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 6047(e), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MAYACAMA GOLF CLUB, LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MAYACAMA GOLF CLUB, LLC

1240 MAYACAMA CLUB DRIVE
SANTA ROSA, CA 95403-8251

2b Employer Identification Number (EIN) 94-3347830

2c Sponsor's telephone number 707-569-2900

2d Business code (see instructions) 237210

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.	09/06/2012	SHARON KENNEDY, APA, QPA, QKA, ERPA
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MAYACAMA GOLF CLUB, LLC

1240 MAYACAMA CLUB DRIVE
SANTA ROSA, CA 95403-8251

3b Administrator's EIN
94-3347830

3c Administrator's telephone number
707-569-2900

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	155
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	99
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	111
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	111
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	79
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristic Codes in the instructions:
2E 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MAYACAMA GOLF CLUB, LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAYACAMA GOLF CLUB, LLC

D Employer Identification Number (EIN)
94-3347830

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).. . . . . [X] 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

FINANCIAL ADVISERS OF AMERICA
1930 PALOMAR POINT WAY, STE 104
CARLSBAD, CA 92008

(b) Enter name and EIN or address of person who provided you disclosure 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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
37 63 64 65 54	RECORDKEEPER	51963	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MATTHEWS, GOLD, KENNEDY & SNOW

6530 N. 16TH ST.
PHOENIX, AZ 85016

86-1001235

(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?
37 63 62 15	THIRD PARTY ADMINISTRATO	5600	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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

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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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MAYACAMA GOLF CLUB, LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAYACAMA GOLF CLUB, LLC

D Employer Identification Number (EIN)
94-3347830

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	68502	57743
(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)	1121665	1135619
(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	1190167	1193362
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1190167	1193362

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)		
(B) Participants	2a(1)(B)	75006	
(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)		75006
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	2001	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2001
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		41827
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		118834
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	70207	
(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)		70207
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)	45432	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		45432
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		115639
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3195
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) ☐ Unqualified (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 ☐ No

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

(1) Name: PKF CERTIFIED PUBLIC ACCOUNTANTS (2) EIN: 95-4354850

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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		10737
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	
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		200000
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? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MAYACAMA GOLF CLUB, LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAYACAMA GOLF CLUB, LLC

D Employer Identification Number (EIN)
94-3347830

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MAYACAMA GOLF CLUB 401(K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2011

PKF

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MAYACAMA GOLF CLUB, LLC
401(K) Profit Sharing Plan & Trust

Financial Statements and Supplemental Schedules
(With Independent Auditor's Report Thereon)

December 31, 2011

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PKF

Accountants and
business advisers

Independent Auditor's Report

The Board of Trustees
Mayacama Golf Club, LLC
401(K) Profit Sharing Plan & Trust

We were engaged to audit the accompanying statements of net assets available for benefits of Mayacama Golf Club, LLC 401(K) Profit Sharing Plan & trust (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedules of 1) Schedule H, line 4i- Schedule of Assets (Held At End of Year), and (2) Schedule H, line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Nationwide, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PKF

Certified Public Accountants
A Professional Corporation

August 22, 2012

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Statements of Net Assets Available for Benefits

	December 31	
	2011	2010
Assets		
Investments at fair value	$ 1,135,619	$ 1,121,665
Receivables		
Notes receivable from participants	57,743	68,502
Total assets	1,193,362	1,190,167
Liabilities		
Excess contributions	-	322
Total liabilities	-	322
Net assets reflecting investments at fair value and available for benefits	$ 1,193,362	$ 1,189,845

See accompanying notes to the financial statements

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MAYACAMA GOLF CLUB, LLC
401(K) PROPFIT SHARING PLAN & TRUST

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2011

Additions to net assets attributed to	
Investment income, net appreciation in fair value of investments	$ 14,515
Interest income from participant loan	2,001
Other income - platform termination credit	39,346
	55,862
Contributions	
Participants	75,328
	75,328
Total additions	131,190
Deductions from net assets attributed to	
Benefits paid to participants	69,295
Administrative expenses	18,119
Other expense - platform termination fee	39,346
Distribution - loan default	913
Total deductions	127,673
Net increase	3,517
Net assets available for benefits:	
Beginning of year	1,189,845
End of year	$ 1,193,362

See accompanying notes to the financial statements

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Notes to the Financial Statements
December 31, 2011

