## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## 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 1210-0089

2011

OMB Nos. 1210-0110

This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number TAMPA YACHT & COUNTRY CLUB EMPLOYEES' SAVINGS PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TAMPA YACHT & COUNTRY CLUB, INC. 59-0476030 (EIN) 2c Sponsor's telephone number 813-831-1611 5320 INTERBAY BOULEVARD TAMPA, FL 33611-4136 2d Business code (see instructions) 813000 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 59-0476030 TAMPA YACHT & COUNTRY CLUB, INC. 5320 INTERBAY BOULEVARD TAMPA, FL 33611-4136 Administrator's telephone number 813-831-1611 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c а Sponsor's name Total number of participants at the beginning of the plan year ..... 88 5a 85 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 41 complete this item)..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....

	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•						
Pa	Part III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	719288	796446					
b	Total plan liabilities	7b	0	606					
С	Net plan assets (subtract line 7b from line 7a)	7c	719288	795840					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:  (1) Employers	8a(1)	16255						
	(2) Participants	8a(2)	118822						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-27588						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		107489					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20020						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	10917						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		30937					
i	Net income (loss) (subtract line 8h from line 8c)	8i		76552					
j	Transfers to (from) the plan (see instructions)	8j		Form FF00 SE (2014)					

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Part IV	Plan	Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2T 3D

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

Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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	10a 10b 10c	Yes	X X		Aı	nount		
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)	10b 10c	X						
on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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	10c	X	X					
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X						
or dishonesty?	10d						500	0000
insurance service or other organization that provides some or all of the benefits under the plan? (See			X					
instructions.)	10e	X					6	6178
Has the plan failed to provide any benefit when due under the plan?	10f		X					
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
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							
VI Pension Funding Compliance								
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple						Yes	X	No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code o	or sec	ction 3	302 o	f ERISA	۱?	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 instructions granting the waiver								
ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				1				
Enter the minimum required contribution for this plan year			12b	+				
Enter the amount contributed by the employer to the plan for this plan year			12c					
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d					
Will the minimum funding amount reported on line 12d be met by the funding deadline?				Υe	es	No	I	N/A
VII Plan Terminations and Transfers of Assets								
Has a resolution to terminate the plan been adopted in any plan year?				Yes	X No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year	1:	3a						
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?						Yes	X	No
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.)								
3c(1) Name of plan(s):		13	c(2) E	EIN(s)		13c(3	) PN	1(s)
on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	estal	blished				
penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	n/rep	ort, ir	cludi	ng, if ap	plicable			

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	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

## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pa	rt I Annual Report Identification Information		and onding 1	2/31/2	n11			
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201			<u> </u>		t plan		
<b>A</b> T	his return/report is for:	a multiple-	employer plan (not multiemployer)	Ł	a one-particip	ant plan		
Вт	his return/report is: the first return/report		eturn/report					
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	_			
C Check box if filing under:						m		
	special extension (enter description	n)						
Da	rt II Basic Plan Information—enter all requested information	ation						
	Name of plan				Three-digit			
	PA YACHT & COUNTRY CLUB EMPLOYEES' SAVINGS PLAN				plan number	001		
					(PN) Effective date o			
				10	01/01/1	•		
	m	mployer if	for a single-employer plan)	2h	Employer Identi	fication Number		
Za TAM	Plan sponsor's name and address; include room or suite number (e PA YACHT & COUNTRY CLUB, INC.	mpioyer, n	tor a single employer plant,		(EIN) 59-047			
				2c	Sponsor's telep	hone number		
					813-831	-1611		
	INTERBAY BOULEVARD PA FL 33611-4136			2d		see instructions)		
1 / 11411	7772 00077 7700				813000			
3a	Plan administrator's name and address (if same as plan sponsor, el	nter "Same	")	3b	Administrator's	EIN		
SAM				3c Administrator's telephone number				
					,			
4	If the name and/or EIN of the plan sponsor has changed since the l	ast return/r	report filed for this plan, enter the	4b EIN				
•	name, EIN, and the plan number from the last return/report.			40	DN			
	Sponsor's name			4c	PN	88		
	Total number of participants at the beginning of the plan year			5a				
	Total number of participants at the end of the plan year			5b		03		
C	Number of participants with account balances as of the end of the complete this item)	olan year (d	defined benefit plans do not	5c		41		
	Were all of the plan's assets during the plan year invested in eligib			1		X Yes No		
ba	Are you oldiming a waiver of the annual examination and report of	an indepen	ident qualified public accountant (IQ	PA)				
b	under 29 CFR 2520 104-46? (See instructions on waiver eligibility	and conditi	ons.)			Yes   No		
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Information	I .			<i>(</i> , ) ==			
7	Plan Assets and Liabilities		(a) Beginning of Year	,—	(b) End	1 of Year 796446		
	Total plan assets		719288			606		
	Total plan liabilities	1	740000	-		795840		
c	Net plan assets (subtract line 7b from line 7a)	. 7с	719288	<del>`</del>				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	(b)	Total		
а	Contributions received or receivable from:	8a(1)	16255	5				
	(1) Employers	8a(2)	118822	2				
	(2) Participants							
	(3) Others (including rollovers)	1	-27588	3				
	Other income (loss)	. 8c				107489		
c C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	- OL						
d	to provide benefits)	. 8d	20020					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		4				
f	Administrative service providers (salaries, fees, commissions)	. 8f	10917	7				
	Other expenses	8g						
a								
g h		. 8h				30937		
g h i	Total expenses (add lines 8d, 8e, 8f, and 8g)  Net income (loss) (subtract line 8h from line 8c)	1				30937 76552		

