# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST AGREEMENT

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 11/01/1963

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BEN HILL GRIFFIN, INC.

P.O. BOX 127
FROSTPROOF, FL 33843-0127

**2b** Employer Identification Number (EIN) 59-0585518

**2c** Plan Sponsor's telephone number 863-635-2251

**2d** Business code (see instructions) 111300

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/07/2020 | STEWART HURST |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/07/2020 | BEN HILL GRIFFIN III |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

STEWART HURST

P.O. BOX 127
FROSTPROOF, FL 33843-0127

**3b** Administrator's EIN: 59-0585518

**3c** Administrator's telephone number: 863-635-2251

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 483 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 168 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 183 |
| **b** Retired or separated participants receiving benefits | **6b** | 102 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 246 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 531 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 12 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 543 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 482 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 4 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | ☐ Insurance | **(1)** | ☐ Insurance |
| **(2)** | ☐ Code section 412(e)(3) insurance contracts | **(2)** | ☐ Code section 412(e)(3) insurance contracts |
| **(3)** | ☒ Trust | **(3)** | ☒ Trust |
| **(4)** | ☐ General assets of the sponsor | **(4)** | ☐ General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

**(1)** ☐ **R** (Retirement Plan Information)

**(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

**(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

**(1)** ☒ **H** (Financial Information)

**(2)** ☐ **I** (Financial Information – Small Plan)

**(3)** ☐ ___ **A** (Insurance Information)

**(4)** ☒ **C** (Service Provider Information)

**(5)** ☐ **D** (DFE/Participating Plan Information)

**(6)** ☐ **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BEN HILL GRIFFIN, INC.

**D** Employer Identification Number (EIN)
59-0585518

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

SUNTRUST BANK, N.A.

200 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

59-0385440

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 21 27 28 51 | | 119438 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** Name of plan
BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BEN HILL GRIFFIN, INC.

**D** Employer Identification Number (EIN)
59-0585518

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 404721 | 784472 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 3356 | 620 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1175750 | 630706 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 26196509 | 30989882 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 27780336 | 32405680 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 27780336 | 32405680 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 784472 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 784472 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 5502 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5502 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 590856 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 590856 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 4248378 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 3596566 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 651812 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 4183533 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 4183533 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 6216175 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1471393 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1471393 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 119438 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 119438 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1590831 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4625344 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: RANDOLPH SWAIN TALLENT & WHITEHEAD **(2)** EIN: 59-3189815

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 10000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** 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 PBGC premium filing for this plan year_____. (See instructions.)

RANDOLPH SWAIN TALLENT & WHITEHEAD LLP
CERTIFIED PUBLIC ACCOUNTANTS

# BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

**Financial Statements and Schedules**

**December 31, 2019 and 2018**

**(With Independent Auditors' Report Thereon)**

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

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December 31, 2019 and 2018


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| Statements of Changes in Net Assets Available for Benefits | 4 |
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Supplementary Information:

Schedule 1 – Form 5500, Schedule H – Part IV – Question 4i – Schedule of Assets Held for Investment Purposes

Schedule 2 – Form 5500, Schedule H – Part IV – Question 4j – Reportable Transactions

# Independent Auditors' Report

The Administrative Committee
Ben Hill Griffin, Inc. Employees'
Profit Sharing Plan:

## Report on the Financial Statements

We have audited the accompanying financial statements of Ben Hill Griffin, Inc. Employees' Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

The Administrative Committee
Ben Hill Griffin, Inc. Employees'
Profit Sharing Plan

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Ben Hill Griffin, Inc. Employees' Profit Sharing Plan as of December 31, 2019 and 2018, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Randolph Swain Tallent & Whitehead, LLP*

January 31, 2020
Maitland, Florida

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

**Statements of Net Assets Available for Benefits**

December 31, 2019 and 2018

| | 2019 | 2018 |
|---|---|---|
| Assets: | | |
| Investments, at fair value (Notes 3 and 6) | $ 31,620,588 | $ 27,372,259 |
| Contributions receivable from Ben Hill Griffin, Inc. (Note 4) | 784,472 | 404,721 |
| Accrued interest and dividends | 620 | 3,356 |
| Total assets | 32,405,680 | 27,780,336 |
| Liabilities: | | |
| Accounts payable, securities purchased | - | - |
| Net assets available for benefits | $ 32,405,680 | $ 27,780,336 |

See accompanying notes to financial statements.

