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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	Senefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 5500)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report le	dentification Information				•	
For calend	dar plan year 2013 or fisc		2013	and ending 12	2/31/2	013	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report		n/report (less than 12 mo	onths)	_	
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension			DFVC progra	am
Part II	Rasic Plan Infor	mation—enter all requested info	. ,				
1a Name	•	mation—enter an requested into	imation		1h	Three-digit	
	•	1(K) PROFIT SHARING PLAN				plan number	
WORLDWIL	DE HORET & ENDEE 40	THE THE STATE OF LAW				(PN) •	001
					1c	Effective date o	f plan
						01/01	/2006
	sponsor's name and add DE TICKETS & LABELS	ress; include room or suite numbers, INC.	r (employer, if for a single-	-employer plan)			fication Number 888161
2606 OLIAN	ITUM BLVD				2c	Sponsor's telep	
	ITUM BLVD. BEACH, FL 33426				2d	Business code ((see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponso	or Name Same as Plar	n Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4 1611				0: 1 1 0			
		plan sponsor has changed since the ber from the last return/report.	ne last return/report filed to	or this plan, enter the	4b	EIN	
	sor's name	ber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a	<u> </u>	98
_		at the end of the plan year		H	5b		96
	·	ccount balances as of the end of the		<u> </u>	30		30
comp	olete this item)				5c		79
		during the plan year invested in eli	-				X Yes No
		the annual examination and report (See instructions on waiver eligibil					X Yes No
		her line 6a or line 6b, the plan ca	-				
-		plan, is it covered under the PBG0					Not determined
		r incomplete filing of this return/ er penalties set forth in the instruct					pablo a Cabadula
SB or Sch		d signed by an enrolled actuary, as					
SIGN	Filed with authorized/va	alid electronic signature.	06/19/2014	ERIK COVITZ			
HERE	FRF		Enter name of individu	ıal sigi	ning as plan adr	ministrator	
SIGN						,	
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ıal sigi	ning as employe	er or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; inc	clude room or suite numbe				number (optional)
Ī							

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
a	Total plan assets	7a	155480				(B) Life		718270	3
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	155480	1				17	18276	3
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) Amount				(15)	IOLAI		
	(1) Employers	8a(1)	10752	2						
	(2) Participants	8a(2)	16863	0						
	(3) Others (including rollovers)	8a(3)	764	7						
b	Other income (loss)	8b	18813	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	71933	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30750	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	95	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							30845	3
	Net income (loss) (subtract line 8h from line 8c)	8i							16347	5
	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	_ <u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions):	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:		
D	(V. Osmalianas Omatiana									
Par	•			1			ı			
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Corr	ection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
c	Was the plan covered by a fidelity bond?			10c	X					200000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				200000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
-	insurance service, or other organization that provides some or all	•	•		_					
	instructions.)		' '	10e	X					8876
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	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 2520.10	ne required	d notice or one of the	10i						
Part		1 0		10.						
11	<u> </u>	onto 2 (If II)	Vos " and instructions and com	nloto	Sobor	lula CI	2 /Form	T		
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date of	the le Yea		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1			
b	Enter the minimum required contribution for this plan year				[12b				

