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).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

_		oort Identification Inform				
For	r calendar plan year 2009	or fiscal plan year beginning	09/01/2009		and ending 08/31	/2010
Α	This return/report is for:	X single-employer plan	mu	tiple-employer plan (not multiemployer)	one-participant plan
	This return/report is for:	first return/report	☐ fina	l return/report		—
_		an amended return/re	port 🗒 sho	rt plan vear return/re	port (less than 12 months	
C	Check box if filing under		· H	omatic extension	, (DFVC program
J	Check box if filling drider.	special extension (ent		mano extension		_ Di vo piogram
D	ort II Basis Blan	`	• •			
	art II Basic Plan	Information—enter all reque	sted information		11	Three-digit
		DEFINED BENEFIT PLAN			''	plan number
	, -					(PN) • 001
					10	Effective date of plan 09/01/2001
2a	Plan sponsor's name ar	nd address (employer, if for sing	 le-emplover plar)	21	Employer Identification Number
	BOLD INITIATIVE, INC.		o omployer plan	,		(EIN) 13-3952816
					20	Plan sponsor's telephone number
	LEXINGTON AVENUE S V YORK, NY 10022	SUITE 2870			20	212-696-0700
					20	Business code (see instructions) 611000
		me and address (if same as Plar	sponsor, enter	"Same")	31	Administrator's EIN
THE	BOLD INITIATIVE, INC.		75 LEXINGTON IEW YORK, NY	AVENUE SUITE 28		13-3952816
		·	,		30	Administrator's telephone number 212-696-0700
		f the plan sponsor has changed			is plan, enter the 4	D EIN
	name, EIN, and the plan	number from the last return/rep	ort. Sponsor's n	ame	40	; PN
5a	Total number of particip	pants at the beginning of the pla	n year			
b	Total number of particip	pants at the end of the plan year				
С	Total number of particip	pants with account balances as	of the end of the	plan year (defined b		
6a		assets during the plan year inves	-			Yes No
b		ver of the annual examination ar 04-46? (See instructions on waive				X Yes □ No
		' to either 6a or 6b, the plan ca	0 ,	,		
Pa	art III Financial Ir	nformation				
7	Plan Assets and Liabilit	ties		(a) Be	eginning of Year	(b) End of Year
а	Total plan assets			7a	507946	551369
b	Total plan liabilities		<u> </u>	7b	0	
С	Net plan assets (subtra	act line 7b from line 7a)		7c	507946	551369
8	Income, Expenses, and	d Transfers for this Plan Year		(a) Amount	(b) Total
а				-(4)	0	
				a(1)		
	. ,	- !!		a(2)	0	
h	• • • • • • • • • • • • • • • • • • • •	ollovers)		a(3)	42002	
b	` ,	0-(4) 0-(9) 0-(9)		Bb	43663	43663
c d	•	s 8a(1), 8a(2), 8a(3), and 8b) d direct rollovers and insurance p		Bc		43003
u		g direct rollovers and insurance p		Bd		
е	Certain deemed and/or	corrective distributions (see ins	tructions)	8e		
f	Administrative service	providers (salaries, fees, commis	ssions)	8f	240	
g	Other expenses					
9	,			Bg		
h	•	nes 8d, 8e, 8f, and 8g)		Bg Bh		240
	Total expenses (add lin					240 43423

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Part IV	Plan	Charact	aristics

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: 1A 1G

D		e plan provides welfare benefits, enter the applicable welfare featul	ic codes nom the L	ist of Flair Offara	ClCHS		203 111 0	no mandone	, iii
Part	٧	Compliance Questions							
10	Dui	ring the plan year:		_		Yes	No	P	Amount
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X		
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)		·	10b		X		
С	Wa	as the plan covered by a fidelity bond?			10c		X		
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X		
е	ins	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e		X		
f	Has	s 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	year end.)		10g		X		
h	If th	nis is an individual account plan, was there a blackout period? (See 20.101-3.)	instructions and 29) CFR	10h		X		
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i				
Part '	VI	Pension Funding Compliance							
		nis a defined benefit plan subject to minimum funding requirements?							X Yes No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	1 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes X No
а	If a gra	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. waiver of the minimum funding standard for a prior year is being amnting the waiver	nortized in this plar	Mont					e letter ruling /ear
		er the minimum required contribution for this plan year		•			12b		
		er the amount contributed by the employer to the plan for this plan y				t	12c		
	Sub	otract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	is sign to the left of	of a		12d		
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No N/A
Part '	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	?					Yes X No
	If "Y	'es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a		
	We	re all the plan assets distributed to participants or beneficiaries, tran					ntrol		Yes X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plai	n(s) to			1
1:	3c(1) Name of plan(s):				130	c(2) Ell	N(s)	13c(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.	•
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as a true, correct, and complete.							
SIGN	, F	iled with authorized/valid electronic signature.	06/13/2011	BEA FITZPATRIC	K				
HERI		Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	plan admin	istrator

