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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the motivic	cions to the rollings	00-31 .		
	art I		Identification Information					
For	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012	
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan
В	This ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	n/report (less than 12 m	onths)		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
		· ·	special extension (enter descr	ription)			_	
P	art II	Basic Plan Info	rmation—enter all requested inf	ormation				
	Name			<u> </u>		1b	Three-digit	
		ENTERPRISES, INC. 4	401(K) PLAN				plan number	
							(PN) ▶	001
						1c	Effective date of	•
							01/01/	
		oonsor's name and add ENTERPRISES, INC.	dress; include room or suite number	er (employer, if for a single-	employer plan)	2b	Employer Identif	
001						-	(=114)	
407	WEST F	:AIDDANIKO AVE. #50				2C	Sponsor's telepl	
		FAIRBANKS AVE., #50 RK, FL 32789	14			2d	Business code (
						24	71141	
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's E	
				П				
						3с	Administrator's t	elephone number
_						-		
4			e plan sponsor has changed since to mber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b	EIN	
а		or's name	iber from the last return/report.			4c	PN	
	•		at the beginning of the plan year			5a		3
b	Total r	number of participants	at the end of the plan year			5b		3
C			account balances as of the end of			35		
					•	5c		3
6a	Were	all of the plan's assets	during the plan year invested in e	ligible assets? (See instruct	tions.)			X Yes No
b			the annual examination and repor					V. V D. N.
			(See instructions on waiver eligib					X Yes No
_			ther line 6a or line 6b, the plan c					
		•	or incomplete filing of this return	•				
			ner penalties set forth in the instructed actuary, a					
		rue, correct, and comp		is well as the electronic vers	sion of this return/repor	i, and	to the best of my	Knowledge and
				0.0/0.0/0.00	<u></u>			
SIC	SN RE	Filed with authorized/	valid electronic signature.	06/03/2013	KELLY JOHNSON			
ПС	NE .	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ıning as plan adm	ninistrator
SIC		Filed with authorized/	valid electronic signature.	06/03/2013	KELLY JOHNSON			
HE		Signature of employ		Date	Enter name of individ			
Pre	eparer's	name (including firm na	ame, if applicable) and address; in	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Pai	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	52224				(4) =		587383	3	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	52224	Ю				5	587383	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total			
	Contributions received or receivable from:		(a) 7 uno ant				(2)	Total			
	(1) Employers	8a(1)	3907	5							
	(2) Participants	8a(2)	2645	54							
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	8b	107	' 4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							66603	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	146	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1460	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							65143	3	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics		I .								
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
D											
Par	•				.,		1				
10	During the plan year:	4:		1	Yes	No		Amo	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					50000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		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	ne require	d notice or one of the	10i							
Part		1 0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No	_
	5500) and line 11a below) Enter the amount from Schedule SB line 39					 11a		·· <u> </u>	169	^ INC	,
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	П	Yes	X No)
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									<u> </u>	
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date o	f the le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		_ 100	·		
	Enter the minimum required contribution for this plan year	•				12b					
							<u> </u>				

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	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 the of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

2012

This Form is Open to Public Inspection

P	art I Annual Report	Identification Information							
For	calendar plan year 2012 or fis	cał plan year beginning	01/01/2012	and ending	12/31/2012				
Α	This return/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemployer)	a one-part	icipant plan			
B	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)				
C	Check box if filing under:	Form 5558	automatic extension		DFVC prog	gram			
	-	special extension (enter descri	ption)		_				
P:	art II Basic Plan Info	rmation enter all requested in	nformation						
	Name of plan	one an requested in	THO THE COLUMN		1b Three-digit				
	Cold Hill Enterpris	ses, Inc. 401(K) Plan			plan number (PN) ▶	001			
	dord mili interpris	,cs, inc. 401(n, 11an			1c Effective date				
					01/01/200	•			
2a	Plan sponsor's name and ad Gold Hill Enterpris	dress; include room or suite numberes, Inc.	er (employer, if for a singl	e-employer plan)	2b Employer Ide (EIN) 59-3	entification Number 3042571			
					2c Sponsor's telephone number (310) 457-9724				
	127 West Fairbanks	Ave., #504				de (see instructions)			
US	Winter Park	FL 32789			711410				
3a	Plan administrator's name a	nd address X Same as Plan Spo	nsor Name 🔲 Same as	Plan Sponsor Address	3b Administrator	r's EIN			
					3c Administrator	r's telephone number			
_	If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
4									
4		nber from the last return/report.	,	, , , , , , , , , , , , , , , , , , ,					
				, , , , , , , , , , , , , , , , , , , ,	4c PN				
a	name, EIN, and the plan nur Sponsor's name Total number of participants	nber from the last return/report. at the beginning of the plan year			4c PN 5a	3			
<u>a</u> 5a b	name, EIN, and the plan nur Sponsor's name Total number of participants Total number of participants	at the beginning of the plan year at the end of the plan year			4c PN	3			
<u>a</u> 5a	name, EIN, and the plan nur Sponsor's name Total number of participants Total number of participants Number of participants with a	nber from the last return/report. at the beginning of the plan year	he plan year (defined ber	nefit plans do not	4c PN 5a				
a 5a b c	name, EIN, and the plan nur Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	he plan year (defined ber	nefit plans do not	4c PN 5a 5b	3			
a 5a b c	name, EIN, and the plan num Sponsor's name Total number of participants Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elithe annual examination and report	he plan year (defined ber gible assets? (See instru of an independent qualifi	nefit plans do not	4c PN 5a 5b 5c	3 XYes No			
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a 5a b c 6a b	Total number of participants Total number of participants Total number of participants Number of participants with a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit uttion: A penalty for the late der penalties of perjury and of or Schedule MB completed a lief, it is true, correct, and con IGN ERE Signature of employer	at the beginning of the plan year at the end of the plan year account balances as of the end of the account balances as of the end of the annual examination and report (See instructions on waiver eligibilither line 6a or line 6b, the plan caror incomplete filling of this return ther penalties set forth in the instruction signed by an enrolled actuary, applete.	igible assets? (See instru of an independent qualificity and conditions.) annot use Form 5500-Sin/report will be assessed tions, I declare that I have as well as the electronic versions.	refit plans do not ctions.) ed public accountant (IQ Fand must instead use d unless reasonable can re examined this return/repo Kelly Johnson Enter name of individual Kelly Johnson Enter name of individual	4c PN 5a 5b 5c PA) Form 5500. use is established. eport, including, if aprt, and to the best of	3 XYes No XYes No XYes No pplicable, a Schedule f my knowledge and			

