	Form 5500-SF		eturn/l Benefit	Report of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employe	0	2011
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form is Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection
		entification Information				
For	calendar plan year 2011 or fisca			¥	2/31/2	
Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
B	This return/report is:	the first return/report	the final r	eturn/report		
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths))
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descriptio	,			
		nation—enter all requested information	ation			
	Name of plan				1b	Three-digit plan number
GOLI	HILL ENTERPRISES, INC. 40	1(K) PLAN				(PN) ▶ 001
					1c	Effective date of plan 01/01/2000
2a	Plan sponsor's name and addre	ess; include room or suite number (er	mplover if	for a single-employer plan)	2h	Employer Identification Number
	D HILL ENTERPRISES, INC.		inployer, ii			(EIN) 59-3042571
	VEST FAIRBANKS AVE., #504					Sponsor's telephone number 310-457-9724
WINT	ER PARK, FL 32789				2d	Business code (see instructions) 711410
	Plan administrator's name and a HILL ENTERPRISES, INC.	address (if same as plan sponsor, er 127 WEST FA	AIRBANKS	SAVE., #504	3b	Administrator's EIN 59-3042571
		WINTER PAR	RK, FL 327	89	3c	Administrator's telephone number 310-457-9724
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN
2	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	DN
		the beginning of the plan year			4 с 5а	3
b		the end of the plan year				3
c		count balances as of the end of the p			5b	
					5c	3
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes 🗌 No
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes 🗌 No
		er 6a or 6b, the plan cannot use Fo				
Pa	rt III Financial Informa		1			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	449789		522240
b	•		7b		_	500010
<u> </u>	•	'b from line 7a)	7c	449789		522240
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total
а	(1) Employers	vable from:	8a(1)	40490		
			8a(2)	32172		
			8a(3)			
b	Other income (loss)		8b	885		
С	Total income (add lines 8a(1), a	8a(2), 8a(3), and 8b)	8c			73547
d		ollovers and insurance premiums	8d			
Δ	. ,	ive distributions (see instructions)	8e			
e f		s (salaries, fees, commissions)	8f			
g			8g	1096	-	
ษ h	•	Be, 8f, and 8g)	8h			1096
i		e 8h from line 8c)				72451
i		e instructions)	8j			
	· · · · · · · · · · · · · · · · · · ·	,	oj	l		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 3D 2A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions					
10	Duri	ng the plan year:		Yes	No	Α	mount
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X		
С	Was	s the plan covered by a fidelity bond?	10c	Х			50000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х		
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the providing the notice applied under 29 CFR 2520.101-3	10i				
Part		Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes X No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes X No
а	 (If "Yes," complete 12a or 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. 						
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1	
b	Ente	r the minimum required contribution for this plan year			12b		
C Enter the amount contributed by the employer to the plan for this plan year					12c		
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d		
е	Will t	he 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?	····· <u>···</u>		`	res X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					🗌 Yes X No
C		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			
1	3c(1)	Name of plan(s):		13	c (2) El	N(s)	13c(3) PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.	

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.	09/28/2012	KELLY JOHNSON		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN	Filed with authorized/valid electronic signature.	09/28/2012	KELLY JOHNSON		
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		

