	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	Benefit Plan			~	2010			
Er	Department of Labor nployee Benefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).				This Form is Open to Public			
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	0-SF.	Inspection					
	Part I Annual Report Identification Information								
	calendar plan year 2010 or fisca	2			2/31/2				
	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)		one-participant plan			
B	This return/report is for:	first return/report	final retur	•					
-	2	an amended return/report		year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558		extension		DFVC program			
De	vet II - Decie Dien Inform	special extension (enter description	,						
	Int II Basic Plan Inform	nation—enter all requested information	ation		1b	Three-digit			
		EMPLOYEES' SAVINGS PLAN				plan number 001			
						(PN)			
					10	Effective date of plan 01/01/1997			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 59-0476030			
	INTERBAY BOULEVARD				2c	Plan sponsor's telephone number 813-831-1611			
TAM	PA, FL 33611-4136				2d	Business code (see instructions) 813000			
3a	Plan administrator's name and PA YACHT & COUNTRY CLUB	address (if same as Plan sponsor, e , INC. 5320 INTERE	nter "Same	e") EVARD	3b	Administrator's EIN 59-0476030			
		TAMPA, FL 3			3c Administrator's telephone number 813-831-1611				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter					4b EIN				
name, EIN, and the plan number from the last return/report. Sponsor's									
5a Total number of participants at the beginning of the plan year						PN89			
b		the end of the plan year			5a	81			
c		th account balances as of the end of			5b				
	complete this item)			5c	39				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						Yes No			
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.)									
	,	er 6a or 6b, the plan cannot use Fe		,					
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year 719288			
a h	·		7a	590097		0			
b		'h fram lina Za)		590097		719288			
<u> </u>	Income, Expenses, and Transf	'b from line 7a) ers for this Plan Year	7c	(a) Amount		(b) Total			
a	Contributions received or recei					(0) 10(a)			
	(1) Employers		8a(1)	15736	_				
	(2) Participants		8a(2)	109849)				
	.,)	8a(3)	90638					
b				90030)	216223			
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			210220			
			8d	77029)				
е	Certain deemed and/or correct	ive distributions (see instructions)	8e	1042	_				
f		s (salaries, fees, commissions)		8961	61				
g	•		8g			87032			
h :		3e, 8f, and 8g)	8h			129191			
i		e 8h from line 8c) ee instructions)				120101			
,			8j						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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: 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	۷	Compliance Questions							
10	Dı	uring the plan year:		Yes	No		Amou	nt	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х				
С	W	/as the plan covered by a fidelity bond?	10c	Х				5	00000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	in	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e	x					4861
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))				•	ר []	/es	X No
lf y b c d <u>e</u> Part 13a b c	(If If a gra Vou Er Er Su ne VII Ha If ' Wo of If (wh	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver. Mon completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. ter the minimum required contribution for this plan year. ter the amount contributed by the employer to the plan for this plan year. btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount) If the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets as a resolution to terminate the plan been adopted during the plan year or any prior year? Yes," enter the amount of any plan assets that reverted to the employer this year. ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC? during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the ch assets or liabilities were transferred. (See instructions.) 1) Name of plan(s):	ctions, th of a under	and e	12b 12c 12d 13a ontrol	Yes	Year _	/es [
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab :	le cau	ise is	establ	lished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/16/2011	LINDA MORGAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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	Form 5500-SF	Short Form Annual	Return/	Report of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
	Department of the Traceury	Benefit Plan					2010		
	Internel Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the			e ;		s Open to Public		
	Department of Labor mployee Benefits Socurity Administration	internal Revenue Code (the Code). Complete all entries in accordance with the Instructions to the Form 550				Inspection			
	ansion Benefit Guaranty Corporation	Complete all entries in acco	ordance wit	h the instructions to the Form 550	<u>u-ar.</u>				
B	calendar plan year 2010 or fisc	Ientification Information		and ending					
		Single-employer plan	multiple-e	imployer plan (not multiemployer)		one-participa	ant plan		
	This return/report is for:	first return/report	final retur						
B	This return/report is for:		enort plar	year return/report (less then 12 mo	nths)				
					DFVC progra	am			
Ç	Check box if filing under:	special extension (enter descrip							
	The Deste Disc Inform	nation-enter all requested infor							
The second se		Hativii-cite at tequester and			1b	Three-digit			
78	Name of plan	BEMPLOYEES' SAVINGS PLAN				plan number (PN)	001		
1 AIVI					1c	Effective date of 01/01/			
			as pign)	· · · · · · · · · · · · · · · · · · ·	2b	Employer Ident	fication Number		
_2a	Plan sponsor's name and addr PA YACHT & COUNTRY CLUE	ess (employer, if for single employ	er hieriy		L	(EIN) 59-047			
						813-83	telephone number 31-1611		
5320 TAM	INTERBAY BOULEVARD PA FL 33611-4136					\$1300			
- 3a	Plan administrator's name and	address (if same as Plan sponsor,	enter "Same	a")	35	Administrator's 59-047	EIN 76030		
SAM					3c	3c Administrator's telephone numbe 813-831-1611			
	the second states where	an sponsor has changed since the	last return/re	port filed for this plan, enter the	45	EIN			
41	f the name and/or EIN of the plan name, EIN, and the plan numbe	r from the last return/report. Spon	sor's name		4c	PN			
		the beginning of the plan year			5a		89		
5a	Total number of participants an	the end of the plan veat		*****	5b		81		
 b Total number of participants at the end of the plan year c Total number of participants with account balances as of the end of complete this item)			of the plan y	year (defined benefit plans do not			39		
					5c		Yes No		
6a		hubon the plan year invested in Alic	uhle assets?	(See instructions.)					
þ	Are you claiming a walver of th	te annual examination and report (or an incepei iv and condit				X Yes No		
-	If you answered "No" to eith	ier 6a or 6b, the plan cannot use	Form 5500-	SF and must Instead uso Form 54					
MD a	Financial Inform	8000		(a) Beginning of Year		(b) En	d of Year		
7	Plan Assets and Liabilities		100 million (1977-197	59009	7		719288		
a					0		0		
b		7b from line 7a)		59009	7		719288		
	Net plan assets (subtract line in Income, Expenses, and Transf			(a) Amount		(b)	Total		
8 a	Contributions received of fece	ivable from:		1573	6		an in the second second		
a	(1) Employers		<u>` 8a(1)</u>	10984			anatres d. el dis il al distribution		
				10004					
	(3) Others (including rollovers)		9063	8				
b	Other income (loss)		<u>8b</u>		C	Contrast of the second of the	216223		
C	Total income (edd lines 8a(1),	8a(2), 8a(3), and 8b)	<u>8¢</u>		21	Ten ifert ert fin beringe			
	to provide benefits)	rollovers and Insurance premiums		7702			Andres in a comparison		
e Certain dearned and/or corrective distributions (see instructions)		696							
f		rs (salaries, fees, commissions)							
g	Other expenses		<u>8g</u>				87032		
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	<u>8h</u>				129191		
1	Net income (loss) (subtract line	s 8h from line 8c)		LARA (C. L. T. C. T. B. A. S. T I.L. A. AND AND AND AND THE C. S. AND	Parts Parts	and an			
j	Transfers to (from) the plan (se	se (nstructions)	···· 8]	5500-Sf.	1,1930	AND A REAL PROPERTY AND A DESCRIPTION OF A	Form 5500-SF (2010)		
For F	aperwork Reduction Act Notice and	I ÓWA roundi unimpelis, see nió Nizuri	and the second second	· · · · · · ·			v.092308.		

