| | rm 5500-SF | Short Form Annu | Short Form Annual Return/Report of Small Empl Benefit Plan | | | | | |
|--------------------------|---|---|---|---|---|--------------------|--------------------------------|--|
| | ernal Revenue Service | This form is required to be file | | | | | 2018 | |
| Employee E | Department of Labor Benefits Security Administration | 057(b) and 6058(a) of the de). | Internal | orm is Open to c Inspection | | | | |
| Pension B | Senefit Guaranty Corporation | tructions to the Form 55 | 00-SF. | Fubii | cinspection | | | |
| Part I | | t Identification Information | | | 10.1.10.0.1.0 | | | |
| For calence | dar plan year 2018 or i | fiscal plan year beginning 04/01/2 | | | /31/2019 | | | |
| A This re | eturn/report is for: | X a single-employer plan | list of participating e | plan (not multiemployer) (l employer information in ac | | | | |
| B This rot | turn/report is | a one-participant plan | a foreign plan | | | | | |
| | lum/report is | the first return/report | the final return/report | t | | | | |
| | | an amended return/report | a short plan year retu | urn/report (less than 12 mo | onths) | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | DFVC p | rogram | | |
| | | special extension (enter descr | iption) | | | | | |
| Part II | Basic Plan Inf | ormation—enter all requested inf | ormation | | | | | |
| 1a Name | • | | | | 1b Three | | | |
| STAGE DO | OR II, INC. PROFIT S | SHARING PLAN | | | plan (PN) | number | 001 | |
| | | | | | · · / | tive date of | | |
| | | | | | | 04/01 | | |
| Mailin | g address (include roo | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign posta | | structions) | 2b Employer Identification Number (EIN) 59-1450081 | | | |
| STAGE DO | | | | structions) | 2c Sponsor's telephone number 407-578-2918 | | | |
| | | | | | 2d Busir | ness code (s | see instructions) | |
| 3050 DEE S APOPKA, Fl | TREET L 32703-9450 | | | | | 23890 | 00 | |
| 3a Plan a | administrator's name a | and address 🛛 Same as Plan Spor | nsor. | | 3b Admi | inistrator's E | IN | |
| | | | | | 3c Admi | inistrator's te | elephone number | |
| 4 If the | name and/or EIN of th | ne plan sponsor or the plan name ha | as changed since the last | roturn/roport filed for | 4b EIN | | | |
| | | onsor's name, EIN, the plan name a | | | 4D EIN | | | |
| a Spons C Plan N | sor's name Name | | | | 4d PN | | | |
| 50 T-+-' | number of porticing of | o of the beginning of the start war | | | 5a | | 40 | |
| | | s at the beginning of the plan year s at the end of the plan year | | | 5a 5b | | 40 | |
| C Numb | per of participants with | account balances as of the end of | the plan year (only define | ed contribution plans | 5c | | 35 | |
| | , | articipants at the beginning of the pla | | | 5d(1) | | 13 | |
| | | articipants at the end of the plan yea | • | ľ | 5d(2) 12 | | | |
| e Num | ber of participants wh | o terminated employment during the | e plan year with accrued b | penefits that were less | 5e | | 0 | |
| Caution: / | A penalty for the late | e or incomplete filing of this return | n/report will be assesse | d unless reasonable cau | | | | |
| SB or Sch | | other penalties set forth in the instruct and signed by an enrolled actuary, a nolete. | | | | | | |
| SIGN | | d/valid electronic signature. | 01/14/2020 | PETER PIACENTI, JR | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individu | ual signing : | as <u>plan</u> adm | inistrator | |
| SIGN | | | | | | | | |
| HERE | Signature of empl | oyer/plan sponsor | Date | Enter name of individu | ual signing a | as employer | r or plan sponsor | |
| For Paperw | | ice, see the Instructions for Form 5500 |)-SF. | | | | orm 5500-SF (2018) v.171027 | |

b Other income (loss)

| 6a b | 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.) | | | | | | | | |
|---------|---|------------|----------------------------------|-------------------------|--|--|--|--|--|
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | program (see ERISA section 4021) | ? Yes No Not determined | | | | | |
| | If "Yes" is checked, enter the My PAA confirmation number from th | e PBGC p | remium filing for this plan year | (See instructions.) | | | | | |
| | | | | | | | | | |
| Pa | rt III Financial Information | | Γ | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | | | |
| a | Total plan assets | 7a | 368720 | 388181 | | | | | |
| b | Total plan liabilities | 7b | | 775 | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 368720 | 387406 | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 13066 | | | | | | |
| | (2) Participants | 8a(2) | 15705 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | 66 | | | | | | |

8b

| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 39892 | | | | | |
|-----|--|------------|------------------------------------|-----------------------------------|--|--|--|--|--|
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 20346 | | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 860 | | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 21206 | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | 18686 | | | | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Par | Part IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2H 2J 2K 3D | feature co | des from the List of Plan Characte | ristic Codes in the instructions: | | | | | |

