Form 55	00-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089			
Department of the Internal Revenu		This form is required to be filed			etirement	2016			
Department o Employee Benefits Secu	rity Administration	Income Security Act of 1974		057(b) and 6058(a) of the	e Internal This Form is Ope Public Inspectio				
Pension Benefit Guara		Complete all entries in a	accordance with the ins	structions to the Form 5	500-SF.				
		Ientification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016				
A This return/repo	rt is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in ac		king this box must attach a rith the form instructions.)			
B This return/repor	tis [the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)				
C Check box if filir	ng under:	Form 5558 special extension (enter descr	automatic extensior	1	DFVC p	rogram			
Part II Basi	c Plan Inforr	nation —enter all requested inf	1 ,						
1a Name of plan SCHICKEDANZ 401	K PLAN				(PN)	number 001			
Mailing address	s (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O			2b Empl (EIN)	07/01/1996 oyer Identification Number 20-8106630			
City or town, st WKS 2007 GROUP, I		country, and ZIP or foreign posta	al code (if foreign, see in	structions)	2c Spor	nsor's telephone number 561-845-8797			
8144 OKEECHOBEE WEST PALM BEACH		SUITE B			2d Busir	ness code (see instructions) 236110			
3a Plan administra	ator's name and	address 🛛 Same as Plan Spon	ISOT.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor has changed since t	the last return/report filed	d for this plan, enter the	4b EIN				
a Sponsor's nam	•	per from the last return/report.			4c PN				
5a Total number of	of participants at	the beginning of the plan year			5a	12			
b Total number of	of participants at	the end of the plan year			5b	12			
		count balances as of the end of t			5c	5			
	,	cipants at the beginning of the pla			5d(1)	11			
d(2) Total number	er of active parti	cipants at the end of the plan yea	ar		5d(2)	11			
		rminated employment during the			5e	С			
Caution: A penalty Under penalties of p	for the late or perjury and othe completed and	incomplete filing of this return r penalties set forth in the instruc- signed by an enrolled actuary, a	h/report will be assesse ctions, I declare that I have	ed unless reasonable can ve examined this return/re	port, includi	ng, if applicable, a Schedule			
		lid electronic signature.	08/14/2017	THOMAS APPELGAT	E				
HERE	ture of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE									
Signal		er/plan sponsor ne, if applicable) and address (in	Date clude room or suite num			as employer or plan sponsor s telephone number			
For Paperwork Podu	ction Act Notice	see the Instructions for Form 5500	-SF			Form 5500-SF (2016)			

	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		X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ions.)	,	X Yes No
-	If you answered "No" to either line 6a or line 6b, the plan cann				
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 4021)?	Yes No	Not determined
Pa	rt III Financial Information	i i			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) En	d of Year
a	Total plan assets	7a	387977		409029
b	Total plan liabilities	7b	0		0
C	Net plan assets (subtract line 7b from line 7a)	7c	387977		409029
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	26660		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			26660
d	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	5608		
g	Other expenses	8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			5608
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			21052
j	Transfers to (from) the plan (see instructions)	8j	0		
Pa	rt IV Plan Characteristics				
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $3D$	feature co	des from the List of Plan Character	istic Codes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Characteris	stic Codes in the ins	tructions:
Pa	t V Compliance Questions				
10	During the plan year:		Yes	No N/A	Amount

10	0 During the plan year:					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		
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 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.).	10e	×			3510
f	Has the plan failed to provide any benefit when due under the plan?	10f		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.)	10h		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	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted 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			12b				
С	Enter	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 le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🗙	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

Form 5500-8	SF Short Form Annu	al Return/Report	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089	
Department of the Treasu Internal Revenue Service	e This form is required to be file	Benefit Plan ed under sections 104 and 4	065 of the Employee Re	etirement	2016	
Department of Labor	Income Security Act of 1974	4 (ERISA), and sections 605 Revenue Code (the Code)	7(b) and 6058(a) of the	Internal	This Form is Open to	
Employee Benefits Security Admin Pension Benefit Guaranty Corp				00 SE	Public Inspection	
	eport Identification Information	accordance with the instru	ictions to the Form 55	00-36.		
	16 or fiscal plan year beginning	01/01/2016	and ending	12/3	1/2016	
	X a single-employer plan	a multiple-employer pla	n (not multiemployer) (F	-ilers check	ing this box must attach a	
A This return/report is fo		list of participating em	ployer information in acc	cordance wi	ith the form instructions.)	
D This solution (non-ort in	the first return/report	the final return/report				
B This return/report is	an amended return/report	a short plan year return	/report (less than 12 mc	onths)		
				_		
C Check box if filing und	er: 🗙 Form 5558	automatic extension		DFVC pr	rogram	
	special extension (enter desc	cription)				
Part II Basic Pla	n Information—enter all requested ir	nformation				
1a Name of plan				1b Three	0	
SCHICKEDANZ 401K	PLAN				number 001	
			-	(PN)	tive date of plan	
					1/1996	
2a Plan sponsor's name	(employer, if for a single-employer plan)				over Identification Number	
Mailing address (inclu	ide room, apt., suite no. and street, or P.	O. Box)			20-8106630	
	province, country, and ZIP or foreign pos	tal code (if foreign, see instr	uctions)	2c Spon	sor's telephone number	
WKS 2007 Group,	ГГГБ			561-	845-8797	
	Devilerend Guite D		0		ess code (see instructions)	
8144 Okeechobee	Boulevard Suite B			2361	10	
West Palm Beach	FL 33411					
	name and address X Same as Plan Spo	nsor		3b Admir	nistrator's EIN	
Ja Flati autilitisti ator S i		J1301.				
				3c Admii	nistrator's telephone number	
4 If the name and/or El	N of the plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b EIN		
	plan number from the last return/report.			4c PN		
a Sponsor's name				5a	10	
and a second provide the constraint of the second sec	cipants at the beginning of the plan year				12	
	cipants at the end of the plan year			5b	12	
c Number of participan	ts with account balances as of the end of	f the plan year (only defined	contribution plans	5c	5	
				5d(1)	11	
14 (14)	ctive participants at the beginning of the p			5d(2)	11	
	ctive participants at the end of the plan ye			JU(2)	11	
e Number of participal than 100% vested	nts that terminated employment during th	e plan year with accrued ber	ients that were less	5e	0	
Caution: A penalty for th	he late or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ise is estab	olished.	
Under penalties of perjury	r and other penalties set forth in the instru leted and signed by an enrolled actuary,	ictions, I declare that I have	examined this return/rep	port, includi	ng, if applicable, a Schedule	
belief, it is true, correct, a	nd complete.	as well as the electronic ver	sion of this returnineport		boot of my knowledge and	
SIGN	the At	08/14/201	Thomas Appelga	ate		
UEDE	f plan administrator					
		Date	Thomas Appelga			
SIGN HERE		08/14/201				
Signature of	<mark>f employer/plan sponsor</mark> g firm name, if applicable) and address (i	Date include room or suite numbe			as employer or plan sponsor s telephone number	
Preparer's name (includin	g initi name, il applicable) and address (i		'7	, reparer a		
			ļ			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF 2016

