## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

		7 Complete an entiries in ac	cordance with the instru	clions to the Form 550	<i>I</i> U-3Γ.		
Part I	Annual Report I	dentification Information					
For calend	dar plan year 2013 or fis	cal plan year beginning 01/01/	2013	and ending	12/31/2	2013	
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths	)	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Infor	mation—enter all requested info	ormation				
1a Name	e of plan	·			1b	Three-digit	ĺ
	•	B EMPLOYEES' SAVINGS PLAN				plan number	
						(PN) <b>▶</b>	001
					1c	Effective date of	•
2a Plan s	enonsor's name and add	dress; include room or suite numbe	er (employer if for a single	-employer plan)	2h	01/01/ Employer Identif	
	CHT & COUNTRY CLU		a (employer, ir for a single-	-employer plan)	20	(EIN) 59-04	
5220 INITE	RBAY BOULEVARD				2c	Sponsor's telep	
	_ 33611-4136				2d	Business code (	
20.01					26	81300	
<b>Ja</b> Plan a	administrator's name and	d address XSame as Plan Spons	or Name Same as Plar	n Sponsor Address	30	Administrator's I	
					3с	Administrator's t	telephone number
4 If the	name and/or EIN of the	plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b	EIN	
		nber from the last return/report.					
	sor's name				4c	PN	
_		at the beginning of the plan year			5a		89
	·	at the end of the plan year			5b		80
		account balances as of the end of t		•	5c		43
	•	during the plan year invested in el	`	,			X Yes No
		the annual examination and report					
		(See instructions on waiver eligibi					
If you	u answered "No" to eit	har line 62 or line 6h, the plan c	annot use Form 5500-SE				X Yes   No
		ther line 6a or line 6b, the plan c		and must instead use	Form	5500.	, LJ LJ
		ther line 6a or line 6b, the plan c t plan, is it covered under the PBG		and must instead use	Form	5500.	Not determined
<b>C</b> If the	plan is a defined benefit		C insurance program (see	and must instead use ERISA section 4021)?	Form	5500.   Yes	, LJ LJ
Caution: Under per SB or Sch	plan is a defined benefit  A penalty for the late on the late of perjury and other.	t plan, is it covered under the PBG or incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a	C insurance program (see  //report will be assessed  tions, I declare that I have	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form	Stablished.	Not determined  able, a Schedule
C If the  Caution: Under per SB or Sch belief, it is	A penalty for the late on the late of perjury and other than the completed and true, correct, and completed the late of the la	t plan, is it covered under the PBG or incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a	C insurance program (see  //report will be assessed  tions, I declare that I have	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	Form	Stablished.	Not determined  able, a Schedule
C If the  Caution: Under per SB or Sch belief, it is	A penalty for the late on the late of perjury and other than the completed and true, correct, and completed the late of the la	t plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, a lete.  valid electronic signature.	C insurance program (see n/report will be assessed ctions, I declare that I have is well as the electronic ver	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re rsion of this return/report	use is port, irt, and	Yes No setablished.  ncluding, if applicate to the best of my	Not determined  able, a Schedule knowledge and
C If the  Caution: Under per SB or Sch belief, it is	A penalty for the late of nalties of perjury and oth needule MB completed and true, correct, and comp	t plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, a lete.  valid electronic signature.	of C insurance program (see in/report will be assessed estions, I declare that I have is well as the electronic verifications and the electronic verifications are reported by the control of the control	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re rsion of this return/repor	use is port, irt, and	Yes No setablished.  ncluding, if applicate to the best of my	Not determined  able, a Schedule knowledge and
C If the  Caution: Under per SB or Sch belief, it is  SIGN HERE	A penalty for the late of nalties of perjury and oth needule MB completed and true, correct, and comp	t plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, a lete.  ralid electronic signature.	of C insurance program (see in/report will be assessed estions, I declare that I have is well as the electronic verifications and the electronic verifications are reported by the control of the control	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re rsion of this return/repor	use is port, irt, and	Yes No established.  ncluding, if applicate to the best of my	Not determined able, a Schedule knowledge and
C If the  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	A penalty for the late of nalties of perjury and oth nedule MB completed and true, correct, and comp  Filed with authorized/v  Signature of plan accomp	t plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, a lete.  ralid electronic signature.	C insurance program (see  Infreport will be assessed  Itions, I declare that I have is well as the electronic ver  10/15/2014  Date  Date	and must instead use ERISA section 4021)?  unless reasonable ca examined this return/re rsion of this return/report  SCOTT FAIRBAIRN  Enter name of individent	use is port, ir t, and	Yes No setablished.  ncluding, if applicate to the best of my gning as plan admigning as employe	Not determined able, a Schedule knowledge and
C If the  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	A penalty for the late of nalties of perjury and oth nedule MB completed and true, correct, and comp  Filed with authorized/v  Signature of plan accomp	t plan, is it covered under the PBG or incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, a lete.  ralid electronic signature.  dministrator  yer/plan sponsor	C insurance program (see  Infreport will be assessed  Itions, I declare that I have is well as the electronic ver  10/15/2014  Date  Date	and must instead use ERISA section 4021)?  unless reasonable ca examined this return/re rsion of this return/report  SCOTT FAIRBAIRN  Enter name of individent	use is port, ir t, and	Yes No setablished.  ncluding, if applicate to the best of my gning as plan admigning as employe	Not determined  able, a Schedule knowledge and  ninistrator  or or plan sponsor

