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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information				
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/201	4	and ending 12/	/31/2014	
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer) (oyer information in accord		
71 1111010	starry roport to for.	a one-participant plan	a foreign plan	oyor miorination in accord	adiloo wan aro ioi	m mondonono,
R This ref	turn/report is	the first return/report	the final return/report			
D 111131C	turr/report is	an amended return/report	=	rn/report (less than 12 m	onths)	
				minoport (1655 than 12 m		
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC p	orogram
		special extension (enter descript	tion)			
Part II	Basic Plan Inf	ormation—enter all requested infor	mation			
1a Name					1b Three-digi	
GOODNUF	F HOLLOW MANAGI	EMENT CO. INC			plan numb (PN) ▶	oer 001
					1c Effective d	
						01/01/2014
2a Plan s	sponsor's name and a F HOLLOW MANAGE	ddress; include room or suite number MENT CO. INC	(employer, if for a single	e-employer plan)		Identification Number 47-1938535
						telephone number
PO BOX 50						04-249-1003
JACKSONV	'ILLE, FL 32240					code (see instructions)
33 Dlon (administrator's name	and address VSama as Blan Spansor			3b Administra	812990 tor'o FIN
Ja Plan a	auministrator s name a	and address X Same as Plan Sponsor			3D Administra	IIOI S EIIN
						·
		he plan sponsor has changed since the umber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	
	sor's name				4c PN	
5a Total	number of participant	s at the beginning of the plan year			5a	C
b Total	number of participant	s at the end of the plan year			5b	C
		account balances as of the end of the			5c	C
d(1) To	tal number of active p	articipants at the beginning of the plan	year		5d(1)	(
d(2) ⊤o	atal number of active n	articipants at the end of the plan year.			+	
` '		terminated employment during the pla			5d(2)	
		g the pla	-		5e	(
Under per SB or Sch	nalties of perjury and o	e or incomplete filing of this return/r other penalties set forth in the instruction and signed by an enrolled actuary, as	ons, I declare that I have	e examined this return/rep	oort, including, if a	applicable, a Schedule
SIGN		d/valid electronic signature.	07/18/2015	JOSEPH P. ECKSTEI	N	
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	n administrator
SICN	Orginature or pian	adiiioti atoi	Date	Enter Harne of Hidividi	aar orgining as pla	ar administrator
SIGN HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor
	a Signature or ellip		Duio	Lintoi Haille of Hallyla	aar orgining as till	piotoi oi piali apoliadi

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2							
_	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 cannot be a second or line 6b.	an indepe and condi	endent qualified public accounta	ınt (IQ	PA)				X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA section 40	21)?		Yes	No	N	ot deter	mined
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Eı	nd of	Year	
<u>a</u>	Total plan assets	. 7a		0						0
b	Total plan liabilities	. 7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c		0						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	al	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0						
	(2) Participants	. 8a(2)		0						
	(3) Others (including rollovers)									
b	Other income (loss)	. 8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i								0
j	Transfers to (from) the plan (see instructions)	. 8i								
Par	t IV Plan Characteristics		•							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f									
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Ar	nount	
а	Was there a failure to transmit to the plan any participant contribu									
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		<u> </u>	10a		X				
	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
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 instructions.)	of the ber	nefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х				
q	Did the plan have any participant loans? (If "Yes," enter amount a	as of vear	end.)	10g		X				
— h				iug						
	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,					•		Yes	No
11a	Enter the unpaid minimum required contribution for current year f	rom Sche	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding				•	302 of	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 bei		,	ctions	and a	antar th	atch a	of the	lattar ri	lina

. Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

2014

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	ar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2014	
A This ref	turn/report is for:	a single-employer plan			(Filers checking this box must at dance with the form instructions)	
		a one-participant plan	a foreign plan			
B This retu	urn/report is	X the first return/report	the final return/report			
		an amended return/report	a short plan year returi	n/report (less than 12 ma	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			······································
26 22 2 32 2 2 2 2 2 2 2 2 2		Offiation—enter an requested in	Offiation		1b Three-digit	
1a Name Goodnui		agement Co. Inc			plan number 001 (PN)	
					1c Effective date of plan 01/01/2014	
		ddress; include room or suite numb nagement Co. Inc	er (employer, if for a single-	employer plan)	2b Employer Identification No. (EIN) 47-1938535	umber
PO Box	50338				2c Sponsor's telephone num 904-249-1003	ıber
Jackson	nville	FL 32240			2d Business code (see instru 812990	ictions)
3a Plan a	dministrator's name a	and address XSame as Plan Spons	sor.	· · · · · · · · · · · · · · · · · · ·	3b Administrator's EIN	
		·				
					3c Administrator's telephone	number
					44	
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN	
	or's name	umber from the last return/report.			4c PN	
		s at the beginning of the plan year			5a	0
		s at the end of the plan year			5b	
	•	· ·			30	0
comple	ete this item)	account balances as of the end of			5c	0
a (1) lot	al number of active pa	articipants at the beginning of the pl	an year	****************	5d(1)	0
d(2) Tota	al number of active p	articipants at the end of the plan yea	ar		5d(2)	0
	· ·	terminated employment during the p		fits that were	5e	0
Caution: A	oenalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	se is established.	
Under pena SB or Sche	alties of perjury and o edule MB completed a	ther penalties set forth in the instruc and signed by an enrolled actuary, a	tions, I declare that I have	examined this return/rep	ort, including, if applicable, a Sc	:hedule je and
belief, it is SIGN	true, correct, and con	nplete.	7-14-15	Joseph P. Ecks	stein	
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan administrator	
198 (0.1.15)	Cigitatare or plan	WHITE WOLL	Dato	Eliter Harris of Marria	ac organica de plan deminios aco.	
SIGN						
HERE				I Datas again of individu	ial cianina de amployar at blob s	······································
HERE		oyer/plan sponsor	Date		ual signing as employer or plan : Propagation tolophope number (
		oyer/plan sponsor name, if applicable) and address (ir			Preparer's telephone number (
					······································	
					······································	
					······································	

