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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Informatior	า								
For calend	ar plan year 2015 or f	iscal plan year beginning 10/01/	2015	and ending 0	9/30/2016						
A This re	X a single-employer plan										
B This ret	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558 Special extension (enter desc	automatic extension DFVC program								
Part II	Pasia Blan Infe	ormation—enter all requested in	•								
1a Name		·	iioimation		1b Three-digit plan number (PN) ▶						
					1c Effective da	Effective date of plan 10/01/1993					
Mailin	g address (include roc	over, if for a single-employer plan) om, apt., suite no. and street, or P.		ntw.otiono)	2b Employer Id (EIN)	dentification Number 59-3146411					
	IMENT SPECIAL PRO	ce, country, and ZIP or foreign pos DDUCTIONS, INC.	ital code (ii loreigh, see ins	structions)		telephone number 07-649-8884					
4539 36TH S ORLANDO,	STREET FL 32811-6527				2d Business c	ode (see instructions) 711300					
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	nsor.		3b Administrat	or's EIN					
					3c Administrat	or's telephone number					
name	, EIN, and the plan nu	e plan sponsor has changed since imber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
a Spons	or's name				4c PN						
5a Total	number of participants	s at the beginning of the plan year.			-	2					
		s at the end of the plan year			5b	2					
		account balances as of the end of		•	5c	2					
d(1) Tot	al number of active pa	articipants at the beginning of the p	olan year		5d(1)	0					
d(2) Tot	tal number of active pa	articipants at the end of the plan ye	ear		5d(2)	2					
than	100% vested	t terminated employment during th			5e	0					
		or incomplete filing of this retur									
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.									
SIGN	Filed with authorized	/valid electronic signature.	07/13/2017	BRUCE HART							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator					
SIGN											
HERE	Signature of emplo		Date			ployer or plan sponsor					
Preparer's	name (including firm i	name, if applicable) and address (i	include room of suite num	bei)	Preparer's telepl	none number					

Form 5500-SF 2015		Page 2					
 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 cannot be a control or contro	an independent	dent qualified public a	ccount	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	. 7a		677	027			729919
b Total plan liabilities	. 7b			0			
C Net plan assets (subtract line 7b from line 7a)	. 7с			027			729919
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total
Contributions received or receivable from: (1) Employers	. 8a(1)		49	0000			
(2) Participants	. 8a(2)			0			
(3) Others (including rollovers)	. 8a(3)						
b Other income (loss)	. 8b		6	009			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						55009
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d						
Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f		2	2117			
g Other expenses	. 8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						2117
i Net income (loss) (subtract line 8h from line 8c)							52892
j Transfers to (from) the plan (see instructions)	. 8i						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension	feature cod	les from the List of Pl	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare to		- Committee Links (Dis	. 01				. Continue Cons
B If the plan provides welfare benefits, enter the applicable welfare f	reature code	es from the List of Pia	n Chara	acterist	ic Coo	ies in the	instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	√oluntary Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	Х			75000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bon	d, that was caused	10d	7.	X		73000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons ne or all of t	by an insurance he benefits under	10e		X		
f Has the plan failed to provide any benefit when due under the pla					Χ		
			10f				
g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?	•	,	10g		X		
2520.101-3.)	•		10h		X		
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j Did the plan trust incur unrelated business taxable income?			10i		Χ		
Part VI Pension Funding Compliance			. •,				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	
12 Is this a defined contribution plan subject to the minimum funding						-	RISA? Yes X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
140 Name of trustee of custodian						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Yes No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	III nercentade II			rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

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Department of Labor Employee Benefits Security Administration

