For	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury rnal Revenue Service	This form is required to be file	etirement	2018					
	epartment of Labor Benefits Security Administration	057(b) and 6058(a) of the de).		This Form is Open to					
Pension Be	enefit Guaranty Corporation	tructions to the Form 5	500-SF.	Public Inspection					
Part I		dentification Information							
For calend	lar plan year 2018 or fis	cal plan year beginning 01/01/2			5/31/2019	de a dela le construction de la c			
A This re	turn/report is for:	a single-employer plan	list of participating e	employer information in ac		king this box must attach a with the form instructions.)			
<b>B</b> This ret	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	X the final return/report						
_		an amended return/report	X a short plan year retu	urn/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter desc	1 ,						
Part II		rmation—enter all requested in	formation						
	of plan				1b Three plan	e-digit number			
PLANTATIC	IN GOLF & COUNTRY				(PN)				
					1c Effect	tive date of plan			
		ver, if for a single-employer plan)			2b Empl	01/01/2015 oyer Identification Number			
		n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		structions)	(EIN)				
PLANTATIO	N GOLF & COUNTRY	CLUB, INC			<b>2c</b> Sponsor's telephone number 941-497-1494				
					<b>2d</b> Business code (see instructions)				
500 ROCKLI VENICE, FL						713900			
<b>3a</b> Plan a	administrator's name an	d address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
A If the	nome and/or FIN of the	plan ananaar ar tha plan name h	as abanged since the last	roturn/roport filed for	4b EIN				
		plan sponsor or the plan name hasor's name, EIN, the plan name a							
•	sor's name				<b>4d</b> PN				
C Plan N	vame								
5a Total	number of participants	at the beginning of the plan year.			5a	76			
		at the end of the plan year			5b	0			
		account balances as of the end of			5c	0			
<b>d(1)</b> Tot	al number of active par	ticipants at the beginning of the pl	lan year		5d(1)	70			
• •		ticipants at the end of the plan ye			5d(2)	0			
		terminated employment during the			5e	0			
Caution: A	A penalty for the late o	or incomplete filing of this return	n/report will be assesse	d unless reasonable cau					
SB or Sche		ner penalties set forth in the instruct d signed by an enrolled actuary, a lete							
SIGN Filed with authorized/valid electronic signature. 09/23/2019 BARBARA J. CAMAROTA									
HERE	Signature of plan ad	dministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN		valid electronic signature.	09/23/2019	BARBARA J. CAMAR					
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor			
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 550	0-SF.			Form 5500-SF (2018)			

v.171027

			- 5							
	Were all of the plan's assets during the plan year invested in eligib							X Yes 1	No	
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.)									
C	If the plan is a defined benefit plan, is it covered under the PBGC in							D Not determine	h	
Ū	If "Yes" is checked, enter the My PAA confirmation number from th									
				an yea	I				.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Eı	nd of Year		
а	Total plan assets	7a	5	05146				0		
b	Total plan liabilities	7b		0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	5	05146				0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b	) Total		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		1188						
	(2) Participants	8a(2)		11539	_					
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		44594	_					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						57321		
d	Benefits paid (including direct rollovers and insurance premiums	8d	550500							
	to provide benefits)			559592						
 f	Certain deemed and/or corrective distributions (see instructions)	8e		1348 1527	-					
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		0	-					
<u> </u>	Other expenses	8g		0				562467		
<u>- n</u> :	Total expenses (add lines 8d, 8e, 8f, and 8g)									
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)				-			-505146		
		8j		0						
	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the i	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cor	les from the List of Pla	n Chara	acterist	ic Cod	es in the in	structions:		
Pa	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribu	itions with	in the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	-iduciary Correction			N/				
	Program)			10a		Х				
r	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>			10b		x				
C	<b>c</b> Was the plan covered by a fidelity bond?			10c	Х			75000		
C	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	ond, that was caused							
	by fraud or dishonesty? 10d X									
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som									

	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	х	
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	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		

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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)							<b>Y</b>	es 🔉	K No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?							Y	es 🔉	K No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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 le granting the waiver									rulin	g
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 left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/	/Α
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No	)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						< Ye	es 🗌	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	ın(s)	to						
1	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(	s)

