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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	- 1					
		entification Information									
For	calendar plan year 2009 or fisca	l plan year beginning 01/01/200)9	and ending 1	2/31/2	2009					
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participan	it plan				
В -	This return/report is for:	first return/report	final retur	n/report		_					
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)						
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program	n				
		special extension (enter descripti	on)			_					
Pa	rt II Basic Plan Inform	nation—enter all requested inform									
	Name of plan				1b	Three-digit					
	ENATION 401K PLAN					plan number	004				
						(PN) •	001				
					1c	Effective date of 01/01/20					
2a	Plan sponsor's name and addre	ess (employer, if for single-employe	r nlan)		2h	Employer Identific		her			
	THOUGHT ENTERPRISES, IN	,	ι ριαιι)		20	(EIN) 59-3400		DCI			
	ENATION				2c	Plan sponsor's te		ımber			
) WRIGHT CIRCLE, SUITE F4A PA, FL 33626	· ·			24	813-925 Business code (s		iona)			
	.,				Zu	453990	ee mstructi	0115)			
		address (if same as Plan sponsor, e			3b	Administrator's E					
	THOUGHT ENTERPRISES, IN ENATION	C. 13540 WRIC TAMPA, FL		.E, SUITE F4A	30	59-3400252 3c Administrator's telephone nu					
					30	813-925		inpei			
		n sponsor has changed since the la		port filed for this plan, enter the	4b EIN						
1	name, EIN, and the plan number from the last return/report. Sponsor's name						4c PN				
5a	5a Total number of participants at the beginning of the plan year					T		18			
b								11			
С	Total number of participants wit	th account balances as of the end of	of the plan y	vear (defined benefit plans do not	5b						
	, ,				5c			11			
				(See instructions.)			× Yes	No			
D				ndent qualified public accountant (IQI ions.)			X Yes	No			
				SF and must instead use Form 55							
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	of Year				
а	Total plan assets		7a	108314	ļ.	, ,	1	18500			
b	Total plan liabilities		7b	C)			0			
С	Net plan assets (subtract line 7	b from line 7a)	7c	108314	ļ.		1	18500			
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		(b) To	otal				
а	Contributions received or received		0-(4)	270							
				378	⊣						
				5912	_						
b	, , , , , , , , , , , , , , , , , , , ,			35060	- 1						
C	,	Ba(2), 8a(3), and 8b)		33000	_			41350			
d		ollovers and insurance premiums	00					+1000			
•			8d	28835	5_						
е	Certain deemed and/or correcti	ve distributions (see instructions)	8e	()						
f	Administrative service providers	s (salaries, fees, commissions)	8f	2329)						
g	Other expenses		8g	()						
h	Total expenses (add lines 8d, 8	se, 8f, and 8g)	8h					31164			
į		8h from line 8c)						10186			
j	Transfers to (from) the plan (se	e instructions)	8i)						

Part IV	Plan Characteristics	i

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

	1 (11)	pian provides weifare benefits, enter the applicable weifare featur	ic codes from the f	ist of Flair Orlarac	лопо		203 111	ine manac	110113.	
Part	٧	Compliance Questions								
10	During the plan year:						No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X			
b		re there any nonexempt transactions with any party-in-interest? (Done 10a.)		·	10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c		X			
	insı	re any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e	X				720
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 of y	vear end.)		10g		Χ			
_		is is an individual account plan, was there a blackout period? (See			iug					
		0.101-3.)			10h		X			
		th was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	/I	Pension Funding Compliance								
		is a defined benefit plan subject to minimum funding requirements?	•					•	Yes X	No
12	ls t	nis a defined contribution plan subject to the minimum funding requi	irements of section	1 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X	No
	(If "`	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)							
	grar	waiver of the minimum funding standard for a prior year is being am ting the waiver		Month						_
b	Ente	er the minimum required contribution for this plan year				Г	12b			
		er the amount contributed by the employer to the plan for this plan y				t	12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	ıs sign to the left o	f a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	ınding deadline?					Yes	No N	/A
Part \	/II	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes X	No
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a			
		e all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	nder 	the co	ntrol		Yes X	No
		rring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e pla	n(s) to			<u> </u>	
13	13c(1) Name of plan(s):					130	c(2) El	N(s)	13c(3) PN	s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed ι	ınless reasonable	e cau	se is	estab	lished.	1	
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e	examined this retur	rn/rep	ort, in	cludin	g, if applic		
SIGN	F	led with authorized/valid electronic signature.	0/14/2010	CONNIE FIELDS						
HERE		Signature of plan administrator	Date	Enter name of inc	dividu	ıal sig	ning a	s plan adm	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

						OMB Nos. 1210-011			
	Form 5500-SF	Short Form Annual Re	eturn/R	eport of Small Employ	98	3 6 1210-0089			
	Department of the Treasury Internal Revenue Service This form is required to be filled under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					2009 This Form is Open to Public			
	doyes Espetite Security Administration	0-SF,							
Pe	nsion Bansit Guaranty Corporation	Complete all entries in accord	ance with	the Instructions to the Form 5500					
Pa	ti Annual Report id	entification Information		and ending					
	alendar plan year 2009 or fisca		multinle-en	mployer plan (not multiemployer)		one-participant plan			
Ат	his return/report is for:	~	final return						
Вт	his return/report is for:] mariciani por		year return/report (less than 12 mor	iths)				
						☐ DFVC program			
C c	heck box if filling under:	Form 5558	automatic	extension					
		special extension (enter description				A SAME OF THE SAME	****		
Pai	tili Basic Plan Inform	nation—enter all requested informa	ition		16	Three-digit	~ 000		
	Name of plan				•	plan number			
MIMA	ENATION 401K PLAN					(PN) ▶ 001			
					10	Effective date of plan 01/01/2002			
72	alon enongor's name and addi	ess (employer, if for single-employer	plan)		2b	Employer Identification Number			
FREE	THOUGHT ENTERPRISES, I	NC.			20	(EIN) 59-3400252 Plan sponsor's telephone numbe			
ANIM	ENATION				200	813-925-1116			
) WRIGHT CIRCLE, SUITE F4 PA PL 33626	A			2d	Business code (see Instructions) 453990			
	Die	address (if same as Plan sponsor, er	nter "Šame	")	3b	Administrator's EIN			
. 3a SAMB		addiboo (ii paint at iii ii			2.5	59-3400252 Administrator's telephone number			
O)-Afort	=				ລບ	813-925-1116	<i>></i> 1		
		an sponsor has changed since the las	t return/re	part filed for this plan, enter the	4b	EIN			
4 If	the name and/or EIN of the pit ame, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		4c	PN			
50	Total number of participants a	t the beginning of the plan year			5a		18		
h	Total number of participants 8	t the end of the plan year			5b		11		
Ω		ith account balances as of the end of	the plan y	ear (defined benefit plans do not			11		
	complete this item)		,		5c		Νo		
6a	(1) all of the plants apports	turns the plan year invested in sligib	le assets?	(See Instructions.)		Yes U	ΙΦĊ		
b	a series a majorer of the	he annual examination and report of a (See instructions on waiver aligibility)	an Indepen	idetti düsillisa banıc serzicuranı (vz.	r cy		No		
	under 28 CFR 2520,104-467	er 6a or 6b, the plan cannot use F	orm 5500~	3F and must instead use Form 55	00.) Appendix () () () () () () () () () (M-1-1-		
Da	till Financial Inform	ation					19-9		
77	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
í e			7 <u>a</u>	108314	<u> </u>	1186	00		
	Total plan llabilities		7b)		Đ		
		7b from line 7a)	7c	108314	<u> </u>	1185	00.		
8	Income, Expenses, and Trans			(a) Amount		(b) Total	<u> </u>		
	Contributions received or rece						Æ.		
Ψ.	(1) Employers		8a(1)	378	-488				
	(2) Participante		8a(2)	5912	~~				
	(3) Others (including rollovers		8a(3)	()	35%				
d			<u>\$b</u>	35060	1 14 kg		نند مم		
c	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c		E.7 829	413	⊃U		
d	Benefits paid (including direct	rollovers and insurance premiums	. 8d	Z5834	3				
e		tive distributions (see instructions)	8e		1課		Š		
f		rs (salaries, fees, commissions)	8f	2329					
g	Other expenses		8g	() (8)	SAN HARRIST RANGE OF THE			