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	n ► Complete all entries in a	ccordance with the instr	uctions to the Form ອີວິເ	00-SF.	inspection		
Part I Annual Repo	rt Identification Information						
For calendar plan year 2015 or	fiscal plan year beginning	10/01/2015	and ending	09/30/20	16		
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repor	pian (not multiemployer) employer information in t um/report (less than 12 r	accordance with			
C Check box if filing under:	x Form 5558 special extension (enter desc	automatic extension		DFVC	program		
	formation enter all requested	information	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
1a Name of plan ESP Productions P	rofit Sharing Plan			1b Three-dig plan numi (PN) ►	001,		
				1c Effective (•		
2a Plan sponsor's name (emp Mailing Address (include n City or town, state or provi Entertainment Spec	2b Employer Identification Number (EIN) 59-3146411 2c Sponsor's telephone number (407) 649-8884						
4539 36th Street	4539 36th Street						
3a Plan administrator's name	and address 区 Same as Plan Sp	onsor Name		3b Administrator's EIN			
					ator's telephone number		
name, EIN, and the plan no	the plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN			
a Sponsor's name			A	4c PN			
	ts at the beginning of the plan year			5a	2		
c Number of participants with	ts at the end of the plan yearh account balances as of the end of	the plan year (defined ber	efit plans do not	5b 5c	2 2		
	articipants at the beginning of the pl		}}####################################	5d(1)	0		
d(2) Total number of active pa	articlpants at the end of the plan yea	F 199920000000000000000000000000000000000	****************	5d(2)	2		
e Number of participants that less than 100% vested .	t terminated employment during the	plan year with accrued be	nefits that were	5e	0 %		
Under penalties of perjury and	te or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, implete	ictions, I declare that I hav	e examined this return/re	port, including, If	applicable, a Schedule		
sign	after-	7-13-17	Bruce Hart	-	······································		
HERE Signature of plan add		Date	Enter name of Individua	a) signing as plan	administrator		
SIGN - Juan	911ml	7-13-17	Bruce Hart				
HERE Signature of employe		Date	Enter name of individua	,			
n-reparer's name (including firm	name, if applicable) and address; i	nclude room or suite numb	ет	Preparer's telep	none number		

	Form 5500-SF 2015		Page 2		····	_					
6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)	******	******	****	*******	********	X Yes	□No	
b	Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA)										
	nder 29 CFR 2520.104-467 (See Instructions on waiver eligibility and conditions.)									□No	
;	ींf you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
Ç	if the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 40	21)7	*******	∐ Ye	s No	Not de	termined	
P	rt III Financial Information	11072000									
7	Plan Assets and Liabilities		(a) Beginning o	Ye	r			(b) End			
a	Total plan assets	7a	6 '	77,0		-			729,	919	
<u>b</u>	Total plan liabilities	7b			0	+	729,919				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount	77,0	121	+		(b) T		91,9	
a	Contributions received or receivable from:	ningalsanga)	(a) Amount			W. K.					
	(1) Employers	8a(1)	4	49,0							
	(2) Participants	8a(2)			0	48	MELERY LIGHT		aluks sastini		
	(3) Others (including rollovers)	8a(3)		<i>E</i> 0	00	333					
b	Other Income (loss)	8b 8c		6,0		284.8 1	275 8 1266	Maria Militar		200	
d	Benefits paid (including direct rollovers and insurance premiums	00) to be the second	22 (A)		SERVICE CONTRACT	55,	009	
	to provide benefits)	8d				100	or services.	erenane ere	151995 EVS (\$15)	9032 AS-11	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				3/6					
f	Administrative service providers (salaries, fees, commissions)	8f	************************************	2,1		2.2					
9	Other expenses	8g		×1434574	0 - : - : : :		W. W.				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			le New Co			2,117 52,892			
*******	Net income (loss) (subtract line 8h from line 8c)	81		ericki indig	- Spiritop	v Veni					
-	Transfers to (from) the plan (see instructions)	8)	<u> </u>		**************************************	1500A		APONIDATENTALASIA	(See Selection) Assessed	secretaries.	
-	If the plan provides pension benefits, enter the applicable pension fe	ntura and	as from the List of Plan C	harar	vtarleti		doe in t	ha instructi	ione:	`,	
Ja	If the plan provides pension benefits, enter the applicable pension le	iature cou	es ironi irio List di Fishi C	ाता त ्	Mai ipri	G ÇQI	in cox	ile ilistract	10115.		
-	**************************************	trico codo	a from the List of Disn Ch	arani	arintin	Cade	an in th	a lanteunia			
þ	If the plan provides welfare benefits, enter the applicable welfare fea	iture code	S HORE the List of Fight On	aracı	ជារុទ្ធពេជ	Couc	2 5 111 (11	e monucac	110.		
Pa	rt 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 contribut	lons withir	the time period				No.				
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	duciary Correction								
	Program)			10a		Ж					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		ж	P. Salah Januar Januar				
Ç	Was the plan covered by a fidelity bond?	***********	goderzopradbiparnbpziankdepiparkpdopacji	10c	х				7	5,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•		10d		ж					
ė	Were any fees or commissions paid to any brokers, agents, or other										
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	10e		ж					
f	Has the plan failed to provide any benefit when due under the plan	*************		101		ж					
g	. Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х			-		
ħ		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)							1 - 300 7 16 V		
i	If 10h was answered "Yes," check the box if you either provided the	vas answered "Yes," check the box if you either provided the required notice or one of the ons to providing the notice applied under 29 CFR 2520.101-3									
j	Did the plan trust incur unrelated business taxable income?		***************************************	10j		ж					
Par	Via Pension Funding Compliance	***************************************			***************************************		······································				
11	is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	X No	
11a	Enter the unpaid minimum required contribution for current year fro			***********		———	11a				
12	Is this a defined contribution plan subject to the minimum funding n	equiremen	nts of section 412 of the C	ode	or sec	tion 3	02 of E	ERISA?	Yes	X No	

