any nonexempt transactions with any party-in-interest						类党			-
_	reported on line 10a.)		***********************************	10b		x	W.E.			
_	Was the plan covered by a fidelity bond?			10c	X		fantska Fantska			30,000
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		10d		x	がは			
•	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.)	e or all of	the benefits under	10e		x	排除器師			
				105		x	4.37			
			······	10g		ж	50.00 佐第:		**	
_	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (TOS				THE STATE OF	armeta.	
	2520,101-3.)	** *** * *** ***	M 0004 4 December 1 december 1 december 6	10h		х		in Marki Malakana Markina		
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required 1-3	notice or one of the	10i				Children of the Control of the Contr	e lla il el La pala a	建设
	•									

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-	Form 5500-SF 2017		Page 3 -						
Parl	VI Pension Funding Complianc	e					-		
11	Is this a defined benefit plan subject to minimul (Form 5500 and line 11a below)					3B	☐ Yes	x	No
. 11a	Enter the unpaid minimum required contribution	ns for all years from Schedule SB (For	m 5500) line 40	*********	11a				
12	Is this a defined contribution plan subject to th		ction 412 of the		on 30,2 c	of	☐ Yes	x	No
	(If "Yes," complete line 12a or lines 12b, 12c,								
a 	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								
lf y	ou completed line 12a, complete lines 3, 9, a	nd 10 of Schedule MB (Form 5500),	and skip to lin	e 13.					
<u>, b</u>	Enter the minimum required contribution for thi	s plan year	*********		12b			•••	
c	Enter the amount contributed by the employer to the plan for the plan year								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A				
Par	Plan Terminations and Trans	sfers of Assets							
13a	Has a resolution to terminate the plan been ad	opted in any pian year?				Yes	X No		
	If "Yes," enter the amount of any plan assets to	nat reverted to the employer this year	# 20 # 22 22 24 24 24 24 24 24 24 24 24 24 24	. 24 24 24 24 24 24 24 24	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes X No			
C	If, during this plan year, any assets or liabilities which assets or liabilities were transferred. (Se	· · · · · · · · · · · · · · · · · · ·	other plan(s), ide	entify the plan(s	s) to ·				
1	3c(1) Name of plan(s):			13c(2) E	IN(s)		13c(3) i	PN(s)	
	·	•							