## 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/2	_	9	/31/2014	
A Th:	otuvalnoportis for	a single-employer plan		er plan (not multiemployer)		
A This re	eturn/report is for:	a one-participant plan	a foreign plan	ployer information in accord	dance with the fol	m instructions)
R This re	turn/report is	the first return/report	the final return/repo	ort		
D IIIIS IE	tuni/report is	an amended return/report	. 님	eturn/report (less than 12 m	onths)	
		an amended return report		stanificport (icas than 12 m	—	
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC	orogram
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	iormation—enter all requested in	formation			
1a Name	•	enter an requested in	iomation		<b>1b</b> Three-digi	it
	•	. 401(K) PROFIT SHARING PLAN			plan numb	
					(PN) •	001
					1c Effective of	01/01/2006
2a Plan	sponsor's name and a	address; include room or suite numb	er (employer, if for a sin	gle-employer plan)	<b>2b</b> Employer	Identification Number
NORLDWIE	DE TICKETS & LABE	LS, INC.				65-0888161
					-	telephone number
	ITUM BLVD. BEACH, FL 33426					54-426-5754
	22, (3. 1, 1. 2. 33. 12.				Zu Business	code (see instructions) 323100
3a Plan	administrator's name	and address XSame as Plan Spon	sor.		<b>3b</b> Administra	
					3C Administra	ator'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	number from the last return/report.			4c PN	
		ts at the beginning of the plan year.			5a	98
_		ts at the end of the plan year			h	89
		h account balances as of the end of				
					5c	73
<b>d(1)</b> To	otal number of active p	participants at the beginning of the p	lan year		5d(1)	7:
<b>d(2)</b> To	otal number of active p	participants at the end of the plan ye	ar		5d(2)	66
<b>e</b> Numb	er of participants that	terminated employment during the	plan year with accrued b	enefits that were	5e	(
		e or incomplete filing of this retur				
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, mplete.				
SIGN		d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator
SIGN					<u> </u>	
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	nployer or plan sponsor
Preparer's	s name (including firm	name, if applicable) and address (i		mber ) (optional)		phone number (optional)
	· •	,		•		, ,
					Ī	

	Form 5500-SF 2014		Page <b>2</b>					
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indepe and condit	ndent qualified public accounta	int (IQ	PA)		X Yes [] N	No No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No Not determined	
Par	t III Financial Information	1						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a	17182	276	-		1971215	
	Total plan liabilities	7b	17182	76			1971215	_
	Net plan assets (subtract line 7b from line 7a)	7c		-70				
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	1124					
	2) Participants	8a(2)	1826	39				
	(3) Others (including rollovers)	8a(3)	0.50					
	Other income (loss)	8b	953	312			200110	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					390443	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1370	004				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	5	500				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					137504	
	Net income (loss) (subtract line 8h from line 8c)	8i					252939	
J	Transfers to (from) the plan (see instructions)	8j						
b	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	eature coc	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:	
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contributing 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Cor	rection Program)	10a		X		
	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		20000	)0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X		
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	X		1018	39
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	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			10i				
Part								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			- 1.				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e 	enter th Day		

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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.

