Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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).

0044

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete al	l entries in acco	rdance wit	h the instructions to the Form 5500)-SF.			
P	art I Annual Report Identification Ir	formation						
For	r calendar plan year 2011 or fiscal plan year beginr	ning 01/01/20	11	and ending 1	2/31/2	011		
Α	This return/report is for:	er plan	a multiple	e-employer plan (not multiemployer)		ant plan		
В	This return/report is:	eport	the final r	eturn/report				
	x an amended re	urn/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	Ī	automatio	extension		DFVC progra	m	
		on (enter descripti	ion)			_		
Pa	art II Basic Plan Information—enter al	requested inform	nation					
	Name of plan				1b	Three-digit		
	C GOLFMANAGMENT, LLC 401K PLAN					plan number		
						(PN) ▶	001	
					1c	Effective date of		
-20	Discourse de la contraction de			(for a six also construent also)	O.L.	01/01/		
	Plan sponsor's name and address; include room C GOLFMANAGEMENT LLC	or suite number (empioyer, it	for a single-employer plan)		Employer Identif (EIN) 45-11)r
						Sponsor's telep	none number	
2710	BUTLER BAY DRIVE NORTH					407-876		
	DERMERE, FL 34786				2d	Business code (see instruction	ıs)
						81299	0	
	Plan administrator's name and address (if same a	as plan sponsor, e			3b	Administrator's E	EIN 37764	
VVOC	O COLI MANAGEMENT LEG	WINDERME			3c	Administrator's t		ber
						407-876		
4	If the name and/or EIN of the plan sponsor has c		last return/	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number from the last re Sponsor's name	turn/report.			4c	PN		
	Total number of participants at the beginning of t		5a	T				
b		i	5b					
C								
	complete this item)			·	5c			3
6a	Were all of the plan's assets during the plan year	r invested in eligil	ble assets?	(See instructions.)			X Yes	No
b	3						X Yes	No
	under 29 CFR 2520.104-46? (See instructions of If you answered "No" to either 6a or 6b, the p			•			∧ res ∐	110
Da	art III Financial Information	ian cannot use i	01111 3300-	or and must mistead use i orm 550	<i>.</i>			
7				(a) Bandanda a (Mana		/I-V FI	- (V	
· .	Plan Assets and Liabilities		_	(a) Beginning of Year	+	(b) End	of Year 3779	
a	'			Ü	+		0110	
b				0			3779	
-	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Y		7с			/b\ T		
8 a		ear		(a) Amount		(b) T	otai	
u	(1) Employers		8a(1)	1161				
	(2) Participants		8a(2)	4674				
	(3) Others (including rollovers)							
b	,			434				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8						6269	
d								
	to provide benefits)		8d	2090				
е	Certain deemed and/or corrective distributions (s	ee instructions)	8e					
f	Administrative service providers (salaries, fees, o	commissions)	8f	400				
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				2490	
į	Net income (loss) (subtract line 8h from line 8c)						3779	
j	Transfers to (from) the plan (see instructions)		··· 8j					

Form 5500-SF 2011	

Part IV	Plan Characteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

Page **2** - 1

3D 2E 2F 2J 2K

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

)	V Compliance Questions During the plan year:		Yes	No		Am	ount		
	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		<u> </u>	<u>ount</u>		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e	X					302	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI Pension Funding Compliance			•	•				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes X	No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Month								
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b					
	Enter the minimum required contribution for this plan year			12b					
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	; 	No 🗍	N/A	
	VII Plan Terminations and Transfers of Assets					<u> </u>			
	Has a resolution to terminate the plan been adopted in any plan year?				Yes	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to)				-	
	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):				EIN(s)		13c(3) PI	N(s)	
1					` '		• •		
_1									

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/10/2012	BRYAN DECUNHA					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	09/10/2012	BRYAN DECUNHA					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

QMB Nos. 1210-0110

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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).

