Form 5500-SF	Short Form Annu		ort of Small Emplo	oyee	OI	MB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Pla		otiromont	2	015
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This For	m is Open to Inspection
Pension Benefit Guaranty Corporation	Complete all entries in		nstructions to the Form 55	00-SF.		
Part I Annual Repor	t Identification Information		and ending 12	2/31/2015		
	X a single-employer plan		er plan (not multiemployer)		king this box	must attach a
A This return/report is for:	a one-participant plan	list of participatin	g employer information in ac	cordance wi	th the form ir	structions)
B This return/report is	the first return/report	the final return/rep	ort			
·	an amended return/report	a short plan year ı	eturn/report (less than 12 mo	onths)		
C Check box if filing under:	X Form 5558	automatic extens	on	D	FVC prograr	n
Dert II Decis Dien Inf	special extension (enter desc					
Part IIBasic Plan Inf1aName of plan	ormation—enter all requested ir	nformation		1b Three	digit	
SCHICKEDANZ 401K PLAN					number	001
				1c Effect	ive date of p	
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Emplo	07/01/2 oyer Identifica 20-810	ation Number
	ice, country, and ZIP or foreign pos		instructions)	()	sor's telepho 561-845	ne number
				2d Busine		e instructions)
3144 OKEECHOBEE BLVD., SU WEST PALM BEACH, FL 33411	ITE B				236110)
3a Plan administrator's name	and address XSame as Plan Spor	isor.		3b Admir	histrator's Ell	١
				3c Admir	iistrator's tele	ephone number
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report fi	ed for this plan, enter the	4b EIN	59-207	5887
name, EIN, and the plan n	umber from the last return/report.					
a Sponsor's name WKS 2007	*			4c PN	001	10
_ · · · · · · · · · · · · · · · · · · ·	ts at the beginning of the plan year.			5a 5b		10
	ts at the end of the plan year n account balances as of the end of					11
			•	5c		5
d(1) Total number of active p	articipants at the beginning of the p	lan year		5d(1)		9
	participants at the end of the plan ye			5d(2)		10
	at terminated employment during th			5e		0
Caution: A penalty for the late Under penalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	n/report will be asses actions, I declare that I h	sed unless reasonable cau have examined this return/rep	oort, includin	g, if applicab	
belief, it is true, correct, and cor		00/40/00/5		_		
HERE	d/valid electronic signature.	08/16/2016	THOMAS APPELGAT			
Signature of plan	administrator	Date	Enter name of individu	ual signing a	s plan admir	istrator
HERE	loyer/plan sponsor	Date	Enter name of individu	ual signing a	s employer o	or plan sponsor
	name, if applicable) and address (i				telephone nu	
For Panonwork Poduction Act No.	ice and OMB Control Numbers, see ti	no instructions for Form	5500-SE		Fo	rm 5500-SF (2015)

	101113300-51 2013		i aye Z								
-	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indepe and condit	ndent qualified public a	accounta	ant (IQ	PA)					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not determined			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year			
а	Total plan assets	7a		392			387977				
	Total plan liabilities	7b			0		0				
	Net plan assets (subtract line 7b from line 7a)	7c		392	257		387977				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Total			
	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount 0				(b) Total				
	(2) Participants	8a(2)	0								
	(3) Others (including rollovers)	8a(3)	0								
b	Other income (loss)	8b	1380								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1000			1380				
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d	0								
е	Certain deemed and/or corrective distributions (see instructions)	8e	0								
f	Administrative service providers (salaries, fees, commissions)	8f	5660								
g	Other expenses	8g	0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5660			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-4280			
j	j Transfers to (from) the plan (see instructions)										
Pa	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	re codes from the List of Plan Characteristic Codes in the instructions:								
В											
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
a		tions withi	n the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V					V					
h	Program)			10a		Х					
u 	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х					
C	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e	Х			3554			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j			X				

Part	VI Pension Funding Compliance	-						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)			Sched	ule SB	(Form	Yes	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	D			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th	ne Code	e or se	ction 3	802 of E	RISA?	Yes X	No

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					1					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling			
lf	you c	ompleted 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
		Yes X	No							
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b	Trusťs E	IN				
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				b h	esign- ased safe arbor nethod		ADP/ACP test			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?				Y	es	No				
16a	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				atio ercentag est		erage nefit test			
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					es	No				
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

