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

2013

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ▶ Complete all entries in a | ccordance with the instr | uctions to the Form 5500 |)-SF. | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|---|---|--|--|---|--|---|--|
| Part I | Annual Report I | dentification Information | ì | | | | |
| For calenda | ar plan year 2013 or fise | cal plan year beginning 01/01 | 1/2013 | and ending 12 | 2/31/20 | 013 | |
| A This ret | urn/report is for: | a single-employer plan | a multiple-employer | plan (not multiemployer) | | a one-particip | pant plan |
| B This ret | urn/report is: | the first return/report | the final return/repor | rt | | | |
| | | an amended return/report | a short plan year retu | urn/report (less than 12 mo | onths) | | |
| C Check b | box if filing under: | X Form 5558 | automatic extension | l | | DFVC progra | am |
| | | special extension (enter desc | · | | | | |
| Part II | Basic Plan Infor | mation —enter all requested in | formation | | | | 1 |
| 1a Name | | | | | | Three-digit | |
| GOLD HILL I | ENTERPRISES, INC. 4 | 01(K) PLAN | | | | plan number | 001 |
| | | | | | | (PN) ▶ Effective date of | |
| | | | | | 16 | 01/01/ | |
| | | dress; include room or suite numb | per (employer, if for a singl | e-employer plan) | 2b | | fication Number |
| GOLD HILL | ENTERPRISES, INC. | | | | | (EIN) 59-30 | 42571 |
| | | | | | 2c | Sponsor's telep 310-457 | |
| 127 WEST F WINTER PA | FAIRBANKS AVE., #504 IRK, FL 32789 | 4 | | | 2d | | (see instructions) |
| | | | | | | 71141 | , |
| 3a Plan ad | dministrator's name and | d address XSame as Plan Spon | sor Name Same as Pl | an Sponsor Address | 3b | Administrator's I | EIN |
| | | | | | 3c | Administrator's t | telephone number |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | plan sponsor has changed since | the last return/report filed | for this plan, enter the | 4b | EIN | |
| name, | , EIN, and the plan num | plan sponsor has changed since ober from the last return/report. | the last return/report filed | for this plan, enter the | | | |
| name, a Sponso | , EIN, and the plan num or's name | | | · | 4c | | 3 |
| name, a Sponso 5a Total r | , EIN, and the plan num or's name number of participants a | nber from the last return/report. | | | | | 3 3 |
| name, a Sponso 5a Total r b Total r c Number | , EIN, and the plan num or's name number of participants a number of participants a er of participants with a | at the end of the plan year | the plan year (defined ber | nefit plans do not | 4c 5a 5b | | 3 |
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Form 5500-SF 2013 Page **2**

| Pa | rt III Financial Information | | | | | | | | | | |
|------|---|-------------|--------------------------------|---------|-----------------|----------|---------------|------|---------|--------|------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | or. | | | (b) End | of V | ar | | |
| | Total plan assets | 7a | (a) beginning of Tea | | (b) End of Year | | | | | 5 | |
| | otal plan liabilities | | | | + | | | • | | | |
| | Net plan assets (subtract line 7b from line 7a) | 76 7c | 58738 | 587383 | | | 497075 | | | | |
| | Income, Expenses, and Transfers for this Plan Year | 70 | | | + | | /b) T | | 0.0.0 | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (b) T | otai | | | |
| | (1) Employers | 8a(1) | 2515 | 3 | | | | | | | |
| | (2) Participants | 8a(2) | 946 | 5 | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b | Other income (loss) | 8b | 22 | 7 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 34845 | 5 | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 12515 | 3 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 1 | 2515 | 3 | |
| ī | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | -90308 | 3 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Pai | t IV Plan Characteristics | <u> </u> | | | | | | | | | |
| 9a | | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instruc | ions | | | |
| | 2E 2F 2G 2J 2K 3D 2A | | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Chara | cterist | ic Coc | les in t | he instructi | ons: | | | |
| | | | | | | | | | | | |
| Par | t V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | unt | | |
| a | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | | X | | | | | |
| b | 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 | | | | | 50 | 0000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | • | • | 10d | | X | | | | | - |
| | Were any fees or commissions paid to any brokers, agents, or oth | | | 100 | | | | | | | |
| · | insurance service, or other organization that provides some or all | | | | | X | | | | | |
| | instructions.) | | | 10e | | | | | | | |
| 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 e | 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 | | | 10i | | | | | | | |
| Part | | - | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | X | No |
| 110 | Enter the unpaid minimum required contribution for current year fr | | | | | | | L | . 55 | ** | |
| | · · · · · · · · · · · · · · · · · · · | | , | | - | 11a | EDIO 4.0 | | Vac | V | Nic |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | ection | 302 Of | EKISA? | | Yes | ۸ | No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir | | | ctions | and . | antor +L | ne data of th | ما م | tter ri | ling | |
| | granting the waiver. | | Mon | | , and 6 | Day | | Yea | | ııı ıg | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | • | | | | 461 | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | | | |

| Page | 3 - | | 1 |
|------|-----|--|---|
|------|-----|--|---|

| 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? | 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 coof the PBGC? | ontrol | | 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) to which assets or liabilities were transferred. (See instructions.) |) | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) |
| | | | | |
| | | | | |
| Part | VIII Trust Information (optional) | | | |
| 14a | Name of trust | l 4b Tr | ust's EIN | |
| | | | | |
| | | | | |
| | | | | |

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

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

| P | art I Annual Report | Identification Information | | | | | |
|--|---|--|----------------------------|------------------------------|-------------|-------------------------|--------------------------------------|
| For | calendar plan year 2013 or fi | scal plan year beginning | 01/01/2013 | and ending | 12/ | /31/2013 | |
| Α | This return/report is for: | 🗴 a single-employer plan | a multiple-employer | plan (not multiemployer) | | a one-particip | ant plan |
| В. | This return/report is: | the first return/report | the final return/repor | t | | | |
| | | an amended return/report | a short plan year ret | urn/report (less than 12 m | nonths) | | |
| C Check box if filing under: x Form 5558 automatic extension | | | | | П | DFVC program | m |
| | ondok box ii iiiiig dhaoi. | special extension (enter descrip | | | | , , | |
| D | well Danis Dlaw Jufe | | ` | | | | |
| | art II Basic Plan Info Name of plan | ormation enter all requested in | tormation | | 1b T | hree-digit | |
| | | | | | pl | lan number | 0.04 |
| | Gold Hill Enterpri | ses, Inc. 401(K) Plan | | | | PN) ► ffective date of | 001 |
| | | | | | | 1/01/2000 | pian |
| 2a | | ddress; include room or suite number | r (employer, if for a sing | le-employer plan) | | | ication Number |
| | Gold Hill Enterpri | ses, Inc. | | | (E | EIN) 59-304 | 2571 |
| | | | | | | ponsor's teleph | |
| | 127 West Fairbanks | Ave., #504 | | | | 310) 457-9 | |
| | | 00-00 | | | | usiness code (11410 | see instructions) |
| | Winter Park Plan administrator's name a | FL 32789 and address X Same as Plan Spon | sor Name Same as | Plan Sponsor Address | | dministrator's E | |
| vu | Tian administrator 3 harrie e | and address in came as I lain open | Sor Name came as | Tian opensor Address | 05 / | arrimistrator 5 E | -114 |
| | | | | | 3c A | dministrator's t | elephone number |
| | | | | | 00 / | anninotrator o t | Siephene namber |
| | | | | | | | |
| | | | | | | | |
| 4 | | ne plan sponsor has changed since th Imber from the last return/report. | e last return/report filed | for this plan, enter the | 4b ∈ | IN | |
| а | Sponsor's name | iniber from the last return/report. | | | 4c P | N | |
| 5a | Total number of participants | s at the beginning of the plan year | | | 5a | | 3 |
| b | | s at the end of the plan year | | | 5b | | 3 |
| С | 20. At 100000 Best 102 | account balances as of the end of th | | • | 5c | | 3 |
| 6a | | s during the plan year invested in elig | | | 1 30 1 | | X Yes No |
| | , | of the annual examination and report of | • | | PA) | | |
| | - | ? (See instructions on waiver eligibilit | 1 1212 | | | | X Yes No |
| | If you answered "No" to e | ither line 6a or line 6b, the plan car | nnot use Form 5500-S | Fand must instead use | Form 55 | 500. | |
| С | If the plan is a defined bene | fit plan, is it covered under the PBGC | insurance program (se | e ERISA section 4021)? | | Yes No | Not determined |
| Ca | ution: A penalty for the late | or incomplete filing of this return/ | report will be assesse | d unless reasonable ca | use is e | stablished. | |
| | | other penalties set forth in the instruct | | | | | |
| | or Schedule MB completed a ief, it is true, correct, and cop | and signed by an enrolled actuary, as | s well as the electronic v | rersion of this return/repor | rt, and to | the best of my | knowledge and |
| | 1/1/1 | 777 | 9/1.114 | Kelly Johnson | | | |
| | GN Signature of plan ado | 14.1. | 1/4/11 | | .1 | | |
| 100 | ERE Signature of plan ado | maistrator | Date / | Enter name of individua | ai signing | j as pian admir | ilstrator |
| | GN /// | 47.) | 9/0/17 | Kelly Johnson | | | |
| - 200 | ERE Signature of employe | name, if applicable) and address; inc | Date | Enter name of individua | | | or plan sponsor number (optional) |
| FIE | parer's name (including inm | name, ii applicable) and address, inc | Jude room of Suite num | ber (optional) | Frepare | er s telephone i | idifiper (optional) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | TOP I PER TE | |
| | | | | | | | |