Date

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SE

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

						File as a	an attach	nment to F	Form	5500 or	5500-	·SF.					
For	caler	ndar p	olan year 2009	or fiscal plan y	ea	r beginning 09	9/01/2009	9				and end	ing 08/3	1/201	0		
•	Rour	d off	amounts to I	nearest dollar.													
•	Cauti	ion: A	A penalty of \$1	,000 will be ass	es	sed for late filing o	of this rep	ort unless	reasc	nable ca	use is	s establishe	ed.				
A N	lame BOL	of pla	an TIATIVE, INC	. DEFINED BEI	۱E	FIT PLAN					В	Three-dig			•	001	
												piarriarri	501 (111)		<u>, </u>		
C	lan s	nonso	nr'e name ae e	shown on line 2	a 0	f Form 5500 or 55	00-SE				D	Employer	Identificat	ion N	umber	(FINI)	
			TIATIVE, INC		2 0	11 01111 3300 01 33	00-31					-3952816	lueriliileat	101111	umber	(LII V)	
E 1	уре с	of plan	: X Single	Multiple-A		Multiple-B		F Prior ye	ear pla	n size: X	100	or fewer	101-50	00	More	than 500	
				<u> </u>	_	•			•	<u>L</u>				<u> </u>			
	rt I		asic Inforn		_												
1	Ent	er the	valuation date	e: I	Лο	nth <u>09</u> [Day <u>01</u>	Y	ear 2	009							
2	Ass																
	а	Mark	ket value										2a				507679
	b	Actu	arial value										2b				507679
3	Fun	iding t	target/participa	ant count break	ob	wn				(1) N	lumbe	er of partici	oants		(2)	Funding Targ	et
	а	For	retired particip	pants and benef	icia	aries receiving pay	ment	3	а				0				0
	b	For	terminated ve	sted participant	S			31	b				0				0
	С	For	active particip	ants:													
		(1)	Non-vested b	benefits				3c	(1)								0
		(2)	Vested bene	fits					` -								376289
		` '							` '				1				376289
	d	` '							` '				1				376289
4						omplete items (a) a					П						
•		•	•			. ,	` ,				ш		4-				
	a		0 0	0 0.		ed at-risk assumpt							4a				
	b					mptions, but disre e years and disreg											
5	Effe	ective	interest rate										5				6.35 %
6	Tar	get no	ormal cost										6				70520
	To the laccorda	best of i	th applicable law a	information supplied	ор	this schedule and accom inion, each other assum ence under the plan.											
	ERI										_				05/19/2	2011	
				Signa	tur	e of actuary					_				Date		
ALA	1 .T	OHAN	DUM			-									11-023	343	
ALA	N T. I	NAHO	OUM, INC.	Type or pr	int	name of actuary					_		Most re		enrollm	nent number	
					irr	n name					_	т,	lenhone			uding area co	
580 TAR	NHIT RYT(E PLA DWN,	AINS ROAD, S NY 10591			Thame						16	перноне	Idilib	er (inch	duling area coo	ue)
				Add	es	s of the firm					_						
16.0							lacata t	J 0	-11			0.2 1 - 2	11 -	d ?			
If the instru		•	as not fully refl	ected any regul	ati	on or ruling promu	igated un	aer the st	atute	n comple	eting 1	ınıs schedu	ie, cneck	the b	ox and	see	

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Schedule SB (Form 5500) 2009

