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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report Identification Information											
For calend	lar plan year 2015 or	fiscal plan year beginning 01/01/2015	5	and ending 12/	/31/2015						
A This re	ng this box must attach a the form instructions)										
71	.a,	a one-participant plan	a foreign plan								
B This ret	s return/report is										
an amended return/report a short plan year return/report (less than 12 months)											
C Check	box if filing under:	X Form 5558	automatic extension		DF\	/C program					
Dowt II	Decis Dien Ind	special extension (enter description	<u>, </u>								
Part II		formation—enter all requested inform	nation	1	4 h . Thurst	P21					
1a Name		RY CLUB 401(K) PLAN			1b Three-d plan nui (PN) ▶	· I					
					. ,	e date of plan 01/01/2015					
Mailin	g address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O. Bo			2b Employe (EIN)	er Identification Number 65-0273104					
	r town, state or provir N GOLF & COUNTR	nce, country, and ZIP or foreign postal co RY CLUB, INC	ode (if foreign, see instr	ructions)	2c Sponsor's telephone number 941-497-1494						
					2d Busines	s code (see instructions)					
500 ROCKLI VENICE, FL						713900					
3a Plan a	administrator's name	and address XSame as Plan Sponsor.			3b Adminis	trator's FIN					
					3c Adminis	trator's telephone number					
		the plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b EIN						
	sor's name	number from the last return/report.			4c PN						
-		ts at the beginning of the plan year			5a	74					
_		ts at the end of the plan year		Ī	5b	64					
C Numb	per of participants wit	h account balances as of the end of the	plan year (defined bene	efit plans do not	5c	30					
d(1) Tot	tal number of active p	participants at the beginning of the plan y	/ear		5d(1)	74					
		participants at the end of the plan year		F	5d(2)	62					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	2							
Caution: A	A penalty for the late	e or incomplete filing of this return/re	port will be assessed	unless reasonable caus	se is establis	hed.					
SB or Scho		other penalties set forth in the instructior and signed by an enrolled actuary, as w mplete.									
SIGN	Filed with authorize	ed/valid electronic signature.	09/01/2016	BARBARA J. CAMARO	OTA						
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as	plan administrator					
SIGN											
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of individu	al signing as	employer or plan sponsor					

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Form 5500-SF 2015		Page 2					
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an independand condition	dent qualified public a	ccount	ant (IQ	PA)		
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information					-		
7 Plan Assets and Liabilities		(a) Beginning	of Ye				(b) End of Year
a Total plan assets	7a			0			475520
b Total plan liabilities	7b			0			0
C Net plan assets (subtract line 7b from line 7a)	7c			0	-		475520
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)		10	793			
(2) Participants	8a(2)		95	492			
(3) Others (including rollovers)	8a(3)			0			
b Other income (loss)	8b		-23	111			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						83174
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		110	729			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f		3	3259			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						113988
i Net income (loss) (subtract line 8h from line 8c)	8i						-30814
j Transfers to (from) the plan (see instructions)	8j		506	334			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instructions:
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructions:
— In the plant provides from all solitonic, office the applicable from all the	oataro ooat	50 Hom the List of Fran	T Onarc	20101101		.00	mondono.
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	Х			750
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e	X			598
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 a			10g	Χ			600
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		X		
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10ii				
j Did the plan trust incur unrelated business taxable income?			10i				
Part VI Pension Funding Compliance			,			<u> </u>	
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 all years from						11a	, <u>u</u>
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X I