11055

| Part | V Compliance Questions | | | | |
|------|--|-----|-----|----|--------|
| 10 | During the plan year: | | Yes | No | 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 | | 12020 |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | × | |
| С | Was the plan covered by a fidelity bond? | 10c | Х | | 100000 |
| 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 | | × | |
| 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 | | x | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | x | |
| 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 | | | |

Page **3-** 1

| Part | VI | Pension Funding Compliance | | | | | | | |
|--|--|--|------------------|-----------------|-----|-------------|----------------|------|--|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | | | | | | | |
| 11a | Ent | er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | | | | | |
| а | | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver. | | l enter _ Da | | e of the le | | ing | |
| lf | you o | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line | 13. | | - | | | | |
| b | Ente | r the minimum required contribution for this plan year | | 12b | | | | | |
| С | Ente | r the amount contributed by the employer to the plan for this plan year | | 12c | | | | | |
| d | | tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount) | | 12d | | | | | |
| e | 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 | s X | No | | |
| | lf "Y | es," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | | |
| b | | re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC? | ght under the | | | Yes | X N | 0 | |
| С | | luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.) | tify the plan(s) | to | | | | | |
| 1 | 3c(1 |) Name of plan(s): | 13c(2) | EIN(s) | | 13 | :(3) PN | ۱(s) | |
| | | | | | | | | | |

| Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan | | | | | yee | OMB Nos. 1210-0110 1210-0089 |
|---|--|---|--|---|---|--------------------------------------|
| | of the Treasury venue Service | This form is required to be filed u | under sections 104 and 4 | 065 of the Employee Ret | irement | 2018 |
| Employee Benefits | ent of Labor Security Administration Waranty Corporation | | Revenue Code (the Code) | b . | This Form is Open to Public Inspection | |
| | | Complete all entries in ac | cordance with the instru | ictions to the Form 550 | 0-SF. | |
| Part I Ar | Inual Report I | dentification Information | 04/01/2018 | and ending | · | 31/2019 |
| Tor baloridar pie | | | | | | ing this box must attach a |
| A This return/r | | X a single-employer plan | | | | ith the form instructions.) |
| B This return/re | port is | | ¬ | | | |
| | | the first return/report | the final return/report | 1 | | |
| | | an amended return/report | a short plan year return | /report (less than 12 mor | ntns) | |
| C Check box if | filing under: | X Form 5558 | automatic extension | · [|] DFVC pr | rogram |
| | | special extension (enter descrip | tion) | _ | - | |
| Part II Ba | sic Plan Infor | mation—enter all requested infor | mation | | | |
| 1a Name of pla | an | | • • • • | | 1b Three | ∋-digit |
| Stage Doo | r II, Inc. | Profit Sharing Plan | | | | number |
| | | | | | (PN) | |
| | | | | | | tive date of plan 01/2016 |
| 2a Plan spons | or's name (employ | er, if for a single-employer plan) | ······ | | | oyer Identification Number |
| Mailing add | ress (include room | i, apt., suite no. and street, or P.O. I , country, and ZIP or foreign postal | Box) | | | 59-1450081 |
| Stage Doo | r II, Inc. | , country, and ZIP or toreign postal | code (il toreign, see instr | | | sor's telephone number 7)578-2918 |
| | | | | | 2d Busin | ess code (see instructions) |
| 3050 Dee | Street | | | | | |
| Apopka | | | FL | 32703-9450 | 238 | 900 |
| 3a Plan admin | Istrator's name and | d address 🛛 Same as Plan Spons | or. | | | nistrator's EIN |
| | • | | | | 3c Admi | nistrator's telephone number |
| | | | | | | |
| 4 If the name this plan, e | and/or EIN of the inter the plan spon | plan sponsor or the plan name has sor's name, EIN, the plan name and | changed since the last re d the plan number from th | eturn/report filed for the last return/report. | 4b EIN | |
| a Sponsor's C Plan Name | | | | | 4d PN | |
| 5a Total numb | er of participants | at the beginning of the plan year | | | 5a | . 40 |
| | | at the end of the plan year | | | 5b | 41 |
| C Number of | participants with a | count balances as of the end of th | e plan year (only defined | contribution plans | 5c | 35 |
| | | icipants at the beginning of the plar | | | 5d(1) | 13 |
| | | ticipants at the end of the plan year | | | 5d(2) | 12 |
| e Number of | f participants who f | terminated employment during the p | plan year with accrued be | nefits that were less | | |
| than 100% | 6 vested | | - | | 5e | (|
| Under penalties SB or Schedule | of perjury and oth MB completed an | r incomplete filing of this return/ er penalties set forth in the instructi d signed by an enrolled actuary, as | ons. I declare that I have | examined this return/rep | ort, includi | ng if applicable a Schedule |
| SIGN | correct, and comp | 1040, | 1 14 2020 | Pator Dingonti | T | |
| | nature of plan ac | iministrator | | Peter Piacenti | | |
| SIGN | | | Date | Enter name of individu | ai signing | as pian administrator |
| HERE | | | | | | |
| | | /er/plan sponsor | Date | Enter name of individu | | |

