## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension 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

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information								
For calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018		and ending 1	2/31/2018				
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
D. Till		a one-participant plan	a foreign plan							
<b>B</b> This retu	ırn/report is	the first return/report		the final return/report						
	an amended return/report a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:	Form 5558	automatic e	xtension		DFVC prog	yram			
<b>5</b>		special extension (enter desc	' '							
Part II		ormation—enter all requested in	formation			T 41				
1a Name ACADEMIA		FLORIDA) 401(K) PROFIT SHARIN	IG PLAN & TRUS	T		<b>1b</b> Three-d plan nur (PN) ▶	mber			
						1c Effective	e date of plan 01/01/2018			
		oyer, if for a single-employer plan)				<b>2b</b> Employe	er Identification Number			
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		ı. see instru	uctions)	(EIN)	20-8924912			
-	ORTS RESORTS LL			,	· · · · · · · · · · · · · · · · · · ·		r's telephone number 239-263-1818			
						2d Busines	s code (see instructions)			
2035 SANCH NAPLES, FL	IEZ-CASAL WAY 34105					711300				
3a Plan a	dministrator's name a	and address 🛛 Same as Plan Spo	nsor.			<b>3b</b> Adminis	trator's EIN			
						3c Adminis	trator's telephone number			
		ne plan sponsor or the plan name h				4b EIN				
	an, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the plan num	ber from th	e last return/report.	4d PN				
C Plan N	ame									
5a Total r	number of participants	s at the beginning of the plan year.				5a	33			
_	•	s at the end of the plan year				5b	36			
<b>C</b> Number	er of participants with	account balances as of the end of	the plan year (on	ly defined	contribution plans	5c				
•	,	articipants at the beginning of the p				5d(1)	33			
<ul><li>d(1) Total number of active participants at the beginning of the plan year</li><li>d(2) Total number of active participants at the end of the plan year</li></ul>					E 1(0)					
<b>e</b> Numb	er of participants who	o terminated employment during the	e plan year with a	ccrued bei	nefits that were less	5e	0			
Caution: A	100% vested penalty for the late	or incomplete filing of this return	n/report will be a	ssessed (	unless reasonable ca	use is establis	shed.			
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare t	hat I have	examined this return/re	port, including,	if applicable, a Schedule			
SIGN		d/valid electronic signature.	02/14/20	19	EMILIO SANCHEZ					
HERE	Signature of plan	administrator	Date		Enter name of individ	ual signing as	plan administrator			
SIGN	Filed with authorized	d/valid electronic signature.	02/14/20	19	EMILIO SANCHEZ					
HERE	Signature of emplo	over/nlan snonsor	Date		Enter name of individ	ual signing as	employer or plan sponsor			

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	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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No		
C	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the					_		Not determined . (See instructions.)		
Pa	rt III Financial Information	•								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
<u>a</u>	Total plan assets	7a		0			80498			
b	Total plan liabilities	7b				0				
С	Net plan assets (subtract line 7b from line 7a)	7c		0		80498				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt	_		(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	;	35901						
	(2) Participants	8a(2)	!	51334						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		-5205						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						82030		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		108						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1424						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1532		
i	Net income (loss) (subtract line 8h from line 8c)	8i						80498		
j	Transfers to (from) the plan (see instructions)	8j	0							
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the instru	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
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?	Was the plan covered by a fidelity bond?			X			25000		
d				10c		X		2000		
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	Х			179		
f	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					X				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· ·····		10h		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	•		10i						

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12 Is 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.)								
а	<b>a</b> 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								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
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?		Yes 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 control of the PBGC?	the		Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)					

## 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

2018

This Form is Open to **Public Inspection** 

OMB Nos. 1210-0110

1210-0089

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. Part I Annual Report Identification Information

