Form 5500-SF Short Form Annual Return/Report of Small Employee Department of the Treasury Benefit Plan					oyee	OMB Nos. 1210-011 1210-008		
Inter	rnal Revenue Service	This form is required to be file						
Employee B	epartment of Labor Benefits Security Administration	Income Security Act of 1974	Revenue Code (the Cod		This Form is O Public Inspec			
Pension Be	enefit Guaranty Corporation	Complete all entries in		tructions to the Form 5	500-SF.	r ubic inspection		
Part I		Identification Information		and an dar a	0/04/0040			
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/2			2/31/2018 Eilere ebeel	ring this hav must attach a		
A This ret	turn/report is for:	X a single-employer plan ☐ a one-participant plan				king this box must attach a vith the form instructions.)		
B This ret	urn/report is							
		the first return/report	the final return/report					
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter desc	ription)					
Part II		rmation—enter all requested in	formation					
1a Name					1b Three	e-digit number		
PLANTATIC	N GOLF & COUNTRY	CLUB 401(K) PLAN			(PN)			
					1c Effec	tive date of plan		
				01/01/2015				
		oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		ZD Empl (EIN)	oyer Identification Number 65-0273104		
-	r town, state or provinc	e, country, and ZIP or foreign post	al code (if foreign, see ins	structions)	2c Sponsor's telephone number 941-497-1494			
					2d Busir	ness code (see instructions)		
500 ROCKLI VENICE, FL						713900		
VENICE, FE	34233							
3a Plan a	idministrator's name a	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN		
					3c Admi	inistrator's telephone numbe		
4 If the	name and/or FIN of th	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN			
this p	lan, enter the plan spo	nsor's name, EIN, the plan name a						
	sor's name				4d PN			
C Plan N	vame							
5a Total	number of participants	at the beginning of the plan year.			5a	85		
b Total	number of participants	at the end of the plan year			5b	64		
		account balances as of the end of		•	5c	31		
d(1) Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	82		
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	64		
		terminated employment during the			5e	3		
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca	use is estal	blished.		
Under pen SB or Sche	alties of perjury and ot edule MB completed a	her penalties set forth in the instru nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, includi	ng, if applicable, a Schedule		
SIGN	true, correct, and com Filed with authorized	piete. /valid electronic signature.	09/23/2019	BARBARA J. CAMAR	ΟΤΑ			
HERE	Signature of plan a		Date	Enter name of individ		as plan administrator		
SIGN		/valid electronic signature.	09/23/2019	BARBARA J. CAMAR		ao pian aoministrator		
HERE	Signature of emplo	0	Date			as employer or plan sponso		
For Paperw		e, see the Instructions for Form 550			uai siyiliriy i	as employer or plan sponso Form 5500-SF (201		

v.171027

(3) Others (including rollovers).....

b Other income (loss)

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)

0

110185

-34282

6a b								
С	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							
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pre	emium filing for this plan year	(See instructions.)				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	622480	505146				
b	Total plan liabilities	7b	0	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	622480	505146				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	12430					
	(2) Participants	8a(2)	132037					

8a(3)

8b

8c

d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	222558					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	4961					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		227519				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		-117334				
j	Transfers to (from) the plan (see instructions)	8j	0					
Part IV Plan Characteristics								
9a	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 2T 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				
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)	0a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	0b		Х	
С	Was the plan covered by a fidelity bond? 1	0c	Х		75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	0d		X	
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.)	0e		X	
f	Has the plan failed to provide any benefit when due under the plan? 1	l Of		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	0g	X		14722
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	0h		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			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
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?							Yes	X No
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							ling
lf	you d	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	× 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) PI	N(s)

