Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection**

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C Check box if filing under:	the first return/report the final return/report the final return/report												
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10 Three-dight plan		specia	l extension (enter descri	ription)									
10 Three-dight plan	Part II Basi	Plan Information-	enter all requested info	formation	1								
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City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2C Sponsor's telephone number 305-670-4421 2d Business code (see instructions) 54 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Sponsor's telephone number and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 5 Total number of participants at the beginning of the plan year. 5 In Total number of participants at the end of the plan year. 5 In Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6 In Total number of active participants at the beginning of the plan year. 5 In Total number of active participants at the end of the plan year with accrued benefits that were less than 10% wested. 6 In Winder of participants who terminated employment during the plan year with accrued benefits that were less than 10% wested. 6 In Judger penalties of perity and other penalties set forth in the instructions, I declare that I have examined the return/report, and to the best of my knowledge and belief, it is true. correct, and complete. 6 Signature of plan administrator 6 Date Enter name of individual signing as plan administrator) Box)			2b						
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d(2) Total number of active participants at the end of the plan year							5	ic	5				
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SIGN HERE Filed with authorized/valid electronic signature. 03/11/2019 JOHN GOLDEN Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE HERE	SB or Schedule ME	completed and signed b											
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF			onic signature.	0	3/11/2019	JOHN GOLDEN							
SIGN HERE	HERE Signar	ure of plan administrate	or		Date	Enter name of individ	ual si	gning as plan adr	ninistrator				
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor													
	HERE Signar	ure of employer/plan s	ponsor		Date	Enter name of individ	ual si	gning as employe	er or plan sponsor				

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the					_		Not determined . (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
а	Total plan assets	7a	70	01166				737405
<u>b</u>	Total plan liabilities	7b		0				0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	70	01166				737405
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
_а 	Contributions received or receivable from: (1) Employers	8a(1)		2340				
	(2) Participants	8a(2)	-	74300				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	-:	32671				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						43969
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		7730				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						7730
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						36239
j	Transfers to (from) the plan (see instructions)	8j		0				
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instr	ructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			700000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							4341
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
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				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)		В	Yes 🛚 N	Ю
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		f	Yes 🛛 N	Ю
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter t Day		of the letter ruling Year	
lf y	ou 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			
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?		Yes	s 🔀 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 control 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.)	s) to			
1	3c(1) Name of plan(s): 13c(2)) EIN(s)		13c(3) PN(s)	

Form 5500-SF

Department of the Treasury Internat 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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

		t Identification Informatio						
For calendar	plan year 2018 or	fiscal plan year beginning 01/01.			2/31/2018			
A This retu	rn/report is for:	X a single-employer plan		a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)				
D This vature	w/ranastia	a one-participant plan	a foreign plan					
B This retur	nyreport is	the first return/report	د مالم					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	Jillis)			
C Check bo	ox if filing under:	Form 5558	automatic extension		DFVC progran	n		
n-du	Basia Blan inf	ormation—enter all requested in						
L		Officiation—enter all requested i	Hormation		1b Three-digit			
1a Name of GOLDEN & G	r pian RIMES 401(K) PLA	N			plan numbe	1		
					1c Effective da	ate of plan 01/01/2005		
Mailing a	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)			dentification Number 20-3200754		
City or to GOLDEN & G		nce, country, and ZIP or foreign pos	stal code (if foreign, see ins	tructions)	2c Sponsor's telephone number 305-670-4421			
					2d Business co	ode (see instructions)		
9350 S DIXIE MIAMI, FL 331		***	DIXIE HWY PH II FL 33156-2900			541110		
3a Plan add	ministrator's name	and address X Same as Plan Sp	onsor.		3b Administrat	or's EIN		
					3c Administrat	or's telephone number		
4 If the na this pla	ame and/or EIN of t n, enter the plan sp	he plan sponsor or the plan name lonsor's name, EIN, the plan name	nas changed since the last and the plan number from	return/report filed for the last return/report.	4b EIN			
a Sponsor					4d PN			
C Plan Na	me							
5a Total nu	ımber of participan	ts at the beginning of the plan year			5a	9		
		ts at the end of the plan year			5b	7		
C Numbe comple	r of participants wit te this item)	h account balances as of the end c	f the plan year (only define	d contribution plans	5c	5		
		participants at the beginning of the			5d(1)	8		
d(2) Total	number of active p	participants at the end of the plan y	ear		5d(2)	5		
than 10	00% vested	no terminated employment during t		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5e	0		
Under penal SB or Scheo	ties of periury and	e or incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary, nplete.	uctions. I declare that I have	e examined this return/re	port, including, if a	applicable, a Schedule		
SIGN	Soll G	I Lolley	3-11-19					
HERE	Signature of plan	administrator	Date	Enter name of individ	e of individual signing as plan administrator			
SIGN	/							
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor		