## 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 section 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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification						
For	calendar plan year 2010 or fiscal plan year be		_	and ending	12/31/	2010 	
Α	This return/report is for:	oyer plan	multiple-e	mployer plan (not multiemployer)		one-participa	int plan
В	This return/report is for: first return/re	eport	final retur	n/report			
	an amended	d return/report	short plan	year return/report (less than 12 m	nonths)		
С	Check box if filing under:		automatic	extension		DFVC progra	am
	special exte	nsion (enter desc	ription)				
Pa	art II Basic Plan Information—ente	r all requested inf	formation				
1a	Name of plan				1b	Three-digit	
GOL	D HILL ENTERPRISES, INC. 401(K) PLAN					plan number (PN) ▶	001
					10	Effective date o	f plan
					10	01/01/2	•
	Plan sponsor's name and address (employer,	if for single-emplo	oyer plan)		2b	Employer Identi	
GOL	D HILL ENTERPRISES, INC.					(EIN) 59-304	
127 \	WEST FAIRBANKS AVE., #504				2C	Plan sponsor's t	telephone number 7-9724
	ΓER PARK, FL 32789				2d	Business code (	(see instructions)
						711410	)
	Plan administrator's name and address (if san D HILL ENTERPRISES, INC.	ne as Plan sponso	or, enter "Same	;") S AVE #504	3b	Administrator's 59-304	
001		WINTER	PARK, FL 327	789	3c		telephone number
						310-45	7-9724
	f the name and/or EIN of the plan sponsor has			port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last	return/report. Spo	onsor's name		4c	PN	
5a	Total number of participants at the beginning	of the plan year					3
	Total number of participants at the end of the						3
С	Total number of participants with account bala	. ,			0.0		
	complete this item)			•	5c		3
_	Were all of the plan's assets during the plan	•	· ·	,			Yes No
b	Are you claiming a waiver of the annual examunder 29 CFR 2520.104-46? (See instruction						X Yes ☐ No
	If you answered "No" to either 6a or 6b, th	•	•	•			
Pa	rt III Financial Information	•					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	3603	29		449789
b	Total plan liabilities		7b		0		
C	Net plan assets (subtract line 7b from line 7a)		7c	3603	29		449789
8	Income, Expenses, and Transfers for this Pla	n Year		(a) Amount		(b) 1	Total
а	Contributions received or receivable from:		92(1)	397	74		
	(1) Employers		` '	464	00		
	(3) Others (including rollovers)						
b	Other income (loss)			32	86		
C	Total income (add lines 8a(1), 8a(2), 8a(3), ar						89460
d	Benefits paid (including direct rollovers and in	•					
	to provide benefits)						
е	Certain deemed and/or corrective distribution	s (see instructions	s) <b>8e</b>				
f	Administrative service providers (salaries, fee	es, commissions).	8f				
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				0
į	Net income (loss) (subtract line 8h from line 8	•					89460
	Transfers to (from) the plan (see instructions)		Qi				

	Form 5500-SF 2010 Page <b>2-</b>		_		
ar	t IV Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 3D 2A	acteris	tic Co	des in the	e instructions:
	2E 2F 2G 2J 2K 3D 2A  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Coc	les in the	instructions:
•	The plant provided world boronics, office the approache world or location decides from the Elector Flant office	0.0110.			mon donorio.
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	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)	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?	10c	X		50000
d	,	10d		X	
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	X		1113
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
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? (See instructions and 29 CFR	10h		Х	
i	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			
rt	VI Pension Funding Compliance				
I	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of ER	ISA? 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 instruct granting the waiver	:h			

Part	VII	Plan Terminations and Transfers of Assets					
е	Will th	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	0	N/A
	negat	tive amount)	120				

12c

124

Yes X No

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

b Enter the minimum required contribution for this plan year..... C Enter the amount contributed by the employer to the plan for this plan year.....

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

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/27/2011	KELLY IMBODEN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	09/27/2011	KELLY IMBODEN					
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 For: \nnual Return/Report of Small Er \\_ loyee 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 section 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

2010

This Form is Open to Public Inspection

P	art I Annual Report Identification Information					
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12	/31/2010
Α	This return/report is for: x single-employer plan	multiple-em	iployer plan (no	ot multiemployer)		one-participant plan
В	This return/report is for:   first return/report	final return/	report			
	an amended return/report	short plan y	ear return/repo	ort (less than 12 month	s)	
С	Check box if filing under: 💢 Form 5558	automatic e	extension		Γ	DFVC program
	special extension (enter description	)			_	_
D.	Basic Plan Information enter all requested information	mation				
	Name of plan	madon.			1b -	Three-digit
	Gold Hill Enterprises, Inc. 401(K) Plan					plan number PN) ► 001
	GOIG HIII Enterprises, Inc. 401(K) Fran					Effective date of plan
						01/01/2000
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)				Employer Identification Number
	Gold Hill Enterprises, Inc.					EIN) 59-3042571 Plan sponsor's telephone number
	127 West Fairbanks Ave., #504		•			(310) 457-9724
	Winter Park FL 32789					Business code (see instructions)
	Winter Park FL 32789  Plan administrator's name and address (If same as plan employer, er	nter "Same"\				711410 Administrator's EIN
Vu	Same	nor camo,				
					3c /	Administrator's telephone number
						Talling Color of Colo
4	If the name and/or EIN of the plan sponsor has changed since the las	t vati valvan	ut filed for this	nion optor the	4b	
4	name, EIN and the plan number from the last return/report. Sponsor's		or med for this	pian, enter the		
					4c	
5a	Total number of participants at the beginning of the plan year				<u>5a</u> 5b	3
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the				<u> </u>	
_	complete this item)				5c	3
	Were all of the plan's assets during the plan year invested in eligible				• •	Yes No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and			, ,		XYes No
	If you answered "No" to either 6a or 6b, the plan cannot use Forr				•	LE 700 EINO
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year
a	Total plan assets	. 7a		360,329		449,789
b	Total plan liabilities	. 7b		0_		
С	Net plan assets (subtract line 7b from line 7a)	. 7c		360,329		449,789
8	Income, Expenses, and Transfers for this Plan Year		(8	a) Amount		(b) Total
а	Contributions received or receivable from:			20 77		
	(1) Employers	. 8a(1)		39,774 46,400		
	(2) Participants	. 8a(2)		46,400		
b	(3) Others (including rollovers),	. 8a(3)		3,286		
	Other income (loss)	. 8b		5,200		89,460
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 00				09,400
	to provide benefits)	. 8d			The state of the s	
e	Certain deemed and/or corrective distributions (see instructions) .	. 8e			300000	i propostrali vina e vojnosti marije siglateji se rot
f	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	. 8g		The state of the s	in in the second	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		L CHARLEST CONTRACTOR	7000 2000 2000 2000	0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				89,460
	Transfers to (from) the plan (see instructions)	. 8j				

	Form 5500-SF 2010	Pa	ge <b>2-</b>						
Part	IV Plan Characteristics								
277-14-4-4	the plan provides pension benefits, enter the applicable pension feat	ure codes from the List	of Plan Character	istic C	odes ir	n the instru	uctions:		
b i	2E 2F 2G 2J 2K 3D 2A the plan provides welfare benefits, enter the applicable welfare featu.	re codes from the List	of Plan Characteris	itic Co	odes in	the instruc	ctions:		
	the plan provides werare benefits, enter the applicable world load.	no codes nom the List	on the contraction of		, 100				
Par	V Compliance Questions								
10	During the plan year:				Yes !	No	Am	ount	
а	Was there a failure to transmit to the plan any participant contribution			10a		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I	ry Correction Program) Do not include transaci	ions reported						
	on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c	Х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid- or dishonesty?			10d		x			
_	•			10u					
е	Were any fees or commisions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of	the benefits under the	plan? (See	40-	x				1,113
•	instructions.)			10e		x			<del></del>
† 	Has the plan failed to provide any benefit when due under the plan?			10f		x			
g h	Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See			10g		21			
•••	2520.101-3.)			10h		X S			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see instru	ctions and comple	ete So	hedule	SB (Form		∐Yes	x No
12	Is this a defined contribution plan subject to the minimum funding re-							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	/ear, see instructio	ns, ar	nd ente	r the date	of the lett	er ruling	
lf v	granting the waiver			tn_		Бау	YE	ar	
b	Enter the minimum required contribution for this plan year					12b			
С	Enter the amount contributed by the employer to the plan for this pla					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the			а	.	12d			
е	Will the minimum funding amount reported on line 12d be met by the				· L		Yes [	No	N/A
Part	SECURAL STATES AND ADDRESS AND	o tanang accumo.			-	•			
700000000000000000000000000000000000000	Has a resolution to terminate the plan been adopted during the plan	year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em					13a			
b	Were all the plan assets distributed to participants or beneficiaries, t								
С	of the PBGC?							Yes	X No
	which assets or liabilities were transferred. (See instructions.)	Tallo plan to another p							
	3c(1) Name of plan(s):		·····		130	(2) EIN(s)	)	13c(3) f	PN(s)
	- Marin								
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed unle	ess reasonable ca	ause i	s estal	olished.			
Unde	penalties of perjury and other penalties set forth in the instructions, I	declare that I have exa	mined this return/r	eport	, includi	ing, if appl	licable, a	Schedule	
SB or	Schedule MB completed and signed by an enrolled actuary, as well a it is true-correct, and complete x	as the electronic version	of this return/repo	ort, an	id to the	e best of n	ny knowle	dge and	
3.634.620		x 964/11	Kelly Imbode	∍n					
SIC HE		Date /	Enter name of inc		al signir	ng as plan	administ	rator	

Date

Kelly Imboden

Enter name of individual signing as employer or plan sponsor

SIGN

HERE

Signature of epoployer/plan sponsor