						······
Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Empl	oyee	OM	B Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be file	d under sections 104 and			2	018
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Code		Internal		n is Open to Inspection
Pension Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5	500-SF.	T done	mspection
Part I Annual Report	Identification Information		·····			
For calendar plan year 2018 or fis	scal plan year beginning	01/01/2018	and ending	12/	31/2018	
A This return/report is for:	X a single-employer plan	L	an (not multiemployer) (nployer information in ac		-	
	a one-participant plan	a foreign plan				
B This return/report is	the first return/report	the final return/report				
	an amended return/report	H ·	n/report (less than 12 m	onths)		
C Check box if filing under:	K Form 5558				naram	
	special extension (enter descr	intion)			logram	
Dord II Basis Dian Info		• •				
	rmation—enter all requested in	formation		4 1	1	
1a Name of plan				1b Three	-	
Plantation Golf & Co	ountry Club 401(k) Pl	lan		(PN)	number	002
				·····	tive date of pl	an
				01/	01/2015	
2a Plan sponsor's name (employ Mailing address (include roor	m, apt., suite no. and street, or P.C). Box)			oyer Identifica 65-02731	
Plantation Golf & Co	e, country, and ZIP or foreign post ountry Club, Inc	al code (if foreign, see insti	ructions)		sor's telepho 1)497-14	
				2d Busin	ess code (se	e instructions)
500 Rockley Blvd.						
Venice		FT.	34293	713	900	
3a Plan administrator's name ar	nd address 🖾 Same as Plan Spor				nistrator's EIN	1
	la address Hoanie as rian opu	1301.		UD Admin	insuator s En	•
				3c Admir	nistrator's tele	phone number
4 If the name and/or EIN of the this plan, enter the plan spor	e plan sponsor or the plan name ha nsor's name, EIN, the plan name a	as changed since the last re nd the plan number from the	etum/report filed for he last retum/report.	4b EIN		
a Sponsor's name	· · · · · · · · · · · · · · · · · · ·			4d PN		
C Plan Name						
5a Total number of participants	at the beginning of the plan year			5a		85
	at the end of the plan year			5b		64
	account balances as of the end of t					
complete this item)		ne plan year (only denned	contribution plans	5c		31
complete this item)	••••••			5c 5d(1)		
complete this item) d(1) Total number of active par	rticipants at the beginning of the pla	an year		5d(1)		82
complete this item) d(1) Total number of active par d(2) Total number of active par e Number of participants who than 100% vested	rticipants at the beginning of the pla rticipants at the end of the plan yea terminated employment during the	an year ar plan year with accrued be	nefits that were less	5d(1) 5d(2) 5e		82
complete this item) d(1) Total number of active par d(2) Total number of active par e Number of participants who than 100% vested Caution: A penalty for the late of	rticipants at the beginning of the pla rticipants at the end of the plan yea terminated employment during the or incomplete filing of this return	an year ar plan year with accrued be v/report will be assessed	nefits that were less unless reasonable cau	5d(1) 5d(2) 5e Ise is estab	lished.	82 64 3
complete this item) d(1) Total number of active par d(2) Total number of active par e Number of participants who than 100% vested Caution: A penalty for the late of Under penalties of perjury and oft SB or Schedule MB completed an	rticipants at the beginning of the pla rticipants at the end of the plan yea terminated employment during the princomplete filing of this return or incomplete filing of this return or er penalties set forth in the instruc- nd signed by an enrolled actuary, a	an year plan year with accrued be <u>Vreport will be assessed</u> tions. I declare that I have	nefits that were less unless reasonable cau examined this return/rec	5d(1) 5d(2) 5e ise is estat	ng, if applicab	82 64 3 le. a Schedule
complete this item) d(1) Total number of active par d(2) Total number of active par e Number of participants who than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the pr incomplete filing of this return ner penalties set forth in the instruct nd signed by an enrolled actuary, a plete.	an year plan year with accrued be vreport will be assessed tions, I declare that I have s well as the electronic ver	nefits that were less unless reasonable cau examined this return/report	5d(1) 5d(2) 5e Ise is estab port, includir , and to the	ng, if applicab	82 64 3 le. a Schedule
complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants who than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN	rticipants at the beginning of the plant rticipants at the end of the plan year terminated employment during the princomplete filing of this return her penalties set forth in the instruct and signed by an enrolled actuary, a plete.	an year plan year with accrued be <u>vreport will be assessed</u> tions, I declare that I have s well as the electronic ver	nefits that were less unless reasonable cau examined this return/rep sion of this return/report Barbara J. Cam	5d(1) 5d(2) 5e ise is estate port, includir , and to the larota	ng, if applicab best of my kr	82 64 3 le, a Schedule towledge and
complete this item) d(1) Total number of active par d(2) Total number of active par e Number of participants who than 100% vested Caution: A penalty for the late of Under penalties of perjury and off SB or Schedule MB completed ar belief, it is true, correct, and comp SIGN HERE Signature of plan ar	rticipants at the beginning of the plant rticipants at the end of the plan year terminated employment during the princomplete filing of this return her penalties set forth in the instruct and signed by an enrolled actuary, a plete.	an year plan year with accrued be vreport will be assessed tions, I declare that I have s well as the electronic ver $\sqrt{7/23/2019}$ Date	nefits that were less unless reasonable cau examined this return/rep sion of this return/report Barbara J. Cam Enter name of individu	5d(1) 5d(2) 5e se is estab port, includir , and to the arota ual signing a	ng, if applicab best of my kr	82 64 3 le, a Schedule towledge and
complete this item) d(1) Total number of active part d(2) Total number of active part e Number of participants who than 100% vested Caution: A penalty for the late of Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp SIGN	rticipants at the beginning of the plan rticipants at the end of the plan year terminated employment during the or incomplete filing of this return her penalties set forth in the instruc- nd signed by an enrolled actuary, a plete. MMMA dministrator	an year plan year with accrued be vreport will be assessed tions, I declare that I have s well as the electronic ver $\sqrt{7/23/2019}$ Date	nefits that were less unless reasonable cau examined this return/rep sion of this return/report Barbara J. Cam	5d(1) 5d(2) 5e se is estate port, includir , and to the arota ual signing a arota	ng, if applicab best of my kr as plan admin	iowledge and

Construction and the second sec

State of the state

Charles of

Form 5500-SF (2018)

Page 2	2
--------	---

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.)							
	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 pro	ogram (see ERISA section 4021)?	Yes No Not determined				
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See								
Pa	rt III Financial Information		***************************************					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	622,480	505,146				
Ľ.	Trataturtan Katato		\cap	\wedge				

Plan Assets and Liabilities	Derivative distribution of the second sec	(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	622,480	505,14
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7с	622,480	505,14
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	12,430	
(2) Participants	8a(2)	132,037	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-34,282	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		110,18
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		222,558	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	4,961	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		227,51
Net income (loss) (subtract line 8h from line 8c)	8i		-117,33
Transfers to (from) the plan (see instructions)	··· 8i	0	

9a

11	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 2T 3D	

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:		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		x	
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		75,000
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		x	
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		14,722
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		~~~~	

Page 3-

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	Enter 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?							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
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					
	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					
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?		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?	10		Yes X I	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to					
1	3c(1) Name of plan(s): 13c	2) EIN(s)	13c(3) P	'N(s)		