Page	3 -		1
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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?	Y	es X 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information	ince with the mander	dons to the rolling	00-01 .			
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013	,	and ending	12/31/2013			
	ı multiple-employer pla	ın (not multiemployer)	a one-parti	cipant plan		
B This return/report is:	he final return/report					
	short plan year return	report (less than 12 n	nonths)			
	automatic extension		☐ DFVC prog	ıram		
special extension (enter description				,,,,,		
				· · · · · · · · · · · · · · · · · · ·		
	aon		1b Three-digit	-1		
1a Name of plan Worldwide Ticket & Label 401(k) Profit Sharing Plan			plan number			
Fronting Control & Education For Control of Control			(PN)	001		
			1c Effective date 01/0	of plan 1/2006		
2a Plan sponsor's name and address; include room or suite number (em Worldwide Tickets & Labels, Inc.	nployer, if for a single-e	employer plan)	2b Employer ide (EIN) 65-0	ntification Number 888161		
			2c Sponsor's tel	ephone number 426-5754		
3606 Quantum Blvd.	•			e (see instructions)		
Boynton Beach, FL 33426			3231	00		
3a Plan administrator's name and address Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b Administrator	's EIN		
			3c Administrator	's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the la	st return/report filed fo	r this plan, enter the	4b EIN			
name, EIN, and the plan number from the last return/report.	ļ					
a Sponsor's name	11 11 11 11 11 11		4c PN			
5a Total number of participants at the beginning of the plan year			· 5а	98		
b Total number of participants at the end of the plan year			5b	96		
Number of participants with account balances as of the end of the placement of the pla			5c	79		
6a Were all of the plan's assets during the plan year invested in eligible				X Yes No		
b Are you claiming a waiver of the annual examination and report of a	n independent qualifie	d public accountant (I	QPA)	X Yes No		
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	nd conditions.)	and must instead us	se Form 5500	V 102 11 110		
C If the plan is a defined benefit plan, is it covered under the PBGC ins				☐ Not determined		
Caution: A penalty for the late or incomplete filing of this return/rep	ort will be assessed i	inless reasonable c	ause is established.	***************************************		
Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.	, I declare that I have on the last the electronic vers	examined this return/reposition of this return/reposition	report, including, if apport, and to the best of	olicable, a Schedule my knowledge and		
SIGN SOLOA		ERIK COVITZ				
SIGN HERE Signature of plan administrator	Date 61714	Enter name of Indiv	idual signing as plan	administrator		
	Date with the	Enter hame of that	ideal olgimig as pien			
SIGN HERE OF THE PROPERTY OF T	D.1.	Full-united (1)	delual alertan as sarri	over or plan anama		
Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; includes	Date		idual signing as empl	oyer or plan sponsor one number (optional)		
reparers name (including nim name, it applicable) and address, include	S TOOM OF SURE HUMBE	Copulation	1 Toparor o tosoprio	Mannas (abnama)		
	4					

v. 130118

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Yea	ır	
a	Total plan assets	7a	1554801					171	8276	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	1554801	i	1		1718276			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:				180					
	(1) Employers	8a(1)	107522		7550					
	(2) Participants	8a(2)	168630		V(0)					1 A 1 C 1
	(3) Others (including rollovers)	8a(3)	7647		N 35.5					
	Other income (loss)	8b	188134	1 55 (10-542)	(353)	ajusõuse	254.000 CH 172			9,023,010,01
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			43 30338	900 (S. 1949)		47	1933	e/warashini
d 	to provide benefits)	. 8d	307508	3	100					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			200					
f	Administrative service providers (salaries, fees, commissions)	8f	950)						
g	Other expenses	8g		C1154.854	40 (1982) Alt				0.475	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				AF		-		8458	
j	Net income (loss) (subtract line 8h from line 8c)				ce SS Gasta	secologi		16	3475	ere er en e
j	Transfers to (from) the plan (see instructions)	8j			88	\$\$ 187 W	\$160 B	(3) SV		
	rt IV Plan Characteristics	da w								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Char	acteris	tic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Plan Chara	cterist	ic Cod	les in th	ne instructi	ons:		
Pa	t V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid	utions with luciary Cor	in the time period described in rection Program)	10a		х				
Ī	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		х				
	Was the plan covered by a fidelity bond?		**************	10c	Х				2	00000
	d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	ond, that was caused by fraud	10d		х				
	Were any fees or commissions paid to any brokers, agents, or of									
,	insurance service, or other organization that provides some or al instructions.)	il of the be	nefits under the plan? (See	10e	х					8876
	f Has the plan failed to provide any benefit when due under the plants			10f		Х				
	The state of the s		· · · · · · · · · · · · · · · · · · ·	10g	<u> </u>	Х				
	h If this is an individual account plan, was there a blackout period?	(See inst	ructions and 29 CFR	10g		Х				3
	2520.101-3.)	the require	ed notice or one of the	101						
22,763	exceptions to providing the notice applied under 29 CFR 2520.1	01-02	***************************************	1 101			Tara Ministeriori (12)	agaraerafe;	<u>vanedy Parts Per</u>	<u> </u>
10000	rt VI Pension Funding Compliance		M/ II instructions and ser	nnloto	Saha	dula SE	R (Form	T	·	
11	5500) and line 11a below)		·····	•••••	1				Yes	X No
_11	a Enter the unpaid minimum required contribution for current year					11a	<u> </u>	T /~		
12				e or se	ection	302 of	ERISA?		Yes	X No
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	w, as appli	cable.)				<u> </u>	0. 1		
	a If a waiver of the minimum funding standard for a prior year is be granting the waiver.	************	Mo	ntn	, and	enter th Day	ne date of	the le	r <u> </u>	ng ——
	If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ule MB (Fo	orm 5500), and skip to line 13			4.50	Π΄			
	b Enter the minimum required contribution for this plan year			<u></u>		12b				

age 3	-	1
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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)	12đ		
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?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	∕es χN	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 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.)			
	I3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		