## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to

**Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit GOLD HILL ENTERPRISES, INC. 401(K) PLAN plan number (PN) ▶ 001 1c Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GOLD HILL ENTERPRISES, INC. 59-3042571 (EIN) Sponsor's telephone number 310-457-9724 127 WEST FAIRBANKS AVE., #504 WINTER PARK, FL 32789 Business code (see instructions) 711410 Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 3 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) Preparer's telephone number (optional)

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b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the plan canno	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	nt (IQ d use	PA)  <b>Form</b>	5500.		X	Yes N	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	Not	determined	
Par	t III   Financial Information		1							_
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of Ye		
	Total plan assets	7a	4970	)75					561838	
<u>b</u>	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	4970	)75					561838	_
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from: (1) Employers	8a(1)	626	522						
	(2) Participants	8a(2)	48	300						
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	-26	659						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							64763	_
d	Benefits paid (including direct rollovers and insurance premiums			0						
	to provide benefits)	8d								_
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses (add lines 2d, 2s, 2f, and 2g)	8g							0	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							64763	_
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i							04700	
	, , , , , ,	8j								
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension is	footure co	ados from the List of Plan Char	actorio	etic Co	doc in	the inetri	uctions		
Эа	2E 2F 2G 2J 2K 3D 2A	reature co	des from the List of Flati Char	actens	Suc Co	ides III	the msu	uctions	•	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:		_
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	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				5000	00
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.)	er person of the ber	s by an insurance carrier, nefits under the plan? (See	10e		X				
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	s of year	end.)	10g	X				1500	00
h	· '					Х				
	2520.101-3.)			10h						
	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
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39	<u></u>		11a				_
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (	302 of	ERISA?		Yes X N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is bein		•	ctions	and e	enter th	ne date o	f the let	ter ruling	

......Month

Day

Year

granting the waiver.

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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)	<b>13c(3)</b> 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

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).

► 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

P	art I Annual Repor	t Identification Information				
For	calendar plan year 2014 or	fiscal plan year beginning	01/01/2014	and ending	12/31/2014	
Α	This return/report is for:	x a single-employer plan a one-participant plan		olan (not multiemployer) oyer information in accord		
В	This return/report is:	the first return/report	the final return/report			
_	Time retains report for	an amended return/report	片 .	irn/report (less than 12 m	nonthe)	
		arramended returniciport	a short plan year rete	intreport fless than 12 ff	1011(113)	
С	Check box if filing under:	x Form 5558  ☐ special extension (enter descr	automatic extension		DFVC progr	am
n	Pagis Diamini		<del></del>			
_	art II Basic Plan Inf	formation enter all requested	information		1b Three-digit	<b>T</b>
Ta	Name of Plan				plan number	
	Gold Hill Enterpr	ises, Inc. 401(K) Plan			(PN) ►	001
					1c Effective date	
22	Dian engager's name and	address; include room or suite numb	ner (employer if for a cinal	o. employer plan)	01/01/2000	
_u	Gold Hill Enterpr		ter (employer, ir for a singr	e-employer plany	2b Employer Ider (EIN) 59-30	
					2c Sponsor's tele	•
	127 West Fairbanks Ave	,, #504			(310) 457	
					2d Business code 711410	(see instructions)
32	US Winter Park FL 3278	and address X Same as Plan Spo	onsor Nama		3b Administrator's	FIN
Ja	Fian auministrators mame	and address A Same as Flatt Spi	Unsui Name		JD Administrators	EIN
					-	
					3c Administrator's	s telephone number
4	If the name and/or FIN of I	the plan sponsor has changed since	the last return/report filed	for this plan, optor the	4b EIN	
**		umber from the last return/report.	the last return/report med	tor this plan, effer the	40 6114	
а	Sponsor's name				4c PN	
		ts at the beginning of the plan year			5a	4
b		Is at the end of the plan year			5b	3
C	, ,	h account balances as of the end of			5c	
						3
d(	<ol> <li>Total number of active p</li> </ol>	articipants at the beginning of the pla	an year		5d(1)	4
d(		articipants at the end of the plan yea			5d(2)	3
е		t terminated employment during the			5e	
_	less than 100% vested	***************************************			J 06	0
Ca	ution: A penalty for the lat	te or incomplete filing of this retur	rn/report will be assesse	d unless reasonable ca	use is established.	
		other penalties set forth in the instru				
	or Schedule MB completed lief, it is true, correct, and co	d and signed by an enrolled actuary,	as well as the electronic v	ersion of this return/repo	nt, and to the best of r	ny knowledge and
198	J. Jan		10/10/15	7. 11. 7.1		
10024	IGN ACCITY	147	10/0/1	Kelly Johnson		
Н	ERE Signature of plan ac	inherstrator	Date	Enter name of individua	al signing as plan adn	ninistrator
5	IGN HUMAY	W/\	10/8/15	Kelly Johnson		
1002909	ERE Signature of employ	et/plan sponsor	Date	Enter name of individua	al signing as employe	r or plan sponsor
Pro	eparer's name (including firn	n name, if applicable) and address; i	include room or suite numb	ber (optional)	Preparer's telephone	number (optional)

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6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)				X Yes No
	Are you claiming a waiver of the annual examination and report of a						
	under 29 CFR 2520,104-46? (See instructions on waiver eligibility a	nd condition	ons.)				X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must instead				
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	!1)?	[	Ye	s No Not determined
Pa	rt III Financial Information	Terrandi Santa					
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
	Total plan assets	7a	497,0	75			561,838
	Total plan liabilities	7b			-		
-	Net plan assets (subtract line 7b from line 7a)	7c	497,0	75	-		561,838
-	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	( BERT CAR	(a) Amount		Olásti		(b) Total
	1) Employers	8a(1)	62,62	22	(s. 8		
	2) Participants	8a(2)	4,80	00	1185	W.	
	3) Others (including rollovers)	8a(3)					
_	Other income (loss)	8b	(2,659	<del>)</del> )	1233		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			F Marine	4. C. C. C.	64,763
	o provide benefits)	8d	and the second second	0	198		
е	Certain deemed and/or corrective distributions (see instructions)	8e	200.200.00				
f,	Administrative service providers (salaries, fees, commissions)	8f			MA I		
g	Other expenses	8g			2007		
h	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h		Melle			0
i	Net income (loss) (subtract line 8h from line 8c)	8i					64,763
110/15/5/5/9	Transfers to (from) the plan (see instructions)	8j			500		
	t IV Plan Characteristics						
9a	f the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan Charac	teristi	c Cod	es in t	he instructions:
	2E 2F 2G 2J 2K 3D 2A						
p i	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instructions:
Da	t V Compliance Questions					-	
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut	tions wilhi	n the time period described in		165	No	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x	
b	Were there any nonexempt transactions with any party-in-interest			401		x	
	on line 10a.)			10b	v	^	E0 000
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c	Х		50,000
	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 instructions.)			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			10g	Х		15,000
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			
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,					
11a	Enter the unpaid minimum required contribution for current year fr						1.00
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	2000-0000					
a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instruc				
	granting the waiver		Mor	ith _		_ Da	y Year

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lf y	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		
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 (	•	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 thi	s year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?				
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan	n(s) lo		
1	13c(1) Name of plan(s):		13c(2) EIN(	(s) 13c(3) PN(s)	
Part	t VIII Trust Information (optional)				
	Name of trust	14b T	14b Trust's EIN		