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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: 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	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 fine 10a.)	10b		x	
c	Was the plan covered by a fidelity bond?	10c	x		500000
đ	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
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.)	100	x		4861
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
ġ	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	
1	If 10h was answared "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	101			
Contraction of the local division of the loc	Pension Funding Compliance				
11 1	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete (Sched	ule Ş8	
) alt	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- granting the walver.	tions,	and e	nter th	
	our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	125	
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year			12ç	
ds	Enter the amount commuted by the employer to the plan for this plan year	of a		12d	
	Vil the minimum funding amount reported on fine 12d be met by the funding deadline?			[Yes No N/A
	Plan Terminations and Transfers of Assets				
	las a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No
	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a	
bν	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u f the PBGC?	inder 1	ha cor	ntrol 	Yes 🕅 No
C If	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th rhich assets or liabilities were transferred. (See Instructions.)	e plan	(s) to		·
180	(1) Name of plan(s):		13c	(2) EIN	V(s) 13c(3) PN(s)
A	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable) caus	ie is e	stabili	shed.
Under n	t: A penalty for the late or incomplete hinty of the return report will be assessed annual return to a set of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the return of perjury and other penalties set forth in the instructions.	n/rep	ort, inc	kuding	, if applicable, a Schedule

SB or Schedule.MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is face, correct, and complete.

HER TODUCU	HAMMORIA-	1011411	LINDA MORGAN
	Signature of plan administrator	Date	Enter name of Individual signing as plan administrator
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor