## 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information								
For calend	ar plan year 2018 or fi	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018					
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) (l employer information in ac	-					
		a one-participant plan	n a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	automatic extension	1	DFVC program	m				
		special extension (enter descr	' '							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name SILVER & S	of plan ILVER PA 401(K) PLA	AN			<b>1b</b> Three-digir plan numb (PN) ▶					
					1c Effective d	late of plan 01/01/2007				
		oyer, if for a single-employer plan)			<b>2b</b> Employer l	Identification Number				
		m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		structions)	(EIN)	65-0419730 telephone number				
SILVER & S	ILVER PA					1-488-3344				
6100 CL ADE	ES RD SUITE 201				<b>2d</b> Business of	code (see instructions)				
	ON, FL 33434					541110				
<b>3a</b> Plan administrator's name and address ☒ Same as Plan Sponsor.					<b>3b</b> Administra	itor's EIN				
						tor's telephone number				
		e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			<b>4b</b> EIN					
	or's name				4d PN					
C Plan N	iame									
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	5				
		s at the end of the plan year		•	5b	5				
		account balances as of the end of	. , , ,	· ·	5c	5				
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	3				
		articipants at the end of the plan yea			5d(2)	3				
		terminated employment during the			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.								
SIGN		I/valid electronic signature.	10/09/2019	BRUCE SILVER						
HERE	Signature of plan a	administrator	Date	Enter name of individu	ual signing as pla	an administrator				
SIGN	Filed with authorized	I/valid electronic signature.	10/09/2019	BRUCE SILVER						
HERE	l C:		L D-1-							

Date

Enter name of individual signing as employer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Ye	s No
b	Are you claiming a waiver of the annual examination and report of a under 20 CEP 2520 104 462 (See instructions on waiver cligibility)							X Ye	s $\square$ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								. П . т.
С	<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No							Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	lan yea	r			(See inst	ructions.)
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year	
a	Total plan assets	7a	` ,	660963			(4) =	661973	3
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	66	60963				661973	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:			0070					
	(1) Employers	8a(1)		6373					
	(2) Participants	8a(2)		46900	$\dashv$				
	(3) Others (including rollovers)	8a(3)		E0060					
	Other income (loss)	8b	-:	52263				4046	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1010	
	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							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1010	)
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period		100	1.10		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40					
b	Program)  Were there any nonexempt transactions with any party-in-interest			10a		X			
	reported on line 10a.)	•		10b		X			
	Was the plan covered by a fidelity bond?			10c	Χ			30	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		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	ne require	d notice or one of the	10i					
	5.05 p. 15.16 to providing the house applied under 20 of 17 2020.10				<u> </u>				

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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 (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	<b>a</b> 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, 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 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to					
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Dopartment 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).

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

2018

This Form is Open to Public Inspection

Partil Annual Report Identification Inform	ation	addicting to title 1 Citif Co	00-di-	
For calendar plan year 2018 or fiscal plan year beginning	01/01/2018	and ending	12/31/20:	18
A This return/report is for:	a multiple-employe	r plan (not multiemployer) g employer information in	(Filers checking th	is box must attach
B This return/report is:    a one-participant plan   the first return/report   an amended return/rep	a foreign plan the final return/repo			
<u>.</u>	Off a short plan year re	eturn/report (less than 12	monins)	
C Check box if filing under: Form 5558 Special extension (enter	automatic extensio	n	DFVC p	rogram
Parfill Basic Plan Information enter all requ			·	
1a Name of plan	Jested (mormation		1b Three-digi	<del> </del>
Silver & Silver PA 401(k) Plan		•	plan numb (PN) ►	er   001
0			1c Effective d 01/01/2	
2a Plan sponsor's name (employer, if for a single-employer Mailing Address (Include room, apt., suite no. and street City or town, state or province, country, and ZIP or foreig	, or P.O. Box)	nstructions)		dentification Number -0419730
Silver & Silver PA				telephone number 88-3344
6100 Glades Rd Suite 201	•		2d Business of 541110	ode (see instructions)
US Bocs Raton FL 33434				
3a Plan administrator's name and address X Same as P	lan Sponsor		3b Administra	lor's EIN
•				
			3c Administra	tor's telephone number
4 If the name and/or EIN of the plan sponsor or the plan na this plan, enter the plan sponsor's name, EIN, the plan n	ame has changed since the las ame and the plan number from	t return/report filed for the last return/report.	4b EIN	
a Sponsor's name C Plan Name			4d PN	
5a Total number of participants at the beginning of the plan	уеаг	heu nau du d'étabré que que que la pout date ne ceance d'et de	5a	5
b Total number of participants at the end of the plan year		0000000001	5b	5
C Number of participants with account balances as of the a complete this item)	***************************************		5c	5
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 plants who terminated employment duri		enefits that were	5d(2)	3
	***************************************		5e	0
Caution: A penalty for the late or incomplete filing of this				
Under penalties of perjury and other penalties set forth in the SB or Schedute MB completed and signed by an enrolled ac belief, it is true, corrept, and complete.	e instructions, I declare that I ha duary, as well as the electronic	ve examined this return/re version of this return/repo	eport, including, if a rt, and to the best o	pplicable, a Schedule If my knowledge and
Sign Sylw				
HERE Signature of plan administrator	Date	Enter name of Individu	ial signing as plan :	administrator
			- d. e. d as bisti	
HERE Signature of employer/plan sponsor	Date	Enter name of individu	ial signing as emplo	OVER OF DISH SHOPS OF

