

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B	This return/report is for: ☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan SAUGUS FEDERAL CREDIT UNION 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1997
2a	Plan sponsor's name and address (employer, if for single-employer plan) SAUGUS FEDERAL CREDIT UNION 509 MAIN STREET SAUGUS, MA 01906-3768	2b Employer Identification Number (EIN) 04-1809562
		2c Plan sponsor's telephone number 781-233-0010
		2d Business code (see instructions) 522130
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") SAUGUS FEDERAL CREDIT UNION 509 MAIN STREET SAUGUS, MA 01906-3768	3b Administrator's EIN 04-1809562
		3c Administrator's telephone number 781-233-0010
4	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. Sponsor's name	4b EIN
		4c PN
5a	Total number of participants at the beginning of the plan year	5a 30
b	Total number of participants at the end of the plan year	5b 31
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c 23
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b	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.).....	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III	Financial Information		
7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 493561	626950
b	Total plan liabilities	7b 0	0
c	Net plan assets (subtract line 7b from line 7a).....	7c 493561	626950
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 9139	
(2)	Participants	8a(2) 30113	
(3)	Others (including rollovers).....	8a(3) 0	
b	Other income (loss).....	8b 125004	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	164256
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 30867	
e	Certain deemed and/or corrective distributions (see instructions)....	8e 0	
f	Administrative service providers (salaries, fees, commissions).....	8f 0	
g	Other expenses.....	8g 0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	30867
i	Net income (loss) (subtract line 8h from line 8c).....	8i	133389
j	Transfers to (from) the plan (see instructions)	8j 0	

Part IV Plan Characteristics**9a** 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 3E 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 During the plan year:			
a 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	X		29194
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

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	
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 a negative amount)	12d	

e 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 during the plan year or any prior year? ☐ Yes ☒ 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 ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	JOHN SMOLINSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury
Internal Revenue ServiceShort Form Annual Return/Report of Small Employee
Benefit PlanThis form is required to be filed under sections 101 and 102 of the Employee
Retirement Income Security Act of 1974 (ERISA), and section 5055(a) of the
Internal Revenue Code (the Code).OMB No. 1510-0045
1010-0045

2008

This Form is Open to Public
Inspection

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

Part I Annual Report Identification Information

For calendar year 2008 or fiscal year beginning 01/01/2008 and ending 12/31/2008

- A This return/report is for:
- B This return/report is for:
- C Check box if filing under:
- ☒ single-employer plan ☐ multi-employer plan (not multi-employer) ☐ one-employer plan
- ☐ first return/report ☐ final return/report
- ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
- ☐ Form 5500 ☒ simplified extension
- ☐ special extension (see instructions)
- ☐ CFC program

Part II Basic Plan Information—enter all requested information

1a Name of plan Riverside Federal Credit Union (FICA) Plan	1b Three-digit plan number 001
2a Plan sponsor's name and address (employer, if for single-employer plan) Riverside Federal Credit Union 200 Main Street Savannah, GA 31406-3368	1c Effective date of plan 01/01/2008
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")	2b Employer identification number 0000000000
	2c Plan administrator's telephone number (703) 223-0012
	2d Employer's EIN (not required) 0000000000
4 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. Sponsor's name	3b Administrator's EIN
	3c Administrator's telephone number
5a Total number of participants at the beginning of the plan year	4b EIN
5b Total number of participants at the end of the plan year	4c EIN
5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5a 17
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	5b 17
6b Are you claiming a waiver of the annual examination and opinion of an independent qualified public accountant (QIPAC) under 28 CFR 2025.104-407 (See instructions on waiver eligibility and conditions)?	5c 17
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	6a Yes ☒ No ☐
	6b Yes ☐ No ☒

Part III Financial Information

	(a) Beginning of Year	(b) End of Year
7 Plan Assets and Liabilities		
a Total plan assets	7a 193,561	224,330
b Total plan liabilities	7b 0	0
c Reflected assets (subline 7b from line 7a)	7c 193,561	224,330
8 Income, Expenses, and Transfers for the Plan Year	(a) Amount	(b) Total
a Contributions received or receivable from:		
(1) Employers	8a(1) 5,125	
(2) Participants	8a(2) 70,112	
(3) Others (including rollovers)	8a(3) 0	
b Other income (loss)	8b 125,000	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 170,237	170,237
d Disbursements (including costs of rollovers and insurance premiums to provide benefits)	8d 30,847	
e Certain deemed and/or corrective distributions (see instructions)	8e 0	
f Administrative service providers (salaries, fees, commissions)	8f 0	
g Other expenses	8g 0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 30,847	30,847
i Net income (loss) (subtract line 8h from line 8c)	8i 139,390	139,390
j Transfers to (from) the plan (see instructions)	8j 0	

For Paperwork Reduction Act notices and OMB e-mail notices, see the instructions to Form 5500-SF.

Form 5500-SF (2008)

15100045

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions.

2B 2C 2D 2E 2F 2G 2H 2I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions.

Part V Compliance Questions

10 During the plan year:

a Was there a delay in payment to the plan any participant contributions within the time period described in 29 CFR 2590.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were there any prohibited transactions with any party-in-interest? (Do not include transactions reported on line 18e.)

c Was the plan covered by a fidelity bond?

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan make any participant loans? (If "Yes," enter amount as of year end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.104-3.)

i If 10b was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applies under 29 CFR 2520.104-3.

	Yes	No	Amount
10a		☒	
10b		☒	
10c	☒		\$55,000
10d		☒	
10e		☒	
10f		☒	
10g	☒		\$7,256
10h		☒	
10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500).)

☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 or the Code or section 408(a)(6)?

☐ Yes ☒ No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being authorized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 5, 6, and 10 of Schedule SB (Form 5500), and skip to line 17.

b Enter the minimum required contribution for this plan year.

c Enter the amount contributed by the employer to this plan for this plan year.

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).

e Was the minimum funding amount determined in line 12d the final or the pending payment?

☐ Yes ☒ No ☐ N/A

12b	
12c	
12d	

Part VII Plan Terminations and Transfer of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

☐ Yes ☒ No

If "Yes," enter the month in any plan assets not covered 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 ☒ No

c If during this plan year, plan 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.)

13c(1) Name of plan(s)	13c(2) EIN(s)	13c(3) PBGC

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 TB, and agree that the information is true, correct, and complete, as well as the disclosure version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

DATE	Signature of plan administrator	10/6/14	COAN INC. INCORP
DATE	Signature of employer plan sponsor	DATE	ENTER NAME OF INDIVIDUAL SIGNING AS PLAN ADMINISTRATOR
DATE	Signature of employer plan sponsor	DATE	ENTER NAME OF INDIVIDUAL SIGNING AS EMPLOYER PLAN SPONSOR