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	96746				(2) =::		954919	9
	Total plan liabilities	7b	65	2					3483	3
	Net plan assets (subtract line 7b from line 7a)	7c	96681	0					951436	<del></del>
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:						(-)			
	(1) Employers	8a(1)	1568	5						
	(2) Participants	8a(2)	11078	6						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	19294	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							319413	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32232	1						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1246	6						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							33478	7
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-15374	4
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of Plan Char	acteris	stic Co	des in	the instru	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions	:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7411	Journ	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		X				
_					X					
				10c						500000
	or dishonesty?			10d		X				
е	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all</li> </ul>	•	•							
	instructions.)			10e	X					7222
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 vear er	nd )	10q		Χ				
h		(See instruc	ctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the							
D = ==	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	<u> </u>	1.0.45104			0.1			<u> </u>		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							.   [	Yes	X No
	Enter the unpaid minimum required contribution for current year fr	om Cohodu	le SB (Form 5500) line 39			11a			_	
11a	= = = = = = = = = = = = = = = = = = =	om Schedu						-		1.1
11a	Is this a defined contribution plan subject to the minimum funding		nts of section 412 of the Code	or se			ERISA?	.   [	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	requiremer as applica	ble.)		ection	302 of		.   [		
12	Is this a defined contribution plan subject to the minimum funding	requiremer as applicang amortize	ble.) d in this plan year, see instru	ctions	ection	302 of		f the le	etter ru	
12 a	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	requiremer as applicang amortize	ble.) d in this plan year, see instru Mon	ctions	ection	302 of			etter ru	

Page	3 -	1
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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?	Y	es X 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 coof the PBGC?	ontrol		Yes X No
С	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.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## 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