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

**Statements of Changes in Net Assets Available for Benefits**

December 31, 2019 and 2018

| | 2019 | 2018 |
|---|---|---|
| Additions to (deductions from) net assets: | | |
| Investment income: | | |
| Net appreciation (depreciation) in fair value of investments (Note 6) | $ 4,835,345 | $ (1,870,158) |
| Dividend income | 240,950 | 251,544 |
| Interest income | 355,408 | 369,562 |
| Total investment income (loss) | 5,431,703 | (1,249,052) |
| Contributions: | | |
| Company contributions (Note 4) | 784,472 | 404,721 |
| Participant rollover contribution | - | 47,410 |
| Total contributions | 784,472 | 452,131 |
| Total additions (deductions) | 6,216,175 | (796,921) |
| Deductions from net assets: | | |
| Distributions to participants | 1,471,393 | 1,766,636 |
| Investment management fees | 119,438 | 121,305 |
| Total deductions | 1,590,831 | 1,887,941 |
| Increase (decrease) in net assets | 4,625,344 | (2,684,862) |
| Net assets available for benefits: | | |
| Beginning of year | 27,780,336 | 30,465,198 |
| End of year | $ 32,405,680 | $ 27,780,336 |

See accompanying notes to financial statements.

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

**Notes to Financial Statements**

December 31, 2019 and 2018

## (1) Plan Description

### (a) General

The Board of Directors of Ben Hill Griffin, Inc. (the Company) adopted the Ben Hill Griffin, Inc. Employees' Profit Sharing Plan (the Plan) effective November 1, 1963 and executed a Trust Agreement to enable eligible employees to share in its profits. All employees of Ben Hill Griffin, Inc., who are employed on the last day of the plan year and employees who are separated from service during the year due to retirement or disability are classified as active participants in the Plan.

The Ben Hill Griffin, Inc. Employees' Profit Sharing Trust (the Trust), established by Trust Agreement executed on September 30, 1964, as amended, is intended to form a part of the Plan. The Plan and the Trust are intended to meet the needs of the Company and the requirements of Sections 401(a) and 501(a) of the Internal Revenue Code of 1954, as amended by the Employee Retirement Income Security Act of 1974.

SunTrust Bank, N.A. serves as trustee and investment manager. In this capacity, they have custodial responsibilities and make investment decisions within the guidelines established by the "Statement of Investment Policy, Objectives and Guidelines".

### (b) Contributions

The amount of the Company's contribution is determined annually by its Board of Directors.

### (c) Participant Accounts

Each active participant's account is credited with an allocation of the Company's contribution as well as forfeitures of terminated participants' nonvested accounts upon distribution of the terminated participants' vested portion. Each active and inactive participant's account is credited or debited with an allocation of the Plan's investment earnings or losses. Allocations of forfeitures and the Company's contribution are based on participants' compensation. Earnings or losses from investments are allocated based on participants' account balances.

## (1) Plan Description, Continued

### (d) Vesting

Vesting in participants' accounts who are credited with at least 500 hours of service annually, is as follows:

| Years of service | Vesting percentage |
|---|---|
| Less than two years | 0% |
| Two years | 20% |
| Three years | 40% |
| Four years | 60% |
| Five years | 80% |
| Six or more years | 100% |

Participants are fully vested in equity transferred from other qualified plans, plus earnings thereon.

### (e) Payment of Benefits

Upon entitlement to payment of benefits, a participant may elect to receive either a lump sum amount equal to the value of their account, periodic installments of substantially equal amounts over a period not to exceed twenty years or nonperiodic amounts over a period not to exceed the life expectancy of the participant and a designated beneficiary.

### (f) Plan Termination

Although it has not expressed any intent to do so, the Company has a right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

### (g) Forfeitures

Allocated forfeitures of terminated participants' nonvested accounts for the years ended December 31, 2019 and 2018 totaled $20,468 and $24,109, respectively. At December 31, 2019 unallocated forfeitures of terminated participants totaled $28,572.

## (2) Summary of Significant Accounting Policies

### (a) Basis of Accounting

The Plan's financial statements are prepared using the accrual method of accounting.

### (b) Investment Valuation and Income Recognition

Investments are stated at fair value. Mutual funds are valued at the quoted prices of the underlying investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Appreciation or depreciation in the value of investments is reflected in the statements of changes in net assets available for benefits.