	Form 5500-SF	eport of Small Employ Plan	ee	1210-008					
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2011			
Err	Department of Labor aployee Benefits Security Administration		RISA), and section 6057(b) and 6058 e Code (the Code).	058(a) of This Form is Open to P					
_	Pension Benefit Guaranty Corporation			,	N-SE	Inspection			
P	Person Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
-	the calendar plan year 2011 or fi		01/01	./2011 and ending	12	/31/2011			
A	This return/report is for:	a single-employer plan	a multiple-	employer plan (not multiemployer)	Γ	a one-participant plan			
_	This return/report is:		the final re	turn/report					
_		닉 · 님		n year return/report (less than 12 mo	aths)				
~	Check hav if filing under	-	automatic		Г	DFVC program			
C	Check box if filing under:	읙 니		extension	L				
1722		special extension (enter description)			_				
		mation enter all requested inform	nation.		16	There all - 14			
la	Name of plan					Three-digit plan number			
	Gold Hill Enterprises	;, Inc. 401(K) Plan				(PN) ► 001			
						Effective date of plan			
22	Plan sponsor's name and addre	ess; include room or suite number (emp	ployer if for	single-employer plan)		01/01/2000 Employer Identification Number			
La	Gold Hill Enterprises		Jioyer, in tor	single-employer plan)		Employer identification Number (EIN) 59-3042571			
						Plan sponsor's telephone number			
	127 West Fairbanks Av	re., #504				(310) 457-9724			
110	Winter Derl	FL 32789				Business code (see instructions) 711410			
<u>US</u> 3a		address (If same as plan sponsor, ente	er "Same")		3b Administrator's EIN				
	Same		,						
					3c /	Administrator's telephone number			
4	If the name and/or EIN of the pl	an sponsor has changed since the last	t return/rep	ort filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan numbe Sponsor's Name	er from the last return/report.			4c	⊃N			
		the beginning of the plan year			5a	3			
b		the end of the plan year			5b	3			
С		count balances as of the end of the plan			5c	2			
6a		ring the plan year invested in eligible a				3 XYes No			
	b Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
1	a straight free starts	r 6a or 6b, the plan cannot use Form	5500-SF a	and must instead use Form 5500.					
The states	art III Financial Inform	ation	S. C. State		-				
7	Plan Assets and Liabilities		INSERTATION OF	(a) Beginning of Year		(b) End of Year			
a h	Total plan assets	• • • • • • • • • • • • • •	7a	449,789	-	522,240			
b	Total plan liabilities Net plan assets (subtract line 7)	• • • • • • • • • • • • • • • • • • •	7b 7c	440 700		E00 040			
<u>с</u> 8	Income, Expenses, and Transfe		70	449,789 (a) Amount		522,240 (b) Total			
a	Contributions received or receiv				100				
	(1) Employers	••••	8a(1)	40,490	1972				
	(2) Participants		8a(2)	32,172	11.00				
	(3) Others (including rollovers)		8a(3)		A NON				
b	Other income (loss)		8b	885	100	전 가지, 것은 내가 있었을, 수가 것 같 것 같아?			
C d		Ba(2), 8a(3), and 8b)	8c		N.	73,547			
d	to provide benefits)		8d						
е	Certain deemed and/or correction	ve distributions (see instructions)	8e		10				
f	Administrative service providers	s (salaries, fees, commissions) .	8f						
g	Other expenses		8g	1,096	10				
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h		1	1,096			
i	Net income (loss) (subtract line	8h from line 8c)	8i	1999년 - 1999년 - 1997년 - 1997년 - 1997년 - 1997년 - 1997년 - 1997년	-	72,451			
L	Transfers to (from) the plan (see	e instructions)	8j						
_									

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2011)

Form 5500-SF 2011

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 2A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	An	nount	
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				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x			
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x			
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 as of year end.)	10g		x			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x			
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					
	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	sectio	on 302	of ER	ISA?	Yes	XNo
a If v	 a lf 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 MB (Form 5500), and skip to line 13. 						
b	Enter the minimum required contribution for this plan year		а Г	12b			
С							
d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	30.3			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?		* *	•S - 500		Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		• •	13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						XNo
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	lan(s)) to				
	3c(1) Name of plan(s):		13	c(2) E	IN(s)	13c(3) F	PN(s)
-							
Cautio	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	use i	s esta	blishe	d.		
Under SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/repo Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repo it is true, correct, and complete	eport,	includ	ling, if	applicable, a \$		

SIGN HUTH	7/24/2	Kelly Johnson
HERE Signature of plan administrator	Date / /	Enter name of individual signing as plan administrator
SIGN JUL	9/24/13-	Kelly Johnson
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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