Note 1 - Description of plan

The following description of the Mayacama Golf Club, LLC 401(K) Profit Sharing Plan & Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The plan is a defined contribution plan established by Mayacama Golf Club, LLC (the Club) as of January 1, 1999, which covers all eligible employees who are at least 21 years old and have completed at least 1,000 hours of employment during the 12-month period after hire date. All employees are eligible employees for the plan except for the following ineligible classes of employees: a) employee whose employment is governed by a collective bargaining agreement in which retirement benefits were the subject of good faith bargaining, b) employees who are non-resident aliens who do not receive earned income from the Club, which constitutes income from sources within the United States; and c) anyone who becomes an employee as the result of a merger or other acquisition. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Once an employee becomes eligible for participation in the plan, the employee must file a Salary Deferral Agreement which indicates the amount to withhold from their compensation (either a percentage of their compensation or a flat dollar amount). Participants who have attained age 50 (before the end of the plan year) are eligible to make catch-up contributions, as defined. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Club may make Safe Harbor matching contributions, non Safe Harbor matching contributions or profit sharing contributions at the discretion of the Club's board of directors. Effective January 1, 2010, participants are required to work 1,000 hours during the plan year and be employed on the last day of the plan year to be eligible to receive any profit sharing contribution that may be made for that year. The contributions are invested directly based on the investment option chosen by participant. Contributions are subject to certain limitations, as defined.

Participant accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Club's contributions (b) plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Notes to the Financial Statements
December 31, 2011

Note 1 - Description of plan (continued)

Certain investment expenses are charged to the investment options and are included in administrative expenses on the statements of changes of net assets available for benefits. Participants should refer to the performance reports of these investment options for details on the various types and amounts of investment expenses charged to the plan and their individual accounts.

Vesting

Participants are vested immediately in their contributions, the Club's contributions, and actual earnings thereon.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of 1) $50,000 reduced by the excess (if any), of the participant's highest outstanding loan balance under the Plan during the 12-month period ending on the day prior to the date the loan is made or 2) 50% of their account balance. The loans are secured by the balance in the participant's account. The interest rate is established at the inception of the loan and set at the prime lending rate as posted in the Wall Street Journal. Principal and interest is paid ratably through bi-weekly payroll deductions and credited to the participant's account.

Payments of benefits

Participant may withdraw their vested interest upon their termination of employment, retirement, death, or disability, regardless of their age. Participant may also withdraw while they are employed if they have attained age 59 ½.

Participants may request a distribution of the vested portion of their individual account in the form of a lump sum distribution, installment payments, or annuity contract.

Note 2 - Summary of significant accounting policies

Date of management review

Subsequent events were evaluated through August 22, 2012, which is the date the financial statements were available to be issued.

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Notes to the Financial Statements
December 31, 2011

Note 2 - Summary of significant accounting policies (continued)

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

Notes receivable from participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded when earned. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Operating expenses

All expenses of maintaining the plan are paid by the Plan sponsor except for monthly contract asset charges, loan setup/maintenance fee, participant fee and distribution fee, which are paid by the plan. Monthly contract assets charges are charged to each participant and the percentage varies depending by investment choice. The Nationwide per participant fee is based on the number of participants and assets in the plan. Distribution fee only apply to participants who received a distribution during the year. Loan setup/maintenance fee only applied to participants who had loan from the plan.

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Notes to the Financial Statements
December 31, 2011

Note 3 - Investments

Nationwide holds plan assets in mutual funds and invests contributions according to the instructions of each participant.

The following presents investments that represent 5% or more of the plan's net assets:

	December 31	
	2011	2010
Nationwide Inv Dest Mod Aggr Sc	$ -	$ 324,344
Nationwide Inv Dest Mod Sc	$ -	$ 201,604
Nationwide Money Market Inst	$ -	$ 503,378
Vanguard Target Retirement 2035	$ 71,641	
Vanguard Target Retirement 2015	$ 83,666	
Vanguard Target Retirement 2010	$ 88,628	-
Vanguard Target Retirement 2045	$ 114,920	-
Vanguard Target Retirement 2040	$ 124,264	-

During 2011, the Plan's investments on mutual funds appreciated in value by $14,515.

Note 4 - Fair value measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and level 2 consist of quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the investment. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value and Level 2 inputs were only used when Level 1 inputs were not available. No Level 3 inputs were available to the Plan.