### (c) Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles may require use of estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## (3) Fair Value Measurements Used In Investment Valuation

The Financial Accounting Standards Board *Accounting Standards Codification* 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring the fair value of investments. That framework prioritizes the inputs used to measure fair value, as follows:

- Level 1 Inputs have the highest priority and are used when quoted prices in active markets for identical assets are available.
- Level 2 Inputs consist of observable inputs other than quoted prices for identical assets.
- Level 3 Inputs are used when the criteria for levels 1 and 2 are not available.

The methods used to measure the fair value of investments may produce amounts that may not be indicative of their net realizable value. All investments held at December 31, 2019 and 2018 are valued using Level 1 criteria.

## (4) Contributions Receivable from Ben Hill Griffin, Inc.

For the years ended December 31, 2019 and 2018, the Company's profit sharing contributions were equal to 9.0% and 5.0%, respectively, of eligible participants' allowable compensation, as defined by the Plan document.

## (5) Income Tax Status and Uncertain Tax Positions

The Plan document was restated effective January 1, 2016. The Plan obtained its latest determination letter dated March 31, 2014 from the Internal Revenue Service which states that the Plan and related trust are designed in accordance with applicable requirements of the Internal Revenue Code. The Plan administrator and tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by a plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the Internal Revenue Service; however, there are currently no audits in progress for any tax periods. The Plan Administrator believes it is no longer subject to income tax examinations for years before 2016.

## (6) Investments

Investments in 2019 and 2018 consist of cash and short-term cash investments and equity and fixed income investments. The following is a summary of the original cost and fair market value of investments owned at December 31, 2019 and 2018:

| Investment | December 31, 2019 | | December 31, 2018 | |
|---|---|---|---|---|
| | Original Cost | Market Value | Original cost | Market Value |
| Cash and short-term cash Investments | $ 630,706 | $ 630,706 | $ 1,175,750 | $ 1,175,750 |
| Fixed income mutual funds and exchange traded funds | 11,096,093 | 11,225,640 | 11,018,532 | 10,576,047 |
| Equity mutual funds and exchange traded funds | 14,769,543 | 19,764,242 | 14,237,263 | 15,620,462 |
| Total | $ 26,496,342 | $ 31,620,588 | $ 26,431,545 | $ 27,372,259 |

## (6) Investments, Continued

For the years ended December 31, 2019 and 2018, the Plan's investments (including investments bought, sold and held at year-end) appreciated (depreciated) in value, as follows:

| | 2019 | 2018 |
|---|---|---|
| Equity investments | $ 4,285,990 | $ (1,477,066) |
| Fixed income investments | 549,355 | (393,092) |
| Net appreciation (depreciation) in fair value of investments | $ 4,835,345 | $ (1,870,158) |

## (7) Accounts of Terminated Participants

Net assets available for benefits as of December 31, 2019 and 2018 include fully vested accounts of inactive participants totaling $14,935,223 and $12,243,639 respectively.

## (8) Risks and Uncertainties

Investments held by the Plan are exposed to risks including interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## (9) Plan Administrative Costs

All administrative costs of the Plan and Trust were paid by Ben Hill Griffin, Inc.

## (10) Date of Management's Review

There are no subsequent events to disclose during this period. Subsequent events were evaluated through January 31, 2020 which is the date the financial statements were available to be issued.