| Par | t III Financial Information | | | | | | | | | |
|------|--|---------------------|---------------------------------------|------------|-------|---------|----------------------|-------|----------|---------|
| _ | Plan Assets and Liabilities | E. 75 | (a) Beginning of Year | | | | (b) End o | f Yea | ar | |
| - | otal plan assets | 7a | 587,31 | _ | | | | 4 | 197,0 |)75 |
| - | otal plan liabilities | 7b | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| C N | Net plan assets (subtract line 7b from line 7a) | 7c | 587,38 | 33 | | 497,075 | | | | 75 |
| | ncome, Expenses, and Transfers for this Plan Year | Barry) | (a) Amount | | | | (b) To | tal | | |
| | Contributions received or receivable from: | 0-(4) | 25,1 | 53 | 1 | | | | | |
| | 1) Employers | 8a(1) | 9,40 | | 7 | 1000 | | | 0 4 | 1, 10 |
| | 2) Participants | 8a(2) 8a(3) | 3/2 | | | | nicinati N | | 1 1 | |
| _ | Other income (loss) | 8b | 22 | 27 | 100 | | | 8 T. | / L | 800 |
| | otal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | re nice | | | | | 34,8 | 345 |
| d | Benefits paid (including direct rollovers and insurance premiums provide benefits) | 8d | 125,1 | 53 | | | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 10-61 | H | | | T L | TON HI |
| f A | dministrative service providers (salaries, fees, commissions) | 8f | | | | Bly | | | 1000 | |
| g | Other expenses | 8g | | | | 17.5 | | | IISQUU. | 54/00 |
| h T | otal expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 1 | L25,1 | .53 |
| iN | let income (loss) (subtract line 8h from line 8c) | 8i | | m. | | | | (9 | 00,30 |)8) |
| jΤ | ransfers to (from) the plan (see instructions) | 8j | | | | N. A. | | N.U. | | |
| Par | t IV Plan Characteristics | | | | | | | | | |
| b II | 2E 2F 2G 2J 2K 3D 2A the plan provides welfare benefits, enter the applicable welfare fea | ature code | es from the List of Plan Characte | eristic | Code | s in t | ne instruction | ns: | | |
| Par | t V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | 1 | ١moι | unt | |
| a | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc | | | 10a | | х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? | | | 106 | | x | | | | |
| | on line 10a.) | | | 10b 10c | х | | | | | 0,000 |
| - c | Was the plan covered by a fidelity bond? | The China Carlotter | | 100 | | | | | | 0,000 |
| | or dishonesty? | | | 10d | | х | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all or instructions.) | of the ber | nefits under the plan? (See | 10e | | х | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | 1? | | 10f | | Х | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year | end.) | 10g | | х | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | | | 10h | | x | | | | |
| Ť | 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 | | | | | | |
| Part | A TOTAL CONTRACTOR OF THE PARTY | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | X No |
| 11a | Enter the unpaid minimum required contribution for current year fro | | | | | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | _ | | ERISA? | | Yes | X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | | | | | | | |
| a | If a waiver of the minimum funding standard for a prior year is being granting the waiver | ng amortiz | zed in this plan year, see instruc | | | | Lthe date of t ay | | tter rul | ling |
| lf y | 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 | | | | | 12b | | | | |
| | | | | | | | | | | |

| | Form 5500-SF 2013 Page 3- | | | | |
|-------|--|--|----------|------------|--------------|
| 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 negative amount) | | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | and the second s | 🗀 | 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? | | ☐ Ye | es X N | lo |
| | 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 u 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 which assets or liabilities were transferred. (See instructions.) | | | | 4 |
| 1 | 3c(1) Name of plan(s): | 13c | (2) EIN(| s) | 13c(3) PN(s) |
| | | | | | |
| Part | VIII Trust Information (optional) | | | | |
| 14a ı | Name of trust | | 14b Ti | rust's EIN | |
| | | | | | |