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
							(a) (Carryover balance		(b) l	Prefundi	ng balance
7		-	•		cable adjustments (Item 13				0			0
8	Portion	used to	offset prior year's	funding red	quirement (Item 35 from prid	or year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year'	s actual re	eturn of11.82 %				0			0
11					d to prefunding balance:							
	a Exce	ess contr	ributions (Item 38	from prior	year)							36
	b Inter	est on (a	a) using prior year	's effective	e rate of%							2
	C Total	l availabl	e at beginning of co	urrent plan	year to add to prefunding bal	ance						38
	d Porti	ion of (c)	to be added to pr	efunding b	palance							38
12	Reduction	on in bal	ances due to elec	tions or de	emed elections				0			0
13	Balance	at begir	nning of current ye	ar (item 9	+ item 10 + item 11d – item	12)			0			38
Pá	art III	Fun	ding percenta	iges								
14	Funding	target a	ttainment percent	age							14	134.91 %
					ge						15	134.92 %
16			• •		of determining whether car		-	•			16	116.54 %
17					is less than 70 percent of th						17	%
Pa	art IV	Con	tributions and	d liquidi	ty shortfalls						•	
18	Contribu	utions ma	ade to the plan for	the plan y	rear by employer(s) and em	ployees:						
(M	(a) Date M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer((0	-	nt paid by byees
						Totals ▶	18(b)		0	18(c)		0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation of	late after th	e beginning of the	year:			
	a Contr	ibutions	allocated toward u	unpaid min	imum required contribution	from prior ye	ars		19a			0
	b Contr	ibutions	made to avoid res	trictions a	djusted to valuation date				19b			0
	C Contri	ibutions a	allocated toward mi	nimum req	uired contribution for current	year adjusted	to valuation	date	19c			0
20	Quarterl	y contrib	outions and liquidit	y shortfalls	3:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	b If 20a	ı is "Yes,	" were required qu	uarterly ins	stallments for the current yea	ar made in a	timely man	ner?			<u> </u>	Yes No
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table as ap	oplicable:						
			,		Liquidity shortfall as of e	nd of Quarte						
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1

Pa	rt V Assumption	ns used to determine	funding target and ta	arget normal cost	t	
21	Discount rate:					
	a Segment rates:	1st segment: 5.51 %	2nd segment: 6.64 %	3rd	segment: 6.70 %	N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average reti	irement age			22	83
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescribed - separ	ate Substitu	ute
Pa	rt VI Miscellane	ous items				
24	J	nade in the non-prescribed ac	•		•	· · ·
25	Has a method change	e been made for the current p	an year? If "Yes," see instr	uctions regarding requ	ired attachment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructions regarding	required attachmen	tX Yes No
27		or (and is using) alternative fu	•		Z 1	
Pa	rt VII Reconcilia	ation of unpaid minim	ım required contribu	itions for prior ye	ears	
28	Unpaid minimum requ	uired contribution for all prior y	ears		28	0
29	' '	contributions allocated toward		•	, Z9	0
30	Remaining amount of	unpaid minimum required co	ntributions (item 28 minus it	em 29)	30	0
Pa	rt VIII Minimum	required contribution	for current year		•	
31		djusted, if applicable (see inst			31	0
32	Amortization installme	ents:		Outstar	nding Balance	Installment
	a Net shortfall amorti	ization installment			0	0
	b Waiver amortizatio	n installment			0	0
33		approved for this plan year, er Day Year				
34		ment before reflecting carryov	. • • • • •		.)4	0
			Carryover balance	Prefun	iding balance	Total balance
35	Balances used to offs	et funding requirement				0
36	Additional cash requir	rement (item 34 minus item 35	i)		36	0
37		ed toward minimum required c	•	•	-3/	0
38	Interest-adjusted exce	ess contributions for current years	ear (see instructions)		38	0
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item	36 over item 37)	39	0
40	Unpaid minimum requ	uired contribution for all years			40	0

THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN Schedule SB, line 26 - Schedule of Active Participant Data Plan Name: THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN

Plan EIN: 13-3952816 Plan Number: 001

									Ύe	Years of Credited Service	dited S	ervice								
		2	_	1-4		5-9	_	10 - 14	1,	15 - 19	2	20 - 24	N	25 - 29	3	30 - 34	ω ω	5	35 - 39	39
		Avg.		Avg.		Avg.		Avg.		Avg.		.gvA		Avg.		Avg.			Avg.	Avg.
Age	#	Comp.	#	Comp.	#	Comp.	*	Comp.	#	Comp.	#:	Comp.	#	Comp.	#	Comp.	*	0	Comp.	omp. #
<25																				
25-29																				
30-34																				
35-39																				
40-44																				
45-49																				
50-54																				
55-59						·														
60-64																				
65-69																				
70+																				