1210-0089

2011

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			the mandodous to the colin so		
_Pa	art I Annual Report Identification Information	1701720)].1 and ending		12/31/2011
For	Calendar pian year 2011 of hacar plan year seamons				
Α.	This return/report is for: X a single-employer plan	a multiple-	employer plan (not multiemployer	l	a one-participant plan
В	Inis return/report is:		turn/report		
	an amended return/report	a short plar	ı year return/report (less than 12 ı	nonths) -	_
C	Check box if filing under:	automatic	extension		DFVC program
•	special extension (enter description	n)			
F** -					
		inon		11b	Three-digit
	Name of plan				plan number
	WCC Golfmanagment, LLC 401k Plan				(PN) 001
					Effective date of plan
					01/01/2011
2a	Plan sponsor's name and address; Include room or suite number (er	nployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 45-1137764
	WCC Golfmanagement LLC				`
				2C	Sponsor's telephone number (407) 876-1112
	2710 Butler Bay Drive North			24	Business code (see instructions)
	·		FL 34786	2.0	812990
<u> </u>	Windermere Plan administrator's name and address (if same as plan sponsor, er	ter 'Same'		3b	Administrator's EIN
3a	Plan administrator's name and address (if same as plan sponsor, er Same	Kei Saille	,		
				3c	Administrator's telephone number
				+	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eport filed for this plan, enter the	4b	EIN
_	name, EiN, and the plan number from the last return/report. Sponsor's name			4c	ΡN
			. Marie 18 7 7 18 18 18 18 18 18 18 18 18 18 18 18 18		
5a					
b				130	
C	Number of participants with account balances as of the end of the p	nan year (c	reillied parient bians do not	5c	
6a					X Yes No
b	Are you deleting a walver of the annual examination and report of a	an indepen	dent qualified public accountant (QPA)	
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ONS.)	**********	Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm <u>5500-</u>	<u>SF and must instead use Form.</u>	5500	
_Pa	art III Financial Information			_	
7	Plan Assets and Liabilities		(a) Beginning of Year	0	(b) End of Year 3, 779
а	Total plan assets			4	3, 77
þ	- · · · · · ·	<u>7b</u>		0	3,77
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	Land III I I	<u> </u>	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
_	Contributions received or receivable from:		1		
а	(4) Providence	I 8a/41	L ⊥, .	161	
a	(1) Employers			161 574	
a	(1) Employers	8a(2)	4,		
	(1) Employers	8a(2) 8a(3)	4,	574	
a b	(1) Employers	8a(2) 8a(3) 8b	4,		6.26
b	(1) Employers	8a(2) 8a(3) 8b	4,	574	6,26
b	(1) Employers	8a(2) 8a(3) 8b	4,	574	6,26
b c d	(1) Employers	8a(2) 8a(3) 8b 8c 8d	4,	574 134	6,26
b	(1) Employers	8a(2) 8a(3) 8b 8c 8d 8d	2,	574 134	6,26
b c d e f	(1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8a(2) 8a(3) 8b 8c 8d 8e 8f	2,	674 134 090	6,26
b c d e f	(1) Employers	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	2,	674 134 090	6,26
b c d e f	(1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see Instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	2,	674 134 090	
b c d e f	(1) Employers	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	2,	674 134 090	2,49

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PAGE 02/02

	Form 5500-SF 2011	1	Page 2 -								
Par	t IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the	List	of Plan Ch	naracteri	stic Co	des in	the instruct	ions:	
_	3D 2E 2F 2J 2K b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:										
þ	it the plan provides wellare benefits, enter the applicable wellare lea	nure codes	rom me i	LIST OF	ii man Cha	aracterisi	uc Coa	es in t	ne instructio	ns:	
Part	V Compliance Questions										
10	During the plan year:			******			Yes	Nο	,	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									·	
C	and the second s							Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?					d 10d		х		,,,,,,,	
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits	under the	e plai	n? (See	10e	×			**************************************	302
f	Has the plan failed to provide any benefit when due under the plan?	,,,,,,,,,,,				10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as					10g		X			
h	If this is an individual account plan, was there a blackout period? (S 2520,101-3.)					10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							х			
Part	VI Pension Funding Compliance										
11											
12	Is this a defined contribution plan subject to the minimum funding re	equirements	of sectio	n 412	2 of the Co	ode or se	ction 3	302 of	ERISA?	Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
	granting the waiver.					fonth	, and e	nter tr Day		e ιοποττυί Year	
1 f :	you completed line 12a, complete lines 3, 9, and 10 of Schedule I	ME: (Form 5	500), and	d ski _l	ip to line 1	13.	_				······
b	Enter the minimum required contribution for this plan year							12b			
C	Enter the amount contributed by the employer to the plan for this plan						-	12¢			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	••••						12d	<u> </u>		
	Will the minimum funding amount reported on line 12d be met by the	funding de	adline?						Yes	No	N/A
Part	* **	_						_			
13a	Has a resolution to terminate the plan been adopted in any plan year?							\	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the em						3a				
b	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?			*********						Yes	X No
c	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to	another	plane	(s), identif	y the pla					
1	3c(1) Name of plan(s):		, , ,		***		136	c(2) El	N(3)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/repo	rt will be as	sessed	unles	ss reason	able cau	ise is	establ	Ished.		
SB o	er penalties of perjury and other penalties set forth in the instructions, r Schedule MB completed and signed by an enrolled actuary, as well f, it is true, correct, and complete.	l declare the as the elect	at I have o ronic ven	exam sion d	nined this r of this retu	return/rej irn/report	port, in t, and t	cluding to the l	g, if applicat best of my k	ole, a Sche nowledge	edule and
			' '	Brv	/an De(Junha					""
SIG: HER		Date			······································		ual sion	ning as	s plan admir	istrator	
	APINOC N	sepre	2012								,
SIGI	The state of the s	Date		Ent	tër name o	f individu	ıal sior	nina se	s employer c	or olan en	onsor
	1 and retraine or embrateribles about on					· HIMIPIM	aar orgi	124. eac	- Simpleyer C	·· PICH SPC	71 IQUI