8h

8i

h Total expenses (add lines 8d, 8e, 8f, and 8g)....(

i Net income (loss) (subtract line 8h from line 8c)......

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	Form 5500-SF 2009			Page 2-						
Pa	Plan Characteristics						LLL COUNTY Y			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D									
þ	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from t	he List of Plan Char	acteris	tic Co	Jes IA	ine instructi	ons.	
Par	V Compliance Questions	A DESCRIPTION								
10	During the plan year:					Yes	No		Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	clary Correc	tion Pro	gram)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interestion time 10a.)	? (Do not Inc	dude tra	insactions reported	10b	************	х			
¢	Was the plan covered by a fidelity bond?				10c		х	į		
d	Did the plan have a loss, whether or not reimbursed by the plan's to ar dishonesty?	fidelity band	, that w	ss caused by fraud	10d		Х			
ę	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.)	f the benefit	s under	the plan? (See	10a	Х			······································	720
ſ	Has the plan falled to provide any benefit when due under the plan				10f		×			
q	Did the plan have any participant toans? (If "Yes," enter amount as	of year end	1.},	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10g		X			
h	fr this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruct	ions and	1 29 CFR	10h		х			Neu Na Neu Na
į	ff 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required n	otice or	one of the	10i					
Pari	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	ents? (If "Ye	s," see	nstructions and com	pleie i	Sched	ule SE	(Form	☐ Yes	B X No
12	is this a defined contribution plan subject to the minimum funding a								Yes	s 🛭 No
а	(If Yes," complete 12a or 12b, 12c, 12d, and 12e below, as application a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized	in this p	ilan year, see instruc Mon	xtons, th	and e	nter th	e date of th	e letter n Year	uling
14	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), :	and skip to line 13.				LINE CONTRACTOR OF THE PARTY OF		
b	Enfectibe minimum required contribution for this plan year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12b			
	Enter the amount contributed by the employer to the plan for this pl						12c) 		
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	the result (e	nteran	ilnus sign to the left	of a		12d		<u></u> .	
9	Will the minimum funding amount reported on line 12d be met by the	ne funding d	eadline'	·			12184	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets									
13a	\ensuremath{Has} a resolution to terminate the plan been adopted during the plan	n year or an	y prior y	ear?					Yes	X NO
	if "Yes," enter the amount of any plan assets that reverted to the en	nployer this	year	· · · · · · · · · · · · · · · · · · ·	·····	******	13a			
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?				.,,,,,,,,,,	,,,,,,,,			Yes	s ⊠ No
£	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	m this plan t	o anoth	er plan(s), identity tr 	e plan				1	
1	3c(1) Hame of plan(s):					130	(2) Eil	V(s)	13c(3	i) PN(≥)
	Additional and the second seco							·		***
	on: A penalty for the late or incomplete filing of this return/rapo									
SBo	r penalties of parjury and other penaltles set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as wall , it is true, copect) and complete	I declare the alec	at I hav troniq v	e exemined this retu ersion of this return <i>li</i>	m/rep eport,	ort, ind and to	cluding the b	, if applicat est of my k	ile, a Sch nowledge	nedule a and
				CONNIE FIELD	5					
SIGN HER		Date	TH	Enter name of in	dividu	al sign	ing as	pian admir	istrator	
3559		157	 		و المراجعة					
SIGN		Date		Enter name of in	dividu	al sion	ina as	employer o	r plan so	onsor