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name: THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN

Plan EIN: 13-3952816 Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

Funding Yield Curve Segmented Rates

First Segment:

5.51%

Second Segment:

6.64%

Third Segment:

6.7%

Pre-Retirement Valuation Assumptions

Salary Increases

3% per year

Retirement Valuation Assumptions

Mortality Table

2009 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

Optional Forms Assumption

100% of participants will elect the Plan Normal Form

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings

5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings

5% Effective annual rate

Mortality Table

IRS RR95-6 1983 GAM 50/50 BLEND M/F

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings

5% Effective annual rate

Mortality Table

2009 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings

5.5% Effective annual rate

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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File as an attachment to Form 5500 or 5500-SE

OMB No. 1210-0110

2009

This Form Is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 09/01/		9300 01 3300-3F. and er		08/31/2010
Round off amounts to nearest dollar.			9	00/31/2010
Caution: A penalty of \$1,000 will be assessed for late filing of this report	uniess reas	onable cause is establis	hed.	
A Name of plan		B Three-o	ligit	
THE BOLD INITIATIVE, INC. DEFINED BENEFIT PL	LAN		mber (PN)	▶ 001
				1
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employe	s Identificati	on Number (EIN)
- 1 Mail apostosi a fiamo da anomi di linic 22 ori dili 2200 di 3300-di		D Employe	i identificati	OI NUMBER (EIN)
THE BOLD INITIATIVE, INC.		13-39528	16	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	Prior year pla	an size: X 100 or fewer	101-50	0 More than 500
Part I Basic Information		<u> </u>		· · · · · · · · · · · · · · · · · · ·
1 Enter the valuation date: Month 09 Day 01	Year	2009		
2 Assets:			1	
a Market value			2a	507679
b Actuarial value	****		····	507679
3 Funding target/participant count breakdown		(1) Number of parti	cipants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	. 3a	(1) (10.020) (1) [2.0]	0	0
b For terminated vested participants	. 3b		0	0
C For active participants;				- 10 July 10 J
(1) Non-vested benefits	3c(1)			0
(2) Vested benefits	3c(2)			376289
(3) Total active	3c(3)		1	376289
d Total	. 3d	100	1	376289
4 If the plan is at-risk, check the box and complete items (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions	******************		4a	
b Funding target reflecting at-risk assumptions, but disregarding trans			4b	
at-risk for fewer than five consecutive years and disregarding loadi				
5 Effective interest rate			5	6.35%
6 Target normal cost		***************************************	6	70520
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonat combination, offer my best estimate of anticipated experience under the plan.	ites, statements ble (taking into a	and attachments, if any, is com account the experience of the pl	plete and accur an and reasonal	ate Each prescribed assumption was applied in ple expectations) and such other assumptions, in
SIGN HERE ALAN T. NAHOUM	A)		05/19/2011
Signature of actuary ALAN T. NAHOUM	71	7		Date 1102343
Type or print name of actuary ALAN T. NAHOUM, INC.	7			cent enrollment number
Firm name			Telephone r	number (including area code)
580 WHITE PLAINS ROAD, SUITE 410				
TARRYTOWN NY 10591				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	r the statute	in completing this sched	dule, check	the box and see

Page 2	2-「
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Pa	art II	Begir	ning of year	carryov	er and prefunding bal	ances							
_							(a)	Carryover balance		(b)	Prefund	ing balan	ce
7					cable adjustments (Item 13								^
8					guirement (Item 35 from prig				0				0
9					······································				0				0
10					at 11 D20/				0				0
				······	turn of 11.82%				0		***************************************		0
11					d to prefunding balance:				-				
					year)	I			}		*****		36
					erate of6.02%,				-				2
					year to add to prefunding bala	l			-				38
					palance								38
					emed elections				0				0
13	Balanc	e at begin	nning of current ye	ar (item 9	+ item 10 + item 11d - item	12)			0				38
P	art III	Fun	ding percenta	iges									
14	Fundin	g target a	ttainment percent	age		***************************************					14	134.	91%
15	Adjuste	ed funding	target attainmen	t percenta:	ge	• • • • • • • • • • • • • • • • • • • •					15	134.	92%
16	Prior ye	ear's fund	ling percentage fo	r purposes	of determining whether car	yover/prefu	nding bala	nces may be used	to reduc	e	16		
47												116.	54%
					is less than 70 percent of the	funding tar	get, enter:	such percentage			17		%
	art IV		tributions and										
18					ear by employer(s) and emp	loyees:							
/N	(a) Da 4M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) (i (MM-DD)		(b) Amount p employer		(int paid by oyees	¥
		, , , ,	стрюуст	.91	chiployees	(IAIIAI-DD	-1111)	employere	3)		empi	Oyees	
										-			
							/////						
	·												