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Notes to the Financial Statements
December 31, 2011

Note 4 - Fair value measurements (continued)

Level 1. The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2. Nationwide money market mutual fund values its portfolio securities at their acquisition cost as adjusted for amortization of premium or accretion of discount.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010:

December 31, 2011	**Fair Value**	**Level 1**	**Level 2**
Mutual funds:			
Balanced	$ 1,099,456	$ 1,099,456	$ -
Bonds	7,813	7,813	-
Money Market	1,224	-	1,224
International Stock	6,828	6,828	-
Mid Cap Stocks	13,545	13,545	-
Small Cap Stocks	6,753	6,753	-
Total mutual funds	1,135,619	1,134,395	1,224
Total assets at fair value	$ 1,135,619	$ 1,134,395	$ 1,224

December 31, 2010	**Fair Value**	**Level 1**	**Level 2**
Mutual funds:			
Intermediate Term Bond	$ 4,628	$ 4,628	$ -
Large Growth	6,730	6,730	-
Large Value	7,613	7,613	-
Mid Cap Blend	4,545	4,545	-
Mid Cap Growth	5,644	5,644	-
Mid-Cap Value	5,200	5,200	-
Moderate Allocation	4,192	4,192	-
Multisector Bond	5,571	5,571	-
Small Blend	5,159	5,159	-
World Stock	6,270	6,270	-
Large Blend	324,354	324,354	-
Conservative Allocation	36,777	36,777	-
Moderate Allocation	201,604	201,604	-
Money Market	503,378	-	503,378
Total mutual funds	1,121,665	618,287	503,378
Total assets at fair value	$ 1,121,665	$ 618,287	$ 503,378

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Notes to the Financial Statements
December 31, 2011

Note 5 - Excess participant contributions payable

The plan failed the discrimination test for the year ended December 31, 2010. Excess contributions amounting to $322 are recorded as a liability in the accompanying statements of net assets available for benefits and as a reduction of participant-directed contributions for the year. The plan reimbursed these excess contributions to its participants during 2011. There is no excess contribution for the plan year 2011 because the Plan passed the discrimination test.

Note 6 - Related party transactions

Certain plan investments are shares of mutual funds managed by Nationwide. Nationwide is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $18,119 for the year ended December 31, 2011. Secured loans from the plan to the trustee (who is also a participant) and participants also qualify as party-in-interest transactions.

On October 17, 2011, the Plan Sponsor sent out the notice to participants regarding the changes in investment options. As a result of these changes, the Plan incurred platform termination fee of $39,346 which was charged and fully credited by Nationwide. The credit and fee are reflected on statements of changes in net assets available for benefits.

Note 7 - Unaudited information certified by the plan custodian

The administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. Accordingly, as permitted under such election, the plan administrator has obtained certifications as of and for the years ended December 31, 2011 and 2010 from Nationwide, the custodian of the Plan, that all the information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments in the trust fund administered by the custodian, interest income, net appreciation in fair value of investments and all the information in the supplemental schedules are presented in reliance solely upon such certifications.

Note 8 - Plan termination

Although it has not expressed any intent to do so, the Club has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the plan termination, participants would become 100 percent vested.

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Notes to the Financial Statements
December 31, 2011

Note 9 - Tax status

On January 31, 2008, the IRS stated that the prototype adopted by the plan, as then designed, was acceptable under Internal Revenue Code (IRC) Section 401 (a). The plan has not received a determination letter specific to the plan itself; however, the plan administrator believes that the plan was designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the plan's financial statements.

Note 10 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 11 - Prohibited transactions

During 2010, the Club did not remit participant contributions and loan repayments in a timely manner. The Club identified 3 instances for a total of $10,737 in which participant contributions and loan repayments were remitted to the Plan in violation of Department of Labor (DOL) regulations. It was not the intention of the Club to incur these violations as they felt they were within the guidelines that participant contribution deposits occur no later than the 7th business day from the applicable pay date. The Club made an interest payment of $7 in 2011 to compensate the plan for lost investment earnings relating to this prohibited transaction. In 2011, the Club remitted all contributions on a timely basis.