	Form 5500-SF 2014		Page 2								
	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indepe and condi	ndent qualified public accountations.)	ant (10	QPA)		************		X Ye	J	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40	021)?		Yes	□ No [] N	ot dete	ermi	ned
Pa	ft III Financial Information			***********							
7	Plan Assets and Liabilities	5-7-00 5-00 5	(a) Beginning of Ye	ar			(b) En	d of	Year	***************************************	
а	Total plan assets	7a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0		<u> </u>				(
b	Total plan liabilities	7b		***************************************							***************************************
С	Net plan assets (subtract line 7b from line 7a)	7c			0						C
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	•••••			(b)	Tota			***************************************
а	Contributions received or receivable from: (1) Employers	8a(1)			0	egical) Ağırıylı		edalî Satê			e de di Perodo
	(2) Participants	8a(2)			0				1531-754 1531-754	8446	
	(3) Others (including rollovers)	8a(3)				15/91	8 MO 10 18				5 (S)
b	Other income (loss)	8b				\$ 14	5 g W 3		F. Gr		
***************************************	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1/dilement					С
***************************************	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				\$1.65 1.55 1.55 1.55 1.55 1.55 1.55 1.55					
	Certain deemed and/or corrective distributions (see instructions)	8e			200						
***************************************	Administrative service providers (salaries, fees, commissions)	8f							Mark (Fra		
	Other expenses	8g				15/1/25	the Control			<u> </u>	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									0
***************************************	Net income (loss) (subtract line 8h from line 8c)	8i		2000	\$6.55 \$4.559	Orean State	es vers es es es	71.AV E	या बंदर दबर ह	-400	0
Marking was	Transfers to (from) the plan (see instructions)	8j				869 SE	6 665 2			â	26 53
Par	- 128 11 11 14 14 14 14 14 14 14 14 14 14 14		· · · · · · · · · · · · · · · · · · ·								
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K\ 3D$							***********			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	tic Cod	les in	the instruc	tions	:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		An	ount	*******	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 instructions.)	of the ben	efits under the plan? (See	10e		х					
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	s of vear e	ind)			X	<u> </u>				
<u>-</u>	If this is an individual account plan, was there a blackout period? (10g					(128S)		E W. S
<u>i</u>	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the			10h		Х			\$2.50 \$2.50		61 7 64
Taribas terakna	exceptions to providing the notice applied under 29 CFR 2520.101			10i	<u> </u>				34/52		
Part 11		onto O dr "	Van II oan in-tti-	l - '	O. b	1.1.0		т			
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	;	No
	Enter the unpaid minimum required contribution for current year from					11a	<u>L</u>	T -			1
12	Is this a defined contribution plan subject to the minimum funding			orse	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			.41			<u> </u>	41- ·			
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver				, and e	enter ti Day		the II Ye		Jiing	.

	Form 5500-SF 2014 F	Page 3 -]					
If yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	500), and ski	p to line	13.				
b i	Enter the minimum required contribution for this plan year				12b	<u> </u>	······	
			······		T 48-		·····	
~~~	Enter the amount contributed by the employer to the plan for this plan year		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	<del></del>	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount)				12d			
e \	Will the minimum funding amount reported on line 12d be met by the funding de	adline?				Yes	No	N/A
Part V	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes X	10	
	f "Yes," enter the amount of any plan assets that reverted to the employer this y	ear			. 13a			
	Nere all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?				control		Yes	X No
	f during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan	(s), identi	fy the plan(s)	to			
13	c(1) Name of plan(s):				13c(2) E	IN(s)	13c(3)	PN(s)
Part V	/III Trust Information (optional)				***************************************			
					14b ⊤	rust's EIN		