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

2012

This Form is Open to Public Inspection

Pa		Annual Report Identification I									
For c	calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 08/31/2013										
A T	his retu	return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan									
B T	his retu	urn/report is: the first return/	report X th	ne final return/report							
		an amended re	eturn/report a	short plan year retu	rn/report (less than 12 m	onths))				
C c	heck b	ox if filing under: X Form 5558	Па	utomatic extension			DFVC progra	ım			
		special extensi									
Par	rt II	Basic Plan Information—enter a	Il requested informati	on							
1a 1	Name o					1b	Three-digit				
LAKE I	REGIC	N YACHT & COUNTRY CLUB 401(K) PI	_AN				plan number				
						4 -	(PN) •	001			
						1C	Effective date o	•			
2 a F	Plan sp	onsor's name and address; include room	or suite number (em	ployer, if for a single	e-employer plan)	2b	Employer Identi	fication Number			
LAKE	REGIO	ON YACHT & COUNTRY CLUB	, ,		,			04898			
						2c	Sponsor's telep				
4200 (COUNT	TRY CLUB ROAD SOUTH VEN, FL 33881					863-324				
VVIINIE	EK HA	VEN, FL 33001				2d	Business code (see instructions) 713900				
3a F	Plan ac	Iministrator's name and address XSame	as Plan Sponsor Nar	me Same as Pla	n Sponsor Address	3b	Administrator's	EIN			
						30	Administrator's	telenhone number			
						3c Administrator's telephone number					
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.						4b EIN					
		r's name	ешпитероп.			4c	PN				
5a	Total n	umber of participants at the beginning of	the plan year			5a		51			
b	Total n	umber of participants at the end of the pla	an year			5b		0			
		er of participants with account balances a				_					
_		ete this item)				5c		0 Vac □ Na			
		all of the plan's assets during the plan ye u claiming a waiver of the annual examin						X Yes No			
		29 CFR 2520.104-46? (See instructions of						X Yes No			
		answered "No" to either line 6a or line									
Caut	ion: A	penalty for the late or incomplete filing	g of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.				
		lties of perjury and other penalties set for									
		dule MB completed and signed by an enr rue, correct, and complete.	olled actuary, as well	as the electronic ve	rsion of this return/report	, and	to the best of my	knowledge and			
SIGN		Filed with authorized/valid electronic signature. 05/08/2014 REBA CARDILLO									
		Signature of plan administrator		Date	Enter name of individ	ual sig	gning as plan adn	ninistrator			
SIGN											
Signature of employer/plan sponsor Date Enter name of indi Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					Enter name of individ		, , , ,				
Prepa	arer's r	name (including firm name, if applicable)	and address; include	room or suite numb	er (optional)	Prep	parer's telephone	number (optional)			

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year			
a	Total plan assets	7a	23687				0			
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	236870				0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	36	60						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	878	37						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							914	7
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24305	51						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	296	66						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							24601	7
i	Net income (loss) (subtract line 8h from line 8c)	8i					-236870			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	٠,								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions		
_										
Par	t V Compliance Questions						1			
10	During the plan year:				Yes	No		Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cori	ection Program)	10a	Χ					16326
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					1000000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					0
h		(See instru	uctions and 29 CFR	10g		X				U
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Par								-		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
<u>11a</u>	nter the amount from Schedule SB line 39									
12	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 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. Month Day Year									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				_			
b	Enter the minimum required contribution for this plan year					12b				

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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part '	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	X Yes No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		_		
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					

14b Trust's EIN

14a Name of trust

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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2012

Inspection

This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SE

		T	Complete all entries in accor	dance with the instru	ctions to the Form 550	JO-SF.							
Par			Identification Information	00/01/0010	1 1		00/01/0						
9)				09/01/2012	and ending	08/31/2013							
A This return/report is for:							a one-partici	pant plan					
ВТ	This return/report is:												
			an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)							
C	heck	box if filing under:	X Form 5558	automatic extension		DFVC program							
Par	t II	Basic Plan Infor	rmation—enter all requested inform	nation									
la N	lame	of plan				1b	Three-digit						
L	ake	Region Yacht	& Country Club 401(k)	Plan			plan number	001					
						10	(PN) ▶ Effective date of	001					
						1.0	09/01/1991						
a P	lan s	ponsor's name and add	dress; include room or suite number (e	employer, if for a single-	-employer plan)	2b	Employer Identif	ication Number					
L	ake	Region Yacht	& Country Club				(EIN) 59-090						
						2c	c Sponsor's telephone number						
Λ	200	Country Club	Road South			L	(863) 324-						
			Road Bodell		1027 (275)ARC 1705			see instructions)					
		er <u>Haven</u> dministrator's name and	d address XSame as Plan Sponsor N		33881 Sponsor Address		713900	-1N1					
ru i	iaii a	orninguator 3 name and	Address Moanie as Flan Sponson	vaine Same as Fiar	i Sporisor Address	30	3b Administrator's EIN						
						3c Administrator's telephone number							