2013

This Form Is Open to Public Inspection

100000000000000000000000000000000000000									
Part	I   Annual Report Ide andar plan year 2013 or fiscal	ntification Information plan year beginning 01/01/2013	APPER CONTRACTOR	and ending	12/31/2013				
Forca									
A Thi	return/report is for:	1		lan (not multiemployer)	ver) a one-participant plan				
<b>B</b> This	return/report is:	' 낡	e final retum/report						
	<u>U</u>	an amended return/report	short plan year retur	n/report (less than 12 m	onths)				
C Che	ck box if filing under:	Form 5558	utomatic extension			FVC progra	ım		
		special extension (enter description)							
Part	I Basic Plan Informa	ation—enter all requested information	on	en e					
1a Na	ne of plan		and a state of the		1b Thre				
Tampa `	acht & Country Club Employe	es' Savings Plan			1 '	number	001		
					(PN	ctive date of	fnlan		
F-1					IC Elle	01/01/1			
	n sponsor's name and addres acht & Country Club, Inc.	s; include room or suite number (emp	ployer, if for a single-	employer plan)	2b Emp (EIN		fication Number 6030		
					2c Spo	•	hone number		
5320 Inte	rbay Boulevard				2d Due:	(813) 83			
Tampa,	L 33611-4136	90.		t.,	Zu Busi	813000 (	see instructions)		
<del>&gt;</del>		Idress Same as Plan Sponsor Nan	ne Same as Plar	Sponsor Address	3b Adm	inistrator's E	EIN		
					3c Adm	inistrator's t	elephone number		
					:				
4 If t	e name and/or EIN of the plan	n sponsor has changed since the last	return/report filed fo	or this plan, enter the	4b EIN				
na	ne, EIN, and the plan number		·	•					
***************************************	nsor's name				4c PN				
_	•	e beginning of the plan year			5a	***************************************	89		
	, ,	e end of the plan year			5b		80		
		unt balances as of the end of the plan			5c		43		
		ing the plan year invested in eligible a				**********	Yes No		
		annual examination and report of an					X Yes No		
	· · · · · · · · · · · · · · · · · · ·	e instructions on waiver eligibility and line 6a or line 6b, the plan cannot					X Yes ∐ No		
	•	n, is it covered under the PBGC insu					Not determined		
CHU	e pian is a defined benefit pia	n, is it covered under the PBGC list	rance program (see	ERISA SECTION 4021)?	Tes	Пио П	Not determined		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	complete filing of this return/repor			·····	·····			
SB or S	chedule MB completed and sig	enalties set forth in the instructions, I gned by an enrolled actuary, as well a	declare that I have as the electronic ver	examined this return/repsion of this return/report	port, includi t, and to the	ng, if applicate best of my	able, a Schedule knowledge and		
belief, it	is true, correct, and complete.								
SIGN	VIM B.	KL//	10-15-14	Scott Fairbairn					
HERE	Signature of plan admi	istrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator		
SIGN									
HERE	Signature of employer/	Man sponsor	Date	Enter name of individ	ual signing	as employe	r or plan sponsor		
Prepare		, if applicable) and address; include r					number (optional)		
	, •			· •			• • •		
							111		

Pa	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T	•	(b) End of Year
a	Total plan assets	7a	96746				954919
b	Total plan liabilities	7b	65	2			3483
С	Net plan assets (subtract line 7b from line 7a)	7c	96681	0			951436
8	Income, Expenses, and Transfers for this Plan Year	(111)	(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1568	5			
	(2) Participants	8a(2)	11078	6			
************	(3) Others (including rollovers)	8a(3)		William A	i i kir		
b	Other income (loss)	8b	19294	2	12. E		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1			319413
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	32232	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e				18-71	
f	Administrative service providers (salaries, fees, commissions)	8f	1246	6		t Kyleli	
<u>g</u>	Other expenses	<b>8</b> g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					334787
j	Net income (loss) (subtract line 8h from line 8c)	8i					-15374
j	Transfers to (from) the plan (see instructions)	8j					
b Par	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	eature code	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructions:
10	During the plan year:	4			Yes	No	Amount
а				10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X	
С				10c	х		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	- ·	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	ner persons of the bene	by an insurance carrier, efits under the plan? (See	10e	x		7222
f	Has the plan failed to provide any benefit when due under the plan	n?	*****************************	10f		Х	rajumy metronas all
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х	
j	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			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Schedu	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ction :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	The second second					
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortize	ed in this plan year, see instruc		, and e	enter ti Day	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forr	n 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******	]	12b	

Part VIII Trust Information (optional)  14a Name of trust  1		14b Trust's EIN		
Part VIII Trust Information (ontional)		Total Control Control	y a secondario	
13c(1) Name of plan(s):	13c(2) E	iin(s)	13c(3) PN(s)	
C 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.)			1	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	2314311211		Yes 🗓 No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	_1			
13a Has a resolution to terminate the plan been adopted in any plan year?	. <u>П</u>	Yes X No	)	
Part VII Plan Terminations and Transfers of Assets				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	
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			
C Enter the amount contributed by the employer to the plan for this plan year	12c		13 <b>4</b> )	