v.171027

| | · · · · · · | · · · | · · · · · · · · · · · · · · · · · · · | | | ÷ . | | |
|--|---|---|---------------------------------------|---|---|------------|--|---------------------------------------|
| | Form,5500-SF (2018) | | Page 2 | | | | | |
| | F0111 0000-SF (2010) | | | <u> </u> | | | | |
| 63 | Were all of the plan's assets during the plan year inve | sted in eligible assets? (| (See instructions.) | | | | | Yes No |
| | Are you claiming a waiver of the annual examination a | nd report of an independ | dent qualified public a | ccounte | int (lQ | PA) | | |
| | under 29 CFR 2520.104-46? (See instructions on walv | er eligibility and condition | ons.) | | | | | Yes No |
| ~ | If you answered "No" to either line 6a or line 6b, th If the plan is a defined benefit plan, is it covered under | | | | | | | determined |
| U | If "Yes" is checked, enter the My PAA confirmation nu | | • • | | | | | nstructions.) |
| | WWW.commental | | | 1 | | . <u>.</u> | | |
| Pa | Financial Information | | | | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| 7 | Plan Assets and Liabilities | | (a) Beginning o | 368, | | | (b) End of Yea | r |
| | Total plan assets | | | <u>, , , , , , , , , , , , , , , , , , , </u> | 20 | | • | 775 |
| | Total plan liabilities | | к. К | 368. | 720 | | ···· · · · · · · · · · · · · · · · · · | 387,406 |
| <u>ر</u> | Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | | <u> </u> | · . | (b) Total | |
| <u>0</u> a | Contributions received or receivable from: | | | • <u>·</u> | | | | |
| | (1) Employers | | | 13,(| 1. 1. 10 | | | |
| | (2) Participants | | | 15, | | | | |
| | (3) Others (including rollovers) | | | | 66 | | | |
| | Other income (loss) | 8b | | 11,(|)55 翻翻 | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | | | 39,892 |
| d | Benefits paid (including direct rollovers and insurance to provide benefits) | | | 20, | 346 | | | |
| е | Certain deemed and/or corrective distributions (see ins | | | • | and the second se | | | |
| | Administrative service providers (salarles, fees, comm | | | | 360 | | | |
| g | Other expenses | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 21,206 |
| i | Net income (loss) (subtract line 8h from line 8c) | | | | | | Marken and Andrew States and Andrew States | 18,686 |
| j | Transfers to (from) the plan (see instructions) | | | | | | | |
| Pa | rt IV Plan Characteristics | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | · · | · | |
| 9a | If the plan provides pension benefits, enter the applica 2A 2E 2F 2H 2J 2K 3D | able pénsion feature coo | tes from the List of Pl | an Cha | racteri | stic Co | odes in the instruction | 5: |
| b | If the plan provides welfare benefits, enter the applica | | | | | | | |
| | | | 1 | | <u>, </u> | ÷ | | · . |
| Pai | rtW Compliance Questions | | | | | | | |
| 10 | During the plan year: | • | · · · · | | Yes | No | Amoun | t |
| a | Was there a failure to transmit to the plan any particle described in 29 CFR 2510.3-102? (See instructions) | | | | | | | |
| | Program) | | | 10a | х | | | 12,020 |
| ł | O Were there any nonexempt transactions with any particular terms of the second sec | ty-in-interest? (Do not i | nclude transactions | | | | | ···· |
| | reported on line 10a.) | | | <u>10b</u> | 1 | X | | · |
| | Was the plan covered by a fidelity bond? | | | <u>10c</u> | • X • | | | 100,000 |
| <u>. </u> | Did the plan have a loss, whether or not reimblused by fraud or dishonesty? | | | 10d | | x | | |
| e | Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that the plan? (See instructions.) | provides some or all of t | the benefits under | 10e | | x | | |
| f | Has the plan failed to provide any benefit when due | | | 10f | | x | | |
| | g Did the plan have any participant loans? (If "Yes," en | | | 10g | | x | | |
| | h If this is an individual account plan, was there a black | cout period? (See instru | ctions and 29 CFR | 10g | | | | |
| • | 2520.101-3.) | | | _10h_ | ÷ | х | | |
| | If 10h was answered "Yes," check the box if you eith | | | | 1.1 | | LAND DE LA COMPANY DE LA COMPANY | Child State and the second state |

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| Form 5500-SF (2018) | | | · · · · | |
|--|-----------|---------|----------------------|----------|
| | | | | |
| Rant 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) | | B | ים | res 🛛 No |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | ۰. | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | n 302 ol | | י 🛛 | res 🛛 No |
| a 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 t | he date | of the lette Year | r ruling |
| If 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 | 1 | | |
| C 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 (enter a minus sign to the left of a negative amount) | 12d | | | |
| | | Vaa | No | N//A |

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|-----|---|-------|-------|---------|-----|
| C | 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 (enter a minus sign to the left of a negative amount) | 12d | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes I | 1 🗌 ol | N/A |
| | VII Plan Terminations and Transfers of Assets | х | | | |
| 13a | 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 brought under the control of the PBGC? | | Υ [] | es 🔀 No | 0 |
| C | 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 | | | |

| 13c(1) Name of plan(s): | .* | • | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|----|---|---------------|--------------|
| | | | | |