For	m 5500-SF	Short Form Annu		of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan	1065 of the Employee P	e Retirement 2015			
	epartment of Labor enefits Security Administration	Internal	Form is Open to					
Pension Be	enefit Guaranty Corporation	▶ Complete all entries in a	accordance with the instr	uctions to the Form 55	500-SF.	Pul	blic Inspection	
Part I		Identification Information	01/01/0015	and an diam	10	/21/201		
For calenda	ar plan year 2015 or the	scal plan year beginning \overline{X} a single-employer plan	01/01/2015	and ending lan (not multiemployer)		$\frac{31}{201}$		
A This ret	urn/report is for:	a one-participant plan		ployer information in ac				
B This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check b	oox if filing under:	X Form 5558	automatic extension		П	DFVC prog	gram	
		special extension (enter descri	iption)					
Part II	Basic Plan Info	rmation—enter all requested inf	ormation					
1a Name SCHICKE	ofplan DANZ 401K PLA	N			(PN	number) ▶	001	
						ctive date o		
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.O	. Box)		2b Emp		ification Number	
	3	e, country, and ZIP or foreign posta	al code (if foreign, see instr	uctions)	`	,	phone number	
WKS 20	07 Group, LLI	15				-845-8		
8144 O	keechobee Blv	d., Suite B				ness code 5110	(see instructions)	
West P	alm Beach	FL 33411						
3a Plan ad	dministrator's name an	d address XSame as Plan Spons	or.		3b Adm	inistrator's	EIN	
					3c Adm	inistrator's	telephone number	
4 If the n	ame and/or EIN of the	plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4h FIN	59-207	5887	
name,	EIN, and the plan num	nber from the last return/report.						
a Sponso	or's name	WKS 2007	Group, LLLP		4c PN	001		
5a Total n	number of participants	at the beginning of the plan year			5a		10	
		at the end of the plan year			5b		1:	
		account balances as of the end of t			5c		3	
	,	ticipants at the beginning of the pla			5d(1)			
		ticipants at the end of the plan yea	-	1	5d(2)		1(
	•	erminated employment during the			5e			
than 1	00% vested	n in a number filing of this water	/	wless were swelds as		hlinhad	(
		or incomplete filing of this return					cable, a Schedule	
SB or Sche	dule MB completed an	g signed by an enrolled actuary, as						
	rue, correct, and comp	lete.	alita	Thomas Appelga	ate			
SIGN -			08/16/2016					
1	Signature of plan a	dministrator	Date	Enter name of individu		as plan ad	ministrator	
SIGN HERE	-16		08/16/206	Thomas Appelga	ate			
	Signature of employ		Date	Enter name of individu			CONTRACTOR OF A DESCRIPTION OF A	
Preparers r	name (including firm h	ame, if applicable) and address (ind	clude room or suite numbe	r)	Preparers	s telephone	e number	
Eas Danamus	ul Deduction Act Matic	and OMB Control Numbers, see the	instructions for Form FEOO	0E			Form 5500-SF (2015)	

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C		
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	□ Not determined
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No

Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 392,257 387,977 7a a Total plan assets..... 0 0 b Total plan liabilities 7b 392,257 387,977 C Net plan assets (subtract line 7b from line 7a) 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 a Contributions received or receivable from: 0 8a(1) (1) Employers 0 8a(2) (2) Participants 0 (3) Others (including rollovers) 8a(3) 1,380 b Other income (loss) 8b 1,380 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 0 8d to provide benefits) 0 e Certain deemed and/or corrective distributions (see instructions) ... 8e 5,660 f Administrative service providers (salaries, fees, commissions)..... 8f 0 g Other expenses 8g 5,660 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -4,280 i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions)..... 0 8j

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

1 art	V Compliance Questions							
10	During the plan year:	Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b		х					
С	Was the plan covered by a fidelity bond? 10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	х			3,554			
f	Has the plan failed to provide any benefit when due under the plan?		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
j	Did the plan trust incur unrelated business taxable income? 10j			Х				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500) and line 11a below)			lule SB	(Form Yes No			
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40			11a	RISA? Yes X No			
12								

	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	Nonth	enter the Day	e date of th	ne letter rul Year	ling	
lf	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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l 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						
	Has a resolution to terminate the plan been adopted in any plan year?		Yes	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 broug of the PBGC?	tht under the co			Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)						
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	VIII Trust Information						
	Name of trust	14b Trust's EIN					
140				Tuble En			
140	News offerster or such disp		114	Tructoo's	or custodi	an'e	
140	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Par	IX IRS Compliance Questions		I				
15a	Is the plan a 401(k) plan?		Ye	s	No		
			De	esign-			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				based safe harbor method		e ADP/ACP test	
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "creating method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	01(m)-	Ye:		No		
	2(a)(2)(ii))?		Ra	atio	Π Δ	erage	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	L pe	ercentage st		efit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the plan been timely amended for all required tax law changes?		Ye:	S	No	N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted . for tax law changes and codes).	Enter the	applicat	ole code _	(See in	nstructions	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial n		ct to a fa	vorable IF	RS opinion	or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, end determination letter	nter the date of	the plar	n's last fav	vorable		
	Letter Dien meinteined in a LLC territory (i.e. Duarte Dieg (if no classical under EDICA costion 1022(i)/2)	has been	Yes	5	No		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	Islands)?			200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		
18 19			Ye:		No		
	made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin				No		
	made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Were in-service distributions made during the plan year?	nether or not	Ye:	s	No	N/A	