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).

1210-0089

OMB Nos. 1210-0110

2014

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			2/31/2014			
A This re	eturn/report is for:	X a single-employer plan	of participating empl	plan (not multiemployer) oyer information in accor		his box must attach a list rm instructions)		
		a one-participant plan	a foreign plan					
B This re	eturn/report is	<u> </u>	the first return/report the final return/report					
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)			
C Check	k box if filing under:	X Form 5558	automatic extension		☐ DFVC p	orogram		
	J	special extension (enter desc	cription)					
Part II	Basic Plan Inf	ormation—enter all requested in	formation					
1a Name					1b Three-digi			
SCHICKED	DANZ 401K PLAN				plan numb (PN) ▶	oer 001		
					1c Effective of			
						07/01/1996		
2a Plan : WKS 2007 (sponsor's name and a GROUP, LLLP	address; include room or suite numb	per (employer, if for a single	e-employer plan)	. ,	Identification Number 59-2075887		
						telephone number		
	ITARY TRAIL, SUITE CH GARDENS, FL 33					61-845-8797		
I ALW BLA	OH GARDENO, LE 33	410				code (see instructions) 236110		
3a Plan	administrator's name	and address XSame as Plan Spor	sor.		3b Administra	itor's EIN		
					3c Administra	tor's telephone number		
4 If the		h	the least water was for a set file of	for this plan antouth a	Ab En			
name	e, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN			
	sor's name	to at the head are an at the arter comm			4c PN			
_		ts at the beginning of the plan year				9		
		ts at the end of the plan year			5b	10		
		n account balances as of the end of			5c	5		
d(1) To	otal number of active p	articipants at the beginning of the p	lan year		5d(1)	8		
d(2) To	otal number of active p	participants at the end of the plan ye	ear		5d(2)	9		
		terminated employment during the			5e	0		
		or incomplete filing of this retu			use is establishe	d.		
Under per SB or Sch	nalties of perjury and o	other penalties set forth in the instruand signed by an enrolled actuary,	ctions, I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedule		
SIGN		d/valid electronic signature.	09/08/2015	THOMAS APPELGAT	ГЕ			
HERE	Signature of plan administrator Date Enter name of individu			dual signing as pla	n administrator			
SIGN								
HERE						ployer or plan sponsor		
Preparer's	s name (including firm	name, if applicable) and address (i	nclude room or suite numb	per) (optional)	Preparer's telep	hone number (optional)		

	Form 5500-SF 2014		Page 2								
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 con	an indeper and conditi	ndent qualified public accounta	nt (IQ	PA)				X Ye	_	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
<u>a</u>	Total plan assets	7a	3805	548					39	2257	
b	Total plan liabilities	7b		0						0	
C	Net plan assets (subtract line 7b from line 7a)	7c	3805	548	_				39	2257	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(k) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)			0							
	Other income (loss)	8b	172	289							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1	7289	
	Benefits paid (including direct rollovers and insurance premiums			0							
	to provide benefits)	8d		0							
	Certain deemed and/or corrective distributions (see instructions)	8e	55	580							
	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5580	
	Net income (loss) (subtract line 8h from line 8c)	8i							1	1709	
	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics	U U									
b Part		eature cod	es from the List of Plan Charad	cterist			he instr	uctior	ıs:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b	X					11	7488
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ					
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 ben	efits under the plan? (See	10e	X						3485
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 as	s of year e	nd.)	10g	X					11	7488
h						Х					
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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA'		Ye	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day			letter ear	ruling]

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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):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

For calen		fiscal plan year beginning (01/01/2014	and ending	12/31/20	114			
		X a single-employer plan	-						
A This re	eturn/report is for:		of participating empl	oyer information in acco	er) (Filers checking this box must attach a lis cordance with the form instructions)				
		a one-participant plan	a one-participant plan a foreign plan						
B This re	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12	months)				
C Check	box if filing under:		DFVC program						
		special extension (enter description							
Part II	Basic Plan Info	ormation—enter all requested inform	nation						
1a Name					1b Three-digit				
SCHICK	EDANZ 401K PL	AN			plan number (PN) ▶	001			
					1c Effective date 07/01/19	of plan 96			
2a Plans WKS 20	sponsor's name and ac 07 GROUP, LLL	ddress; include room or suite number (e P	employer, if for a single	e-employer plan)	2b Employer Ide (EIN) 59-20				
					2c Sponsor's tel				
7711 N	MILITARY TRA	IL, SUITE 212			561-845-				
DAT.M B	EACH GARDENS	DI 2044.0			2d Business code				
		FL 33410 nd address XSame as Plan Sponsor.			236110				
ou man c	diffiliation a fiallic at	address Asame as Plan Sponsor.			3b Administrator'	s EIN			
					20 Administrator	o tolombono municio			
					SC Administrator	s telephone number			
					3c Administrator	s telephone number			
					3C Administrator	s telephone number			
					3C Administrator	s telephone number			
4 If the I	name and/or EIN of the	∍ plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the		s telephone number			
name	, ⊨iiN, and the pian nur	e plan sponsor has changed since the la mber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN	s telephone number			
a Spons	, EIN, and the plan hur or's name	mber from the last return/report.			4b EIN 4c PN	s telephone number			
a Spons 5a Total	, EIN, and the plan hur or's name number of participants	at the beginning of the plan year			4b EIN 4c PN 5a	s telephone number			
a Spons 5a Total	number of participants	at the beginning of the plan year			4b EIN 4c PN 5a				
a Spons 5a Total i b Total i c Numb	number of participants number of participants number of participants er of participants with a	at the beginning of the plan year	olan year (defined bene	efit plans do not	4b EIN 4c PN 5a	9			
a Spons 5a Total i b Total i c Numb comple d(1) Total	number of participants reference of participants reference of participants reference of participants reference of participants with a	at the beginning of the plan year	olan year (defined bene	efit plans do not	4b EIN 4c PN 5a 5b	9			
a Spons 5a Total i b Total i c Numb comple d(1) Total d(2) Total	number of participants reference of participants reference of participants reference of participants with a reference this item) reference of active participants of active participants	at the beginning of the plan year	olan year (defined bene ear	fit plans do not	4b EIN 4c PN 5a 5b 5c	9 10 5			
a Spons 5a Total i b Total i c Numb comple d(1) Total d(2) Total	number of participants reference of participants reference of participants reference of participants with a reference this item) reference of active participants of active participants	at the beginning of the plan year	olan year (defined bene ear	fit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	9 10 5 8			
a Spons 5a Total a b Total a c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A	number of participants or's name number of participants or of participants of participants of participants of participants of ete this item)	at the beginning of the plan year	plan year (defined bene ear	ofit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	9 10 5 8 9			
a Spons 5a Total of C Number Completed (1) Total of C Number Completed (2) Total of C Number Caution: A Under penass or Scheller	number of participants or's name number of participants or participants with a set et his item)	at the beginning of the plan year	ear with accrued bene	efit plans do not efits that were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	9 10 5 8 9			
a Spons 5a Total i b Total i c Numb comple d(1) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t	number of participants or participants or participants or participants with a set of this item)	at the beginning of the plan year	ear with accrued bene	efit plans do not efits that were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applit, and to the best of means.	9 10 5 8 9			
a Spons 5a Total i b Total i c Numb comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t	number of participants or's name number of participants or participants with a set et his item)	at the beginning of the plan year	ear with accrued bene	efit plans do not efits that were unless reasonable care examined this return/report Thomas Appelg	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applied, and to the best of materials.	9 10 5 8 9 0 cable, a Schedule y knowledge and			
a Spons 5a Total of C Number Completed (1) Total of C Number Caution: A Under penase B or Schebelief, it is the SIGN HERE	number of participants or's name number of participants or participants with a set of this item)	at the beginning of the plan year	vear with accrued beneficial beneficial will be assessed to a street that I have a street tha	efit plans do not efits that were unless reasonable care examined this return/report Thomas Appelg	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applied, and to the best of materials at the dual signing as plan additional at the dual at the dual signing as plan additional at the dual signing as plan additional at the dual at the dual signing as plan additional at the dual at	9 10 5 8 9 0 cable, a Schedule y knowledge and			
a Spons 5a Total i b Total i c Numb comple d(1) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participants number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year	vear with accrued beneficial beneficial with accrued beneficial be	efits that were unless reasonable can examined this return/report Thomas Appelg Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applied, and to the best of material atterial atteri	9 10 5 8 9 0 cable, a Schedule y knowledge and			
a Spons 5a Total i b Total i c Numb comple d(1) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participants number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year	vear with accrued beneficial beneficial with accrued beneficial be	efits that were unless reasonable can examined this return/report Thomas Appelg Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applied, and to the best of materials at the dual signing as plan additional at the dual at the dual signing as plan additional at the dual signing as plan additional at the dual at the dual signing as plan additional at the dual at	9 10 5 8 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor			
a Spons 5a Total i b Total i c Numb comple d(1) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participants number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year	vear with accrued beneficial beneficial with accrued beneficial be	efits that were unless reasonable can examined this return/report Thomas Appelg Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applied, and to the best of mate dual signing as plan ad ate dual signing as employ	9 10 5 8 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor			
a Spons 5a Total i b Total i c Numb comple d(1) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participants number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year	vear with accrued beneficial beneficial with accrued beneficial be	efits that were unless reasonable can examined this return/report Thomas Appelg Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applied, and to the best of mate dual signing as plan ad ate dual signing as employ	9 10 5 8 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor			
a Spons 5a Total i b Total i c Numb comple d(1) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participants number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year	vear with accrued beneficial beneficial with accrued beneficial be	efits that were unless reasonable can examined this return/report Thomas Appelg Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applied, and to the best of mate dual signing as plan ad ate dual signing as employ	9 10 5 8 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor			
a Spons 5a Total i b Total i c Numb comple d(1) Tota e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	number of participants number of participants number of participants er of participants with a ete this item)	at the beginning of the plan year	vear with accrued beneficial beneficial with accrued beneficial be	efits that were unless reasonable can examined this return/report Thomas Appelg Enter name of individ	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if applied, and to the best of mate dual signing as plan ad ate dual signing as employ	9 10 5 8 9 0 cable, a Schedule y knowledge and ministrator er or plan sponsor			