Par	t III Financial Information				-11				
_	lan Assets and Liabilities	LEET V	(a) Beginning of Year				(b) End of	Year	
	otal plan assets	7a	522,24	10				587,383	3
-	otal plan liabilities	7b							
	let plan assets (subtract line 7b from line 7a)	7c	522,24	10				587, 383	3
	ncome, Expenses, and Transfers for this Plan Year	THE GR	(a) Amount				(b) Tota	al	
	ontributions received or receivable from:	0 (4)	39,07	7.5	No.				
-	I) Employers	8a(1)	26,45		a gar		WATER THE		
	2) Participants	8a(2)	20,43	J-4					
	3) Others (including rollovers)	8a(3) 8b	1,07	7./		-346		21, a	
	other income (loss)	8c	1,0			STIL		66,603	
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)enefits paid (including direct rollovers and insurance premiums	00			Juliu	0.16	5 (C) (E) (2x)	66, 603	1981
	provide benefits)	8d			n e		VALUE OF STREET		50
e	ertain deemed and/or corrective distributions (see instructions)	8e				goll.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f A	dministrative service providers (salaries, fees, commissions)	8f				E			
g	other expenses	8g	1,46	50		X=11			The sale
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		11				1,460)
i N	let income (loss) (subtract line 8h from line 8c)	8i	SAY, SAME SAME OF THE PARTY OF					65,143	}
jт	ransfers to (from) the plan (see instructions)	8j				Hey		The last the	11844
Par	t IV Plan Characteristics								
9a II	the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charac	teristi	c Code	es in	the instruction	ns:	
	2E 2F 2G 2J 2K 3D 2A								
b II	the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	eristic	Codes	s in t	he instructions	3:	
. D	the plan provides wellare beliefles, effect the applicable wellare lea		, Hoff the Election Law enaments						
Par	t V Compliance Questions								
10					Yes	No	Δι	nount	
a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in		100	110	1	nount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correc	ction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not ir	nclude transactions reported						
_	on line 10a,)			10b	-	X			
	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 or dishonesty?			10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other								
	insurance service or other organization that provides some or all o			10e		х			
_	<u> </u>			10f		x			
	Has the plan failed to provide any benefit when due under the plan			-		Λ.			_
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х	THE PARTY NAMED IN		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101			10i					817
Pari	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions and com	plete	Sched	lule S	SB (Form		.
	5500) and line 11a below)					•••••		Yes X	J No
11a	Enter the amount from Schedule SB line 39				_	11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	02 o	f ERISA?	Yes X	│No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	ng amortize	ed in this plan year, see instruc	tions,	and e	nter _ D	the date of th	e letter ruling Year	j
16.00	ou completed line 12a, complete lines 3, 9, and 10 of Schedule								
	Enter the minimum required contribution for this plan year					12b			
b	Enter the minimum required contribution for this plan year					120			

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C	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)	124	
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 of the PBGC?		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) which assets or liabilities were transferred. (See instructions.)		
1	3c(1) Name of plan(s):	3c(2) EIN	(s) 13c(3) PN(s)
Dout	VIII Tweet Information (outlewell)		
	VIII Trust Information (optional)	1	
14a I	Name of trust	14b ⊤	rust's EIN

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