	Form 5500-SF 2011	Page 2	- 1		-				
Pa	Plan Characteristics								
9а	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	eture codes from the	List of Plan Chara	cterist	ic Cod	les in l	he instruction	ns:	
Par	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correction Prog	3taw) ''''	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include tran	sactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	Х				500000
đ	Did the pish have a loss, whether or not reimbursed by the pian's find the pishonesty?		***************************************	10d		x			
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 t	he plan? (See	10e	X				6178
f	Has the plan failed to provide any benefit when due under the plan?	7		10f		Х			
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? (S 2520,101-3.)	iee instructions and	29 CFR	10h		х	ng.		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or o	one of the	101					
Part	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," soe in	structions and com	plete	Sched	ule SE	(Form	Ye	No X
12	Is this a defined contribution plan subject to the minimum funding re	equirements of secti	on 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	s 🛛 No
	/if "Yes " complete 12a or 12b, 12c, 12d, and 12e below, as applicat	ble.)							
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this pl		tions, th	and e	nter th Day	e date of th	e letter n Year	uling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedula				Γ	12b			, , , , , , , , , , , , , , , , , , ,
	Enter the minimum required contribution for this plan year					12c			
C	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter the	an year an meult (entar a mi	nus sign to the left i	of a	···  -				
	negative amount)	***********		•••••		12d	Yes	No	∏ N/A
	Will the minimum funding amount reported on line 12d be met by the	s idikiling describe i.		*********			المستنسل		<u>.</u>
	Plan Terminations and Transfers of Assets						es X No		
	Has a resolution to terminate the plan been adopted in any plan year?				- 1	<u></u>	<u> </u>		
	If "Yes," enter the amount of any plan assets that reverted to the em Were all the plan assets distributed to participants or beneficiaries, to					ntrol			
	of the PBGC?		, 666 1 1 7 1 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		•••••			∐ Ye:	s 🔯 No
C	If during this plan year, any assets or tlabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), Identify th	e plar					
13	c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) PN(					) PN(s)
			·						
Coudle	on: A penalty for the late or incomplete filing of this return/repor	rt will be assessed	unless reasonabl	e cau	se <u>1</u> 8	establ	ished.		
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is thus, correct, and complete.	I declare that I have	examined this retu	rn/red	ort. in	cluding	a, if applicat	ile, a Sci nowledg	hedule e and
37.2	ERRED WORLD UNDA MORGA								
TSIGN TO THE TOTAL THE TOT					al slor	ning as	plan admir	istrator	
	Signature of plan administrator	5010							
SIGN	726	Date	Enter name of in	divleto	al sint	ilno ac	emplover o	or plan se	oonsor
THE PE	Signature of employer/plan sponsor	Date	Fifter Harrie Of III	JIVIU0	A GIN	124 erc	- Str. p. a. j of C	F. 311 0	<u>v</u>