					•				
					٠				
F FF00 01	T 004F			ı					
Form 5500-SI		ond the below on an early	Page 3-			T			
		2d, and 12e below, as applicable r a prior year is being amortized			d enter		of the letter	ruling	
if you completed line	12a, complete lines 3, 9, ar	id 10 of Schedule MB (Form 5	500), and skip to line 1	3.					
b Enter the minimum	required contribution for this	plan year	******************************	*************	12b				
d Subtract the amou negative amount).	12d								
1.07 15600 (95-00)		ne 12d be met by the funding de	adline?	. * *) * * 10 * * * * * * * * * * * * * * * * * *	[<u>_</u>	Yes	□ No □	□ N/A	
Part VII Plan Ter	rminations and Transf	ers of Assets		····		 			
		pted in any plan year?		***********		es X	No		
***************************************		t reverted to the employer this		**************	13a	13a			
of the PBGC?	*******************************	ts or beneficiaries, transferred t	***********************	***********	*******		☐ Yes	x No	
C If during this plan y	ear, any assets or liabilitles w oilitles were transferred. (See	rere transferred from this plan to	another plan(s), Identify	the plan(s) t	io .				
13c(1) Name of plan(s):			13	c(2) EIN	(s)	13c(3) PN(s)		
					,,				
** *			•						
Part VIII Trust Inf	ormation					· · · · · · · · · · · · · · · · · · ·			
14a Name of trust					14b Trust's EIN				
14c Name of trustee or o	nuetodian				5 4 cl 7				
FAC Idaille of trastee of costodisti						14d Trustee or custodian's telephone number			
Part IX IRS Com	pliance Questions					***************************************			
15a is the plan a 401(k)	plan:	********************************	************	************	☐ Ye	\$	☐ No		
15b If "Yes," how does the matching contribution	ne 401(k) plan satisfy the non- ns (as applicable) under secti	discrimination requirements for ons 401(k)(3) and 401(m)(2)?	employee deferrals and	employer	☐ ba ha	sign- sed safe rbor thod	☐ ADP/ test	ACP	
testing method" for n	onhighly compensated emplo	/ACP testing for the plan year u yees (Treas, Reg, section 1.40	1(k)-2(a)(2)(ii) and 1.401		☐ Ye	S	□ No		
<u> </u>		plan to satisfy the coverage rec			□ Ra Pe Te:	rcentage	Avera	ige fit Test	
16b Does the plan satisfy this plan with any oth	the coverage and nondiscring or plans under the permissive	nination tests of sections 410(b) aggregation rules?	and 401(a)(4) by comb		☐ Ye		☐ No		
17a Has the Plan been tir	nely amended for all required	law changes?	**************	************	☐ Ye	\$	☐ No	□ N/A	
		he required tax law changes wa	is adopted/_/_	.Enter the	e applic	able code	(Se	е	
17c If the plan sponsor is	w changes and codes). an adopter of a pre-approved the date of that favorable lette	master, prototype (M&P), or v	olume submitter plan tha	t is subject to	a favo	able IRS	opinion or		
17d If the plan is an individed the state of	idually-designed plan and rec	er / , and lieved a favorable determination	I the letter's serial numb letter from IRS, please	enter the dat	e of plan	ı's last fav	orable		
18 is the Plan maintained made), American San	I in a U.S. territory (i.e., Puert noa, Guam, the Commonwee	o Rico (if no election under ER) lith of the Northern Mariana Işla	SA section 1022(i)(2) hands or the U.S. Virgin isi	s been ands)?	☐ Ye:	3	☐ No		
19 Were in-service distril	butions made during the plan	year?	************************	1092279779994979849	☐ Yet	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ No		
If Yes, enter amount	************************	}*************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19	· · · · · · · · · · · · · · · · · · ·			
Were minimum require not retired) as require		owners who have attained age 7			☐ Yes	•	No	□ N/A	