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Form 5500-S	F Short Form Ann	ual Return/Report	t of Small Emp	oloyee	0	MB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be f	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Reti					
Department of Labor Employee Benefits Security Administ	Income Security Act of 19	4 (ERISA), and sections 60	57(b) and 6058(a) of th			2018 Irm is Open to	
Pension Benefit Guaranty Corpor	ation	Revenue Code (the Code	•	5500 QE		c Inspection	
Part I Annual Rep	port Identification Informatio	n accordance with the inst n	ructions to the rorm	5500-SF.			
For calendar plan year 2018	3 or fiscal plan year beginning	01/01/2019	and ending	05/	31/2019	)	
<b>A</b> This return/report is for:	X a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) nployer information in				
B This return/report is	the first return/report	X the final return/report					
	an amended return/report	X a short plan year retur	n/report (less than 12	months)			
C Check box if filing under	: Form 5558	automatic extension			ogram		
, Č	special extension (enter des				ogram		
Part II Basic Plan	Information—enter all requested						
1a Name of plan	mormation-enter all requested	mormation		1b Three			
	& Country Club 401(k)	Plan		i plan r	number	002	
					live date of	plan	
2a Plan sponsor's name (e	mployer, if for a single-employer plan	) .			01/2015	cation Number	
Mailing address (include	e room, apt., suite no. and street, or P ovince, country, and ZIP or foreign po	.O. Box)	ruptioon)		65-0273		
Plantation Golf	& Country Club, Inc	stal code (il loreign, see inst			sor's teleph	ione number 494	
						ee instructions)	
500 Rockley Blvd							
Venice			34293	713	900		
<b>3a</b> Plan administrator's nar	ne and address $\overline{X}$ Same $$ as Plan Sp	onsor.		3b Admir	histrator's E	IN	
				3c Admir	nistrator's te	elephone number	
4 If the name and/or EIN this plan, enter the plan	of the plan sponsor or the plan name i sponsor's name, EIN, the plan name	has changed since the last n and the plan number from the	eturn/report filed for ne last return/report.	4b EIN			
<ul><li>a Sponsor's name</li><li>c Plan Name</li></ul>				4d PN			
5a Total number of particip	eants at the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		5a		. 71	
	ants at the end of the plan year			1		(	
C Number of participants	with account balances as of the end c	f the plan year (only defined	contribution plans	50		(	
	e participants at the beginning of the					7(	
	e participants at the end of the plan y			5d(2)		(	
e Number of participants	who terminated employment during the	ne plan year with accrued be	nefits that were less	5e		(	
Caution: A penalty for the Under penalties of perjury ar	late or incomplete filing of this retu nd other penalties set forth in the instru- ed and signed by an enrolled actuary,	rn/report will be assessed uctions, I declare that I have	unless reasonable ca examined this return/r	eport, includin	ig, if applica	ble, a Schedule	
sign V BRA	marota	~ 9/23/2019	Barbara J. Ca	marota			
HERE	an administrator	Date	Enter name of indivi	*****	s plan adm	inistrator	
SIGN - BRAM			Barbara J. Ca				

4125/20M Barbara Camarota manan J. HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Date Enter name of individual signing as employer or plan sponsor Form 5500-SF (2018) v.171027

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	<b>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.)							
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use For	rm 5500-SF and must instead use	Form 5500.				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA section 4021)?	Yes No	Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this plan year		. (See instructions.)			
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year			
а	Total plan assets	7a	505,146		0			
b	Total plan liabilities	7b	0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	505,146		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) T	otal			
а	Contributions received or receivable from:							

D	l otal plan liabilities	7b	U		0
С	Net plan assets (subtract line 7b from line 7a)	7c	505,146		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	1,188		
	(2) Participants	8a(2)	11,539		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	44,594		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			57,321
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	559,592		
е	Certain deemed and/or corrective distributions (see instructions)	8e	1,348		
f	Administrative service providers (salaries, fees, commissions)	8f	1,527		
g	Other expenses	8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			562,467
i	Net income (loss) (subtract line 8h from line 8c)	8i			-505,146
j	Transfers to (from) the plan (see instructions)	8i	0		

## 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:
	2È 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:		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		Х	
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	
l	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			

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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 o (Form 5500) and line 11a below)				Yes	X No			
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a									
12	n 302 o	f		Yes	X No				
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)         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.         Month       Day         Year								
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						
с	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 negative amount)	1	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	<u> </u>	I/A		
Part '	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	s []	No			
<u></u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					X Yes	No	)		
С									
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN	(s)		