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Car adjunder plan year 2014 or flood plan	ication Information					
For calendar plan year 2014 or fiscal plan				<u>2/31/2014</u>		<del></del>
A This return/report is for:		a multiple-employer plar of participating employe a foreign plan	n (not multiemployer) ( r information in accord	Filers checking Filers with the Filers checking Filers checking Files F	ng this bo e form ins	x must attach a list tructions)
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	片.	ne final return/report short plan year return/i	eport (less than 12 m	onths)		
	— —			_		
C Check box it lilling under.		automatic extension		∐ DF\	√C progra	am
□ spec	cial extension (enter description	,				
Part II   Basic Plan Informatio	n—enter all requested informa	tion		T		,
1a Name of plan Worldwide Ticket & Label 401(k) Profit Sharing Plan					-digit :umber ▶	001
				1c Effecti 01/01		f plan
2a Plan sponsor's name and address; in Worldwide Tickets & Labels, Inc.	clude room or suite number (er	nployer, if for a single-e	mployer plan)		yer Identi 65-08881	fication Number 61
				2c Spons	-	hone number 426-5754
3606 Quantum Blvd.				2d Busine 323100		(see instructions)
Boynton Beach, FL 33426  3a Plan administrator's name and addre	es Visama as Plan Snonsor			3b Admir		EIN
			27	30 Admir	nistrators	telephone number
4 If the name and/or EIN of the plan sp name, EIN, and the plan number fro		ast return/report filed for	this plan, enter the	4b EIN		
· · · · · · · · · · · · · · · · · · ·	·		•	40 PN		
a Sponsor's name				4c PN		98
Sponsor's name     Total number of participants at the b	eginning of the plan year			5a		98
<ul><li>a Sponsor's name</li><li>5a Total number of participants at the b</li><li>b Total number of participants at the e</li></ul>	eginning of the plan yearnd of the plan year			5a 5b		89
Sponsor's name     Total number of participants at the b     Total number of participants at the e     Number of participants with account complete this item)	eginning of the plan yearnd of the plan yearbalances as of the end of the p	lan year (defined benef	it plans do not	5a 5b 5c		89 73
Sponsor's name     Total number of participants at the b     Total number of participants at the e     Number of participants with account complete this item)	eginning of the plan yearbalances as of the end of the plan year sat the beginning of the plan ye	ear	it plans do not	5a 5b 5c 5d(1)		89 73 75
a Sponsor's name     5a Total number of participants at the b     b Total number of participants at the e     c Number of participants with account complete this item)	eginning of the plan yearbalances as of the end of the plan year sat the beginning of the plan year	ear	it plans do not	5a 5b 5c 5d(1) 5d(2)		89 73 75 66
a Sponsor's name     5a Total number of participants at the b     b Total number of participants at the e     c Number of participants with account complete this item)	eginning of the plan yearnd of the plan yearbalances as of the end of the plan yes at the beginning of the plan yes at the end of the plan year	earyear (defined benef	it plans do not	5a 5b 5c 5d(1) 5d(2) 5e		89 73 75
a Sponsor's name  5a Total number of participants at the b b Total number of participants at the e c Number of participants with account complete this item)	eginning of the plan year  nd of the plan year  balances as of the end of the plan year  s at the beginning of the plan year  d employment during the plan year  mplete filling of this return/regatiles set forth in the instruction	earyear (defined benef earyear with accrued benef port will be assessed us. I declare that I have e	it plans do not its that were inless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is estab	ıg, if appli	73 75 66 0
a Sponsor's name  5a Total number of participants at the b b Total number of participants at the e c Number of participants with account complete this item)	eginning of the plan year  nd of the plan year  balances as of the end of the plan year  s at the beginning of the plan year  d employment during the plan year  mplete filling of this return/regatiles set forth in the instruction	earyear (defined benef earyear with accrued benef port will be assessed us. I declare that I have e	it plans do not its that were inless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is estab	ıg, if appli	73 75 66 0
a Sponsor's name  5a Total number of participants at the b b Total number of participants at the e c Number of participants with account complete this item) d(1) Total number of active participant d(2) Total number of active participant e Number of participants that terminate less than 100% vested	eginning of the plan year	earyear (defined benef earyear with accrued benef port will be assessed us. I declare that I have e	it plans do not  its that were  inless reasonable ca examined this return/repo	5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the	ng, if appli best of m	73 75 66 0 cable, a Schedule y knowledge and
a Sponsor's name  5a Total number of participants at the b b Total number of participants at the e c Number of participants with account complete this item)	eginning of the plan year	year with accrued beneficed by the second of	it plans do not  its that were  inless reasonable caexamined this return/repoile ion of this return ion of this return/repoile ion of this return/repoile io	5a 5b 5c 5d(1) 5d(2) 5e use is estable port, including t, and to the	ng, if appli best of m	73 75 66 0 cable, a Schedule y knowledge and