6a Were all of the plan's assets during the plan year invested in eligit	X Yes 🗌 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 cannot use Form 5500-SF and must instead use Form 5500.							
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			
a Total plan assets	. 7a	387,977		409,029			
b Total plan liabilities	. 7b	0		0			
C Not plan assots (subtract line 7h from line 7a)	70	387.977		409,029			

Net plan assets (subtract line 7b from line 7a)	7c	387,977	409,029
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
Other income (loss)	8b	26,660	
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		26,660
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
Certain deemed and/or corrective distributions (see instructions)	8e	0	
Administrative service providers (salaries, fees, commissions)	8f	5,608	
Other expenses	8g	0	
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5,608
Net income (loss) (subtract line 8h from line 8c)	8i		21,052
Transfers to (from) the plan (see instructions)	8j	0	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	Income, Expenses, and Transfers for this Plan Year Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i	Income, Expenses, and Transfers for this Plan Year(a) AmountContributions received or receivable from: (1) Employers0(2) Participants8a(1)(3) Others (including rollovers)8a(2)(3) Others (including rollovers)8a(3)(1) Employers8a(3)(2) Participants8a(2)(3) Others (including rollovers)8a(3)(3) Others (including rollovers)8a(3)(4) Other income (loss)8b(5, 6607 total income (add lines 8a(1), 8a(2), 8a(3), and 8b)(5) Forvide benefits)8cBenefits paid (including direct rollovers and insurance premiums to provide benefits)(5) Certain deemed and/or corrective distributions (see instructions)(2) Administrative service providers (salaries, fees, commissions)(3) Other expenses(4) Mathematical expenses (add lines 8d, 8e, 8f, and 8g)(5) Total expenses (add lines 8d, 8e, 8f, and 8g)(5) Net income (loss) (subtract line 8h from line 8c)(6) Total expenses (add lines 8d, 8e, 8f, and 8g)(6) Total expenses (add lines 8d, 8e, 8f, and 8g)(6) Total expenses (add lines 8d, 8e, 8f, and 8g)(6) Total expenses (add lines 8d, 8e, 8f, and 8g)(6) Total expenses (add lines 8d, 8e, 8f, and 8g)(6) Total expenses (add lines 8d, 8e, 8f, and 8g)(6) Total expenses (add lines 8d, 8e, 8f, and 8g)(7) Total expenses (add lines 8d, 8e, 8f, and 8g)(7) Total expenses (add lines 8d, 8e, 9f, and 8g)(7) Total expenses (add lines 8d, 8e, 9f, and 8g)(7) Total expenses (add lines 8d, 8e, 9f, and 8g)(8) T

Part IV Plan Characteristics

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 9a

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

Part V Compliance Questions

10	During the plan year:					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		
е	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			3,510
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	9	
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.)	10h		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	10i				

Form 5500-SF 2016

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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 Sch (Form 5500) and line 11a below)				′es 🗌 No
11a 12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	11a		1	/es X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter Da		e of the lette Year	r ruling
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			
d		12d			1
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 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 XIN	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 control of the PBGC?	•		Yes 🛛	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.)) to			
	3c(1) Name of plan(s): 13c(2) EIN(s)	IN(s) 13c(3) PN(s)		
Part	VIII Trust Information				
14a	Name of trust	14b	Trust's	EIN	
14c	Name of trustee or custodian	14d		e's or custod one number	ian's
Par	IX IRS Compliance Questions				
	Is the plan a 401(k) plan? If "No," skip b			No No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	gn-base harbor ent yea test		"Prior yet test N/A	ear" ADP
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	o entage		Average penefit test	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?			No No	

	Were any distributions made during the plan year to an employee who attained age of and had not separated norm			
	service?			
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	Yes	No No	