		fiscal plan year beginning	01/01/2018	and ending	12/31/2	018				
***************************************		X a single-employer plan	a multiple-employer	plan (not multiemployer) (	Filers checking this	box must attach a				
A This re	eturn/report is for:	E. a condition on branch	list of participating employer information in accordance with the form instructions.)							
D		a one-participant plan	a foreign plan							
B This re	turn/report is	X the first return/report	the final return/report							
		an amended return/report a short plan year return/report (less than 12 months)								
<b>C</b> Check	box if filing under:	Form 5558	automatic extension	<b>)</b>	☐ DFVC program					
		special extension (enter desc	LJ							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name					1b Three-digit					
Academ	nia Sanchez-Ca	asal (Florida) 401(k)	Profit		plan number	001				
Sharin	ng Plan & Trus	st			(PN) ▶ 1c Effective date					
					01/01/20					
Mailin	na address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Employer Ide (EIN)20-89	Intification Number				
City o Global	r town, state or provin Sports Resor	ce, country, and ZIP or foreign posits LLC	tal code (if foreign, see in	structions)	2c Sponsor's telephone number (239) 263–1818					
						le (see instructions)				
2035 S	Sanchez-Casal	Wav			ad Basiness see	io (occ mandalions)				
Naples		···-·1	ज	L 34105	711200					
		and address 🏻 Same as Plan Spo		D 34100	711300 <b>3b</b> Administrator's EIN					
Ja Flalla	administrator s name a	ind address Moanie as Flan Opo	11501.		7 Administrator 3 Em					
					3C Administrator	's telephone number				
4 If the	name and/or EIN of th	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a	as changed since the last	return/report filed for	4b EIN					
	sor's name	Moor a harrie, Env, the plan harrie t	and the plan number non	the last retarring on.	4d PN					
C Plan N	Name									
					F	2.2				
		s at the beginning of the plan year.			5a 5b	33 36				
	, ,	s at the end of the plan year				9.0				
		account balances as of the end of			5c					
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)					
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)	35				
	ber of participants who	5e	0							
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable car	use is established.					
SB or Sche	alties of perjury and o edule MB completed a true, correct, and com	ther penalties set forth in the instruind signed by an enrolled actuary, and the	ctions, I declare that I hav as well as the electronic v	re examined this return/re ersion of this return/repor	port, including, if ap t, and to the best of	plicable, a Schedule my knowledge and				
SIGN	1.80/	ر ا	2-14-19	Emilio Sanchez	2	-				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator				
SIGN	S	II.	2-14-19	Emilio Sanchez	Z					
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	ual signing as empl					
For Paperwe	ork Reduction Act Notic	ce, see the instructions for Form 5500	)-SF.			Form 5500-SF (2018) v.171027				

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can lift the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indepe and condi not use Fo nsurance p	ndent qualified public tions.) orm 5500-SF and mus orogram (see ERISA s	accoun st inste ection	tant (I0 ad use 4021)?	QPA)  ⊋ Form	n 5500. ] Yes [] N	X Yes		
<u> </u>		ie PBGC p	Ternium liling for this p	лап уез	31			(See Instruction	ons.)	
Pai	t III   Financial Information	T	T		Τ					
	Plan Assets and Liabilities		(a) Beginning	of Yea	r O	······································	(b) E	nd of Year	, 498	
	Total plan assets  Total plan liabilities	7a			-			80	, 430	
	Net plan assets (subtract line 7b from line 7a)	7b 7c		<del></del>	0	80,4				
	Income, Expenses, and Transfers for this Plan Year	76	(a) Amau				/1-	***************************************	, 130	
	Contributions received or receivable from:	6.40	(a) Amour	35,	901		<u> </u>	) Total		
	(1) Employers	8a(1)		-	334					
	(2) Participants	8a(2)		J 1 1	0					
_	(3) Others (including rollovers)	8a(3) 8b		-5.	205	***************************************				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- /				82	,030	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			108					
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		1,	424				4. 4.	
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,53			
i_	Net income (loss) (subtract line 8h from line 8c)	8i						80	,498	
j_	Transfers to (from) the plan (see instructions)	8j	0							
Par	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension $2E\ 2G\ 2J\ 2K\ 3D$	feature co	odes from the List of P	lan Cha	racteri	stic Co	odes in the i	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Cod	des in the in	structions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's VProgram)	oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х			25	,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	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.)	ne or all of	the benefits under	10e	Х				179	
f	Has the plan failed to provide any benefit when due under the pla	n?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	1	Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i						

	Form 5500-SF (2018)	Page <b>3</b> -					
Part '	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum	funding requirements? (If "Yes," see instructions ar	nd complete Sch	edule S	В	Ye	s X No
11a		s for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the ERISA?	minimum funding requirements of section 412 of the			:	Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12	2d, and 12e below, as applicable.)					
	granting the waiver	a prior year is being amortized in this plan year, see	Month	d enter t Day		of the letter r Year	ruling
If y	ou completed line 12a, complete lines 3, 9, an	d 10 of Schedule MB (Form 5500), and skip to lin	ne 13.				
b	Enter the minimum required contribution for this p	lan year		12b			
		he 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	ne left of a	12d			
e	Will the minimum funding amount reported on lin	e 12d be met by the funding deadline?	.,		Yes	No	N/A
Part \	/II Plan Terminations and Transfers	of Assets					
13a	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 tha	t reverted to the employer this year		13a			
b	Were all the plan assets distributed to participan control of the PBGC?		[	Yes X	No		
	If, during this plan year, any assets or liabilities w which assets or liabilities were transferred. (See	vere transferred from this plan to another plan(s), ide	entify the plan(s	) to			
1	3c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)