6a b	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.	an independ	ent qualified public accour	ntant (IQPA)		Ves I No
С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pro	gram (see ERISA section	4021)	96 FUI	III 990 ∏ Ye	s No Not determined
Pa	art III Financial Information		0 (1021)			a
7	Plan Assets and Liabilities	14114	(a) Reginning of V				// N = 1
а	Total plan assets	. 7a	(a) Beginning of Y	ear 3805	10		(b) End of Year
b				3002	0 -		39225
С	Net plan assets (subtract line 7b from line 7a)			3805	4.8		200055
8	Income, Expenses, and Transfers for this Plan Year	11.11.11.11	(a) Amount	3003	7 - 0		392255
а	Contributions received or receivable from:		(a) Amount	***			(b) Total
	(1) Employers	. 8a(1)			0		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0		
	Other income (loss)	8b		172	89		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					17289
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0.4			0		
е	Certain deemed and/or corrective distributions (see instructions)						
	Administrative service providers (salaries, fees, commissions)	8e			0		
	Other expenses	8f		55		Thyla Heavan	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			0	A service	
	Net income (loss) (subtract line 8h from line 8c)	8h			20144 2014		5580
j	Transfers to (from) the plan (see instructions)	8i	<u>New Years (An Jean-Park) in</u>	401114	JANE T	(Nation	11709
	t IV Plan Characteristics	8j			0	ME E	
9a b	If the plan provides pension benefits, enter the applicable pension f $2E\ 2F\ 2G\ 2J\ 2K\ 3D$ If the plan provides welfare benefits, enter the applicable welfare fe						
Part							
	During the plan year:				Yes	No	Amount
u	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ions within the	e time period described in			Х	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not inclu	ide transactions reported	10a	Х		117488
С	Was the plan covered by a fidelity bond?			10b			11/100
d	Did the plan have a loss, whether or not reimbursed by the plan's f	idelity hand t	hat was caused by froud	10c		X	
е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all or instructions.)	er persons by	an insurance carrier,	10d	х		3485
f	Has the plan failed to provide any benefit when due under the plan	?		10e		Х	3403
g	Did the plan have any participant loans? (If "Yes," enter amount as				Х	Δ.	117400
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruction	ns and 20 CEP	10g	Λ	Х	117488
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-	required not	ice or one of the	10h 10i			
Part '	VI Pension Funding Compliance				L		The state of the party of the state of the s
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	nts? (If "Yes,'	see instructions and com	plete :	Sched	ule SB	β (Form Yes No
Ha	Enter the unpaid minimum required contribution for current year from	m Schedule S	SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding re	equirements o	of section 412 of the Code	or se	ction 3	02 of E	ERISA? Yes X No
а	(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 being granting the waiver.	s annlicable	\				

	F	Form 5500-SF 2014	Page 3 -							
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and	skip	to line 1	3.				
		r the minimum required contribution for this plan year					12b			
<u>c</u>	Ente	r the amount contributed by the employer to the plan for this plan year					12c		***************************************	MANUSCOCCO
d	nega	ract the amount in line 12c from the amount in line 12b. Enter the result (e					12d		, (HIDOOD	
<u>e</u>	Will	the minimum funding amount reported on line 12d be met by the funding d	leadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						- Marie Carlo		
13a	Has	a resolution to terminate the plan been adopted in any plan year?						Yes X	No	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this	year				13a			
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred e PBGC?	to another p	plan,	or brough	t under the o	ontrol		∏ Ye	s X No
C	If du	ring this plan year, any assets or liabilities were transferred from this plant h assets or liabilities were transferred. (See instructions.)	to another p	lan(s), identify	the plan(s) t	0	1	t to the second	
1	3c(1)	Name of plan(s):				1:	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)								
14a N	Name	of trust					14b ⊤	rust's EIN		