Note 12 - Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for plan benefits, per the financial statements, to Form 5500:

	Year Ended December 31	
	2011	2010
Net assets available for plan benefits, per the financial statements	$ 1,193,362	$ 1,189,845
Excess participant contributions payable	-	322
Differences in (due to adoption of ASU 2010-25):		
Investments	-	68,502
Receivables - notes receivable from participants	-	(68,502)
Net assets available for plan, per Form 5500	$ 1,193,362	$ 1,190,167

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST

Notes to the Financial Statements
December 31, 2011

Note 12 - Reconciliation of financial statements to Form 5500 (continued)

The following is a reconciliation of participant contributions, per the financial statements, to Form 5500:

	Year Ended December 31, 2011
Participant contributions, per the financial statements	$ 75,328
Excess participant contributions	(322)
Participant contributions, per Form 5500	$ 75,006

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MAYACAMA GOLF CLUB, LLC
401(K) PROFIT SHARING PLAN & TRUST
FEIN: 94-3347830
THE PLAN NUMBER: 001

Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Invesco			
	Invsco Vk Eq Inc Y	Mutual Funds - Balanced	N/A- Note A	6,823
	Invsco Smcap Eq Inst	Mutual Funds - Small-Cap Stocks	N/A- Note A	6,753
	Nationwide			
*	Nw Inv Dest Aggr Inst	Mutual Funds - Balanced	N/A- Note A	711
*	Nw Inv Dest Mod Aggr Inst	Mutual Funds - Balanced	N/A- Note A	56,470
*	Nw Inv Dest Mod Cnsrv Inst	Mutual Funds - Balanced	N/A- Note A	20,547
*	Nw Inv Dest Mod Inst	Mutual Funds - Balanced	N/A- Note A	65
	Vanguard			
	Vngrd Trgt Rtrmt 2010	Mutual Funds - Balanced	N/A- Note A	88,628
	Vngrd Trgt Rtrmt 2015	Mutual Funds - Balanced	N/A- Note A	83,666
	Vngrd Trgt Rtrmt 2020	Mutual Funds - Balanced	N/A- Note A	168,283
	Vngrd Trgt Rtrmt 2025	Mutual Funds - Balanced	N/A- Note A	8,984
	Vngrd Trgt Rtrmt 2030	Mutual Funds - Balanced	N/A- Note A	314,183
	Vngrd Trgt Rtrmt 2035	Mutual Funds - Balanced	N/A- Note A	71,641
	Vngrd Trgt Rtrmt 2040	Mutual Funds - Balanced	N/A- Note A	124,264
	Vngrd Trgt Rtrmt 2045	Mutual Funds - Balanced	N/A- Note A	114,920
	Vngrd Trgt Rtrmt 2050	Mutual Funds - Balanced	N/A- Note A	33,489
	Vngrd Mdcap Gr Inv	Mutual Funds - Mid-Cap Stocks	N/A- Note A	6,768
	Ivy Fund			
	Wr Ivy Asst Strat I	Mutual Funds - Balanced	N/A- Note A	6,781
	Fidelity Investments			
	Fidadv Strat Inc I	Mutual Funds - Bonds	N/A- Note A	6,851
	Pimco			
	Pimco Real Rtn Inst	Mutual Funds - Bonds	N/A- Note A	962
	Dreyfus			
	Drey Inst Prfrd Mnymkt Prm	Mutual Funds - Money Market	N/A- Note A	1,224
	American Funds			
	Amfds Cap Wld Gr Inc R6	Mutual Funds - International Stocks	N/A- Note A	6,828
	Goldman Sachs			
	Gdmnscs Mdcap Val Inst	Mutual Funds - Mid-Cap Stocks	N/A- Note A	6,778
*	**Participant Loans Receivable**	Interest rate at 3.25%		57,743
	Total for all assets			$ 1,193,362

* Party-in-interest

Note A: not applicable (N/A) since it's participant-directed investment, therefore not require to disclose the cost.

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MAYACAMA GOLF CLUB LLC
401(K) Profit Sharing Plan & Trust
EIN: 94-3347830
PLAN NUMBER: 001