						Totals ▶	18(ъ)			0 18(c)]		0
19					tructions for small plan with				e year:				
	a Cont	tributions	allocated toward	unpaid mir	nimum required contribution	from prior ye	ears		19a				0
	b Con	tributions	made to avoid res	strictions a	djusted to valuation date				19ь				0
	¢ Conf	tributions :	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuatio	n date	19c				0
20	Quarte	rly contrib	outions and liquidit	y shortfall	s:								
	a Didi	the plan h	ave a "funding sh	ortfall" for	the prior year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u>.</u>	Yes [No
	b If 20	a is "Yes.	"were required q	uarterly ins	stallments for the current year	r made in a	tímely mai	nner?			ř	Yes	No
	c If 20	a is "Yes,	* see instructions	and comp	lete the following table as ap	plicable:	_		[1		-
					Liquidity shortfall as of e	<u> </u>	r of this pl	an year					
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4t	h	

Pa	rt V Assumptions used to determine funding target and target normal cost						
21	Discount rate:						
	a Segment rates:	1st segment: 5 . 51%	= <u>-</u>		3rd segment: 6 . 70%		N/A, full yield curve used
	b Applicable month (enter code)					21b	0
22	Weighted average retirement age					22	83
23	Mortality table(s) (see instructions)				Substitut	Substitute	
Part VI Miscellaneous items							
	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment						
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment						
26	6 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment						
27	If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment					27	
Pa	Part VII Reconciliation of unpaid minimum required contributions for prior years						
28	Unpaid minimum required contribution for all prior years					28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)					29	0
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)					30	0
Part VIII Minimum required contribution for current year							
	Target normal cost, adjusted, if applicable (see instructions)					31	0
		mortization installments:			Outstanding Balance		Installment
	a Net shortfall amortization installment					0	0
	b Waiver amortization installment					0	0
33		valver has been approved for this plan year, enter the date of the ruling letter granting the approval th					
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)					34	0
			Carryover balance	Ĭ	Prefunding balar	nce	Total balance
35	Balances used to d	ffset funding requirement					a
36	Additional cash rec	Additional cash requirement (item 34 minus item 35)				36	C
	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)					37	0
38	Interest-adjusted excess contributions for current year (see instructions)					38	C
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)					39	C
40	Unpaid minimum required contribution for all years					40	

Plan Name:

The BOLD Initiative, Inc. Defined Benefit Plan

EIN/PN: Valuation Date: 13-3952816/001 September 1, 2009

Actuarial Certification

The Actuarial Report contained herein has been prepared in accordance with accepted Actuarial Principles and Methods. The report represents a summary of an Actuarial Valuation which was done as of September 1, 2009.

The census information which forms the basis of this report was provided by the Plan Sponsor, and the financial information was provided by the Plan Sponsor and its advisors.

The benefits of the Plan were valued in accordance with the terms embodied in the current Plan as amended. A summary of the applicable provisions appears in the beginning of this report.

The Actuary has relied upon the above information as being complete and accurate in preparing the valuation.

The valuation and certification does not constitute an opinion by the actuary or the firm on the qualified status of the plan in form or in operation.

The assumptions and methods used herein other than those mandated by law, are, in the aggregate, reasonably related to the experience of the plan and represent the Actuary's best estimate of anticipated future experience under the plan.

I certify that I have met the Qualification Standards for issuing a Statement of Actuarial Opinion in the United States, including the Continuing Education Requirements.