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information	1						
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/20	15			
A This return/report is for:	a single-employer plan		nployer) (Filers checking this box must attach a tion in accordance with the form instructions)					
	•		,					
B This return/report is	the first return/report an amended return/report	the final return/report						
	n/report (less than 12 m	nonths)						
C Check box if filing under:	Form 5558 □	automatic extension		DFVC pro	gram			
Part II Basic Plan Inf	special extension (enter desc	• •						
1a Name of plan	ormation—enter all requested in	formation		T 41 =	T			
	ountry Club 401(k) Pl	an		1b Three-digit plan number	000			
				(PN) 10 Effective date				
2a Plan sponsor's name (empl	loyer, if for a single-employer plan)			01/01/201				
Mailing address (include ro	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	O. Box) tal code (if foreign, see instr	uctions)	2b Employer Iden (EIN) 65-02				
Plantation Golf & C	ountry Club, Inc	an oodo (ii loroigii, ood iiloti	uouonay	2c Sponsor's telephone number (941) 497-1494				
				2d Business code (see instructions)				
500 Rockley Blvd.				713900				
Venice	<u> </u>		34293					
3a Plan administrator's name	and address XSame as Plan Spons	sor.		3b Administrator's EIN				
				30 Administrator's	tolophone mumber			
				3c Administrator's	telephone number			
				3c Administrator's	telephone number			
				3c Administrator's	telephone number			
4 If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report filed for	or this plan, enter the	3c Administrator's	telephone number			
4 If the name and/or EIN of the name, EIN, and the plan not a Sponsor's name	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the		telephone number			
a Sponsor's name	umber from the last return/report.			4b EIN 4c PN	telephone number			
a Sponsor's name Total number of participant	umber from the last return/report. Is at the beginning of the plan year			4b EIN 4c PN 5a	74			
a Sponsor's name 5a Total number of participant b Total number of participant C Number of participants with	umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year In account balances as of the end of	the plan year (defined bene	fit plans do not	4b EIN 4c PN	74 64			
a Sponsor's name 5a Total number of participant b Total number of participant C Number of participants with complete this item)	umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year In account balances as of the end of	the plan year (defined bene	fit plans do not	4b EIN 4c PN 5a 5b	74			
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a Sponsor's name 5a Total number of participant b Total number of participants with complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that than 100% vested Caution: A penalty for the late Under penalties of perjury and of SB or Schedule MB completed.	umber from the last return/report. Is at the beginning of the plan year Is at the end of the plan year Is account balances as of the end of account balances as of the end of the plan year icipants at the end of the plan year terminated employment during the er incomplete filling of this return other penalties set forth in the instruction of the penalties are forth in the instruction of the penalties are forth in the instruction of the penalties are forth in the instruction.	the plan year (defined bene lan year	riit plans do not nefits that were less unless reasonable ca	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established.	74 64 30 74 62 2			
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***************************************	Form 5500-SF 2015		Page 2						
D A ur If	Vere all of the plan's assets during the plan year invested in eligible re you claiming a waiver of the annual examination and report of onder 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cannut the plan is a defined beautiful to the plan is a defined beautiful.	an indepe and cond iot use Fe	endent qualified public itions.) orm 5500-SF and mu	accour	ntant (I	QPA) e For	m 5500.		No No
	the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA s	section	4021)?	?	Yes	No Not determine	ned
Part		1					······································		
	an Assets and Liabilities		(a) Beginnir	ng of Y	ear			(b) End of Year	
	otal plan assets	7a				0		475	,520
	otal plan liabilities	7b			***************************************	0			
_	et plan assets (subtract line 7b from line 7a)	7c		·v		0		475	,520
	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:		(a) Amo	unt		- 1		(b) Total	
(1)) Employers	8a(1)		1	.0,79	93			
) Participants	8a(2)		9	5,49	92			
(3)) Others (including rollovers)	8a(3)				0			
b Ot	her income (loss)	8b		-2	3,11	11			
C To	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				0.3		83	,174
d Be	enefits paid (including direct rollovers and insurance premiums				0 00				
	provide benefits) ertain deemed and/or corrective distributions (see instructions)	8d			0,72				
	Iministrative service providers (salaries, fees, commissions)	8e			3,25	0			
	her expenses	8f			3,20	0			
_	otal expenses (add lines 8d, 8e, 8f, and 8g)	8g			***************************************	U	n syllends	117	000
	et income (loss) (subtract line 8h from line 8c)	<u>8h</u> 8i		· · · · · · · · · · · · · · · · · · ·					,988
	ansfers to (from) the plan (see instructions)		506,3		<i>C</i> 22			-30 141	,814
Part I	POPULATION OF THE POPULATION O	8j		50	6,33	54	[4] [4] [4] [4]		1010
B If	the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Char	acteris	stic Co	des in t	he instructions:	
10 D	During the plan year:				Yes	No	N/A	Amount	
a v	Vas there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary F	iduciary Correction	10a		Х		Amount	
b v	Vere there any nonexempt transactions with any party-in-interest? eported on line 10a.)	P (Do not i	nclude transactions	10b		Х			
C V	Vas the plan covered by a fidelity bond?		•••••	10c	Х			75.	,000
d D	id the plan have a loss, whether or not reimbursed by the plan's f y fraud or dishonesty?	idelity bor	nd, that was caused	10d		Х			
Ca	Vere any fees or commissions paid to any brokers, agents, or othe arrier, insurance service, or other organization that provides some le plan? (See instructions.)	or all of	the benefits under	10e	Х			ς.	, 983
	as the plan failed to provide any benefit when due under the plan			10f	 ^^	—		5,	203
	hid the plan have any posticinent learns (If IV II IV II IV II IV III IV II IV III IV IIII IV III IV				X				
h If	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	Х			6,	069	
i If	10h was answered "Yes," check the box if you either provided the	e required	notice or one of the	10h		Х			
	sceptions to providing the notice applied under 29 CFR 2520.101 id the plan trust incur unrelated business taxable income?		***************************************	10i			li de la sel		
				10j	L	L			
Part VI	Pension Funding Compliance								
11 Is	this a defined benefit plan subject to minimum funding requireme	nts? (If "Y	es," see instructions a	and con	nplete	Sched	dule SB	(Form Yes	No
11 Is 55								(Form Yes	No

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 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 in granting the waiver.	structions, and	enter the	e date of t		uling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	Day	<u> </u>	Year	
	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			
- 0	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	424			
	negative amount)		12d		3	-
Par	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
-			r			
	Has a resolution to terminate the plan been adopted in any plan year?			∐ Yes	X No	*****
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
***************************************	of the PBGC?				Yes X	No
	which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to		<u>.</u>		
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Par	t VIII Trust Information					
14a	Name of trust		14b T	rust's EIN		
140	Name of trustee or custodian		114	Twisterie		1
	- Salaton of Gastonian			Trustee's elephone		ans
Par	t IX RS Compliance Questions					
15a	l Is the plan a 401(k) plan?		Yes		No	
			De	sign-		
150	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer		sed safe bor	I	PACP
150				thod	test	
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "citesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4	urrent year	Yes		No	
	2(a)(2)(ii))?					
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Rat	tio centage		rage
			tes	-	ben	efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		Yes	1	No	□ N/A
17	b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the app	olicable	code	(See inst	ructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial number of the letter's number of	nber				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	iter the date of t	he plan'	s last favo	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who	ether or not	Yes		No	
	retired), as required under section 401(a)(9)?		I		<u></u>	<u> </u>