Schedule H, line 4j - Schedule of Reportable Transactions
December 31, 2011

Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Series of Transactions that Amount to More than 5% of Plan Assets								
Nationwide	NW Mny Mkt Inst	-	405,338.21	0.00	0.00	415,299.00	405,338.21	(9,960.79)
Single Transactions in Excess of 5% of Plan Assets								
Nationwide	NW Inv Dest Mod Aggr Svc	0.00	398,251.18	0.00	0.00	342,384.90	398,251.18	55,866.28
Nationwide	NW Inv Dest Mod Svc	0.00	184,775.00	0.00	0.00	149,474.50	184,775.00	35,300.50
Nationwide	NW Mny Mkt Inst	0.00	405,074.89	0.00	0.00	415,033.07	405,074.89	(9,958.18)
Vanguard	Vngrd Trgt Rtrmt 2040	120,320.94	0.00	0.00	0.00	120,320.94	0.00	0.00
Vanguard	Vngrd Trgt Rtrmt 2035	133,872.15	0.00	0.00	0.00	133,872.15	0.00	0.00
Vanguard	Vngrd Trgt Rtrmt 2010	84,155.85	0.00	0.00	0.00	84,155.85	0.00	0.00
Vanguard	Vngrd Trgt Rtrmt 2030	297,533.78	0.00	0.00	0.00	297,533.78	0.00	0.00
Vanguard	Vngrd Trgt Rtrmt 2045	110,255.60	0.00	0.00	0.00	110,255.60	0.00	0.00
Vanguard	Vngrd Trgt Rtrmt 2020	158,518.18	0.00	0.00	0.00	158,518.18	0.00	0.00
Vanguard	Vngrd Trgt Rtrmt 2015	78,088.12	0.00	0.00	0.00	78,088.12	0.00	0.00

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 6047(e), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MAYACAMA GOLF CLUB, LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MAYACAMA GOLF CLUB, LLC

1240 MAYACAMA CLUB DRIVE

SANTA ROSA CA 95403-8251

2b Employer Identification Number (EIN)
94-3347830

2c Sponsor's telephone number
707-569-2900

2d Business code (see instructions)
237210

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		9-4-12	Greg Brown
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9-4-12	Greg Brown
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MAYACAMA GOLF CLUB, LLC 1240 MAYACAMA CLUB DRIVE SANTA ROSA CA 95403-8251	**3b** Administrator's EIN 94-3347830	
	3c Administrator's telephone number 707-569-2900	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name	**4b** EIN	
	4c PN	

5	Total number of participants at the beginning of the plan year	**5**	155
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).		
a	Active participants	**6a**	99
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	12
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	111
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	111
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	79
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristic Codes in the instructions:
2E 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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)	[X] Trust	(3)	[X] 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		**b General Schedules**	
(1)	[X] **R** (Retirement Plan Information)	(1)	[X] **H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ] **I** (Financial Information – Small Plan)
		(3)	[ ] **A** (Insurance Information)
		(4)	[X] **C** (Service Provider Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	[ ] **D** (DFE/Participating Plan Information)
		(6)	[ ] **G** (Financial Transaction Schedules)

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	Vngrd Trgt Rtrmt 2025	Mutual Funds - Balanced	N/A- Note A	8,984
	Vngrd Trgt Rtrmt 2030	Mutual Funds - Balanced	N/A- Note A	314,183
	Vngrd Trgt Rtrmt 2035	Mutual Funds - Balanced	N/A- Note A	71,641
	Vngrd Trgt Rtrmt 2040	Mutual Funds - Balanced	N/A- Note A	124,264
	Vngrd Trgt Rtrmt 2045	Mutual Funds - Balanced	N/A- Note A	114,920
	Vngrd Trgt Rtrmt 2050	Mutual Funds - Balanced	N/A- Note A	33,489
	Vngrd Mdcap Gr Inv	Mutual Funds - Mid-Cap Stocks	N/A- Note A	6,768
	Ivy Fund			
	Wr Ivy Asst Strat I	Mutual Funds - Balanced	N/A- Note A	6,781
	Fidelity Investments			
	Fidadv Strat Inc I	Mutual Funds - Bonds	N/A- Note A	6,851
	Pimco			
	Pimco Real Rtn Inst	Mutual Funds - Bonds	N/A- Note A	962
	Dreyfus			
	Drey Inst Prfrd Mnymkt Prm	Mutual Funds - Money Market	N/A- Note A	1,224
	American Funds			
	Amfds Cap Wld Gr Inc R6	Mutual Funds - International Stocks	N/A- Note A	6,828
	Goldman Sachs			
	Gdmnscs Mdcap Val Inst	Mutual Funds - Mid-Cap Stocks	N/A- Note A	6,778
*	**Participant Loans Receivable**	Interest rate at 3.25%		57,743
	Total for all assets			$ 1,193,362

* Party-in-interest

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