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

**Form 5500, Schedule H - Part IV - Question 4i - Schedule of Assets Held for Investment Purposes**

December 31, 2019

| (b) Identity of issuer, borrower, lessor or other party | (c) Description of investment | (d) Original cost | (e) Market value |
|---|---|---|---|
| **Cash and short-term cash investments:** | | | |
| Cash | | $ 21,646 | $ 21,646 |
| The Dreyfus Corporation | 609,060 units, Government Cash Management Fund, yield 1.52% | 609,060 | 609,060 |
| Total cash and short-term cash investments | | 630,706 | 630,706 |
| **Fixed income mutual funds:** | | | |
| Neuberger Berman | 107,373 units, High Income Bond Fund, yield 5.51% | 899,400 | 930,922 |
| Virtus Investment Partners | 157,765 units, Total Return Bond Fund, yield 2.17% | 1,648,399 | 1,683,348 |
| Western Asset | 141,200 units, Core Plus Bond Fund, yield 3.48% | 1,667,326 | 1,690,161 |
| DFA | 41,553 units, Short Term Extended Quality Fund, yield 2.18% | 449,187 | 449,189 |
| Doubleline | 158,681 units, Total Return Bond Fund, yield 3.66% | 1,713,535 | 1,686,776 |
| Pimco Funds | 141,821 units, Investment Grade Corp Fund, yield 3.92% | 1,509,833 | 1,548,683 |
| Total fixed income mutual funds | | 7,887,680 | 7,989,079 |
| **Equity mutual funds:** | | | |
| DFA | 95,972 units, International Core Equity Fund | 1,263,512 | 1,325,371 |
| Eaton Vance | 31,411 units, Atlanta Capital Small Mid Fund | 884,384 | 1,187,031 |
| Janus Capital Group | 27,742 units, Henderson Small Cap Value Fund | 551,209 | 639,176 |
| John Hancock Funds | 134,617 units, Disciplined Value Fund | 2,508,088 | 2,795,998 |
| JP Morgan | 89,871 units, U. S. Equity Fund | 1,352,934 | 1,450,510 |
| MFS Investment Management | 70,151 units, Research International Fund | 1,212,098 | 1,435,995 |
| Invesco Oppenheimer Funds | 17,572 units, Developing Markets Fund | 606,422 | 801,121 |
| Virtus Investment Partners | 64,027 units, Mid Cap Value Equity Fund | 730,518 | 827,231 |
| T Rowe Price | 96,140 units, Large Cap Growth Fund | 2,289,368 | 4,234,979 |
| T Rowe Price | 22,505 units, Small Cap Growth Equity Fund | 542,902 | 896,163 |
| Vanguard | 8,942 units, Institutional Index Fund | 1,786,374 | 2,595,286 |
| Total equity mutual funds | | 13,727,809 | 18,188,861 |

(Continued)

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

**Form 5500, Schedule H - Part IV - Question 4i - Schedule of Assets Held for Investment Purposes**

December 31, 2019

| (b) Identity of issuer, borrower, lessor or other party | (c) Description of investment | (d) Original cost | (e) Market value |
|---|---|---|---|
| **Equity exchange traded funds:** | | | |
| iShares | 15,106 units, Russell Mid Cap Fund | 424,386 | 900,620 |
| iShares | 16,039 units, Core Dividend Growth Fund | 617,348 | 674,761 |
| Total equity exchange traded funds | | 1,041,734 | 1,575,381 |
| **Fixed income exchange traded funds:** | | | |
| Vanguard | 5,604 units, Short Term Bond Index Fund, yield 2.29% | 450,275 | 451,738 |
| Vanguard | 33,208 units, Total Bond Market Index Fund, yield 2.72% | 2,758,138 | 2,784,823 |
| Total fixed income exchange traded funds | | 3,208,413 | 3,236,561 |
| | | $26,496,342 | $31,620,588 |

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.

OMB Nos. 1210 - 0110
1210 - 0089

**2019**

This Form is Open to Public Inspection

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

**B** This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here ..... ▶ ☐

**D** Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

## Part II Basic Plan Information - enter all requested information

**1a** Name of plan
BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST AGREEMENT

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 11/01/1963

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BEN HILL GRIFFIN, INC.

P.O. BOX 127

FROSTPROOF FL 33843-0127

**2b** Employer Identification Number (EIN) 59-0585518

**2c** Plan Sponsor's telephone number 863-635-2251

**2d** Business code (see instructions) 111300

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| SIGN HERE | Signature of plan administrator | Date 7/7/20 | Enter name of individual signing as plan administrator: STEWART HURST |
| SIGN HERE | Signature of employer/plan sponsor | Date 7-7-2020 | Enter name of individual signing as employer or plan sponsor: BEN HILL GRIFFIN III |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

For Paperwork Reduction Act Notice, see the instructions for Form 5500.

Form 5500 (2019)
v. 190130

918401 11-21-19

**Schedule 2**

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

**Form 5500, Schedule H - Part IV - Question 4j - Reportable Transactions**

Year ended December 31, 2019

| | Purchases | Sales | | |
|---|---|---|---|---|
| (b) Description of asset | (c) At original cost | (d) Selling price | (g) Cost of asset | (i) Net gain (loss) |
| Dreyfus Government Cash Management Fund | $ 2,187,420 | $ 4,922,564 | $ 4,922,564 | $ - |

Reportable transactions include security transactions within the plan year in excess of 5% of the current value of plan assets that are: single transactions, series of transactions involving securities of the same issue or series of transactions with the same person.