Alan T. Nanoum

Enrolled Actuary #11-02343

May 19, 2011

Date

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee 1210-0089 Form 5500-SF Benefit Plan 2009 Department of the Treesury Internal Revenue Service 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 This Form is Open to Public Department of Labor Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Papalon Benefit Guaranty Corporation Part I Annual Report Identification Information 08/31/2010 and ending 09/01/2009 For celendar plan year 2009 or fiscal plan year beginning x single-employer plan one-participant plan multiple-employer plan (not multiemployer) A This return/report is for: final return/report first return/report B This return/report is for: short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Part II | Basic Plan Information—enter all requested Information 1b Three-digit 1a Name of plan plan number THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN (PN) ▶ QQl 1c Effective date of plan 09/01/2001 2b Employer Identification Number 2a Pian sponsor's name and address (employer, if for single-employer plan) THE BOLD INITIATIVE, INC. (EIN) 13-3952816 2c Plan sponsor's telephone number 212-696-0700 575 LEXINGTON AVENUE SUITE 2870 2d Business code (see instructions) 10022 NY 611000 NEW YORK 3a Plan administrator's name and address (if same as Plan aponsor, enter "Same") THE BOLD INITIATIVE, INC. 3b Administrator's EIN 13~3952816 Administrator's telephone number 575 LEXINGTON AVENUE SUITE 2870 NEW YORK NY 212-696-0700 10022 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 1 5a Total number of participants at the beginning of the plan year 5a 1 5b b Total number of participants at the end of the plan year C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this Item). Νo Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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 (b) End of Year (a) Beginning of Year Plan Assets and Liabilities <u>55</u>1369 507946 7a a Total plan assets..... Q 7b b Total plan flabilities..... 551369 507946 C Net plan assets (subtract line 7h from line 7a)....... 7¢ (b) Total Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: Ba(1) (1) Employers 0 0a(2) (2) Participants 0 8a(3) (3) Others (including rollovers)..... 43663 âЬ b Other income (loss)..... 43663 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums b8 to provide benefits)..... Certain deemed and/or corrective distributions (see instructions)... 8e 240 Administrative service providers (salaries, fees, commissions)..... 81

Вh

8i

Other expenses.....

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

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

Transfers to (from) the plan (see instructions)

g

240

43423

Page 2-Form 5500-\$F 2009 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a If the plan provides welfere benefits, enter the applicable welfare feature codes from the List of Plan Cheracteristic Codes in the instructions: Compliance Questions Part V Yes No Amount During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in х 10: 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 10b on line 10a.) 10c X 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 Х 10d 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 Х 10e instructions.) f Has the plan feiled to provide any benefit when due under the plan? X 10f х q Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR х 10h 2520,101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the 10i 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 X Yes No Yes X Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12¢ C Enter the amount contributed by the employer to the 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 12d negative amount) ,..... e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... N/A Part VII Plan Terminations and Transfers of Assets Yes 🔀 No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year...... b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control ∏ Yeş 🕅 No of the PBGC?..... 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(3) PN(s) 13c(2) EIN(5) 13c(1) Name of plan(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. Bea Fitzpatrick 0 SIGN HERE Signature of old Date Enter name of individual signing as plan administrator administrator SIGN Da<u>le</u> HERE Signature of early Enter name of individual signing as employer or plan sponsor yer/plan sponsor

THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN Schedule SB, Part V - Summary of Plan Provisions

Plan Name: THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN

Plan EIN: 13-3952816 Plan Number: 001

Plan Effective Date

September 1, 2001

Plan Anniversary Date

September 1, 2009

Participation Eligibility

Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date

Date of satisfaction of the requirements

Normal Retirement Date

Plan anniversary nearest age 65 and plan anniversary nearest 5 years of

participation

Normal Form of Benefit

Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Normal Retirement Benefit

50% of compensation

Total retirement benefit reduced by 1/5 for each year of service less than 5

Maximum total years of service: 14 Maximum years of past service: 0

IRC415 maximum annual benefit; \$185,000
Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan participation

up to 10 (actuarially adjusted for benefit form)

Compensation Definition

Highest consecutive 3 year average salary over all service

Annual salary up to \$245,000 considered

Pre-Retirement Death Benefit

Lump sum payable on death of participant

Benefit Amount

100% present value of accrued benefit

Vested Retirement Benefit

Vesting Schedule:

Cliff vesting (100% after 3 years)
Exclude service before effective date
Computation Period: Plan Years

Based on periods of service rounded to nearest year

Accrued Retirement Benefit

Pro-rated on participation

THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN

Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN

Plan EIN: 13-3952816 Plan Number: 001

The weighted average retirement age of 83 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.