If	the r	name and/or EIN of the	plan sponsor has changed since the I	ast return/report filed for	or this plan, enter the	4b	FIN						
n	ame,	EIN, and the plan num	ber from the last return/report.										
		or's name		- Contract		4c	PN						
			at the beginning of the plan year			5a	51						
			at the end of the plan year			5b		0					
			ccount balances as of the end of the p			5c		0					
			during the plan year invested in eligible										
			during the plan year invested in eligible the annual examination and report of a					X Yes No					
			(See instructions on waiver eligibility					X Yes No					
If	you	answered "No" to eith	her line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form 5	5500.						
autic	on: A	penalty for the late or	r incomplete filing of this return/rep	ort will be assessed i	unless reasonable cau	ise is e	stablished.						
			er penalties set forth in the instructions										
		rue, correct, and complete	d signed by an enrolled actuary, as we ete.	en as the electronic vers	sion of this return/report	, and ic	the best of my i	cnowledge and					
	_	011	- O +	T	e-11 / //	17							
IGN		Myaher	Impliette Carles				METARTER						
ERE		Signature of plan adı	ministrator	Date 3/20/14 Enter name of indiv			dual signing as plan administrator						
GN				'/									
ERE		Signature of employe		Date	Enter name of individu								
epar	er's r	name (including firm nar	me, if applicable) and address; include	e room or suite number	(optional)	Prepa	rer's telephone r	number (optional)					
								1					
					t								
						-							

Pa	rt III Financial Information			-						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T		(b) End of Year			
а	Total plan assets	. 7a		36,8	70		(b) Elia di Teal			
b		7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	23	36,8	70		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	χ.γ				(S) rotal			
	(2) Participants	8a(2)		3	60					
	(3) Others (including rollovers)									
b	Other income (loss)	8b		8,7	87					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				***************************************	9,147			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24	3,0	51					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2,9	66					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					246,017			
i	Net income (loss) (subtract line 8h from line 8c)	8i					(236,870)			
j	Transfers to (from) the plan (see instructions)	8j					73.75.75.75.75.75.75.75.75.75.75.75.75.75.			
Par	t IV Plan Characteristics									
€a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D	feature code	s from the List of Plan Char	acteri	stic C	odes in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	cterist	ic Co	des in t	he instructions:			
art	V Compliance Questions									
0	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within th	ne time period described in tion Program)	10a	Х		16,326			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х		1,000,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10d		х	1,000,000			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o	er persons b	y an insurance carrier,	100						
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g	Х		0			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)		\$4.5 \rightarrow \$1.5 \	10h		Х				
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			10i						
art	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)									
1a	Enter the amount from Schedule SB line 39				111111111111111111111111111111111111111	11a				
2	Is this a defined contribution plan subject to the minimum funding r						ERISA? Yes No			
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized i	n this plan year, see instruc		and e	enter the	e date of the letter ruling Year			
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule									
-	Enter the minimum required contribution for this plan year					12b	1 - 12 - 13 - 13 - 14 - 14 - 14 - 14 - 14 - 14			

	ļ	Form 5500-SF 2012 Page 3 -					
С	Ente	er the amount contributed by the employer to the plan for this plan year	12c	\top		-	*
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d	T			
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		\dagger	Yes	No [N/A
art		Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?	. X	Yes	No		
		es," enter the amount of any plan assets that reverted to the employer this year		Т			0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the e PBGC?	control	T		X Yes	П №
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) th assets or liabilities were transferred. (See instructions.)		-			
1;	3c(1)	Name of plan(s):	3c(2) E	.IN(s)		13c(3)	PN(s)
'art '	VIII	Trust Information (optional)					
1-11-11-11-11-11-11-11-11-11-11-11-11-1				rust's	EIN		