Form	5500-	SF	201	ı

Pao	e	2
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	<u> </u>									
6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							□No		
b	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.)									
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Fon	m 5500-SF and must inst	ead	use F	orm (	5500.			
¢	if the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)7	******	Ye	s 🔲 No	☐ Not de	etermineo
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pro	emium filing for this year		-			_	(See instru	ctions.)
켗넊	Financial Information	macronomicon:	u			<u> </u>				
	Plan Assels and Liabilities	電影響	(a) Beginning of	Yea	г	_		(b) End	of Year	
<u>a</u>	Total plan assets	7a	66	0 . 9	63				661,	973
b	Total plan liabilities	7b				_			······	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	66	50,9	63	╀			661,	973
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	<b>电机</b> 砂	(a) Amount			100000	V 36 5 5	(d)	Total	
ч	(1) Employers	Ba(1)		6,3	73					思性创造
	(2) Participants	8a(2)	4	6.9		1300	ALC:		四部设计	
	(3) Others (including rollovers)	8a(3)				1	<b>************************************</b>	TE P		
b	Other Income (loss)	8b	(52	,25	3)		e in lit	New Arts	and and a	4 700
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		新花	**************************************	G .	THE COURT	mayetine ere	en e	11-78-4-13-13-13-13-13-13-13-13-13-13-13-13-13-
ď	Benefits paid (including direct rollovers and insurance premiums		Terrors and the particular property of	A11.00	3 <u>0929</u>		世紀	30.763		010 記憶記集
	to provide benefits)	8d				1976	156	學被各种	建制的各	信能指
_	Certain deemed and/or corrective distributions (see instructions)	89						NEW YEAR		的智能
<u>†</u>	Administrative service providers (salaries, fees, commissions)	8f				<b>海</b>	開發	能數學。	<b>网络北</b>	和粉粉的
<u>g</u>	Other expenses	8g	1000 to Olyanowak representative desirabilities		teris idea	100	接應	體制器	學順學	<b>NAME</b>
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			造造					
1	Net income (loss) (subtract line 8h from line 8c)							7	1,	010
THE	Transfers to (from) the plan (see instructions)						世界			
	Plan Characteristics					•				
9a	If the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 3D	ature code	es from the List of Plan Ch	araci	eristic	Code	es in th	e instructi	ons:	
h	If the plant would be uniform to the contract to contract to the contract to t									
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	nsuc (	Code	in the	instructio	ns:	
Je:	Compliance Questions									_
10	During the plan year:				Yes	No	NA		Amount	
8	Was there a failure to transmit to the plan any participant contributi	ons within	the time period				鐵寶			
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo	luntary Fid	luciary Correction					i		
	Program)			10a		x				
k	Were there any nonexempt transactions with any party-in-interest?	' (Do not ir	nclude transactions	,•						-
	reported on line 10a.)			10b		Х	-			
_	Was the plan covered by a fidelity bond?			10c	x				3	0,000
	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		х		1		
e	Were any faes 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	an?				x	觀測			
		-		10g		х		1097 0		
	If this is an individual account plan, was there a blackout period? (3 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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GFA120K	5-per-hottine-ci								_
Par	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 c	omplete Sc	hedule	SB	Ye:	s X	No
<u>11a</u>	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	the Co	de or secti	on 302	of	∏ Ye:	s X	No.
	(if res, complete line 12a of lines 12b, 12c, 12d, and 12e below, as applicable.)						-		110
a	if a waiver of the minimum funding standard for a prior year is being amortized in tr granting the waiver	*****************	Mo	nth		the date	of the lette		
<u> </u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	), and skip to	line 1:	3.					
b_	Enter the minimum required contribution for this plan year.	***************	<b>11002301300</b>	[4] }	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)	a minus sign	to the I	eft of a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding dead	ine?	· · · · · · · · · · · · · · · · · · ·	*************		Yes [	No [	N/A	
Par	Mis Plan Terminations and Transfers of Assets				·!				
13a	Has a resolution to terminate the plan been adopted in any plan year?	*****************				Yes	X N		
	if "Yes," enter the amount of any plan assets that reverted to the employer this yea				13a		<del></del>		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a control of the PBGC?	nother plan, or	brougi	nt under the	3		Yes X	No	
C	if, during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nother plan(s),	identif	y the plan(s	s) to				
1:	3c(1) Name of plan(s):			13c(2) E	IN(s)		13c(3)	PN(s)	
			$\neg$						
								•	

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