

**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).

OMB Nos. 1210-0110  
1210-0089

**2010**

**This Form is Open to Public Inspection**

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

**Part I Annual Report Identification Information**

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

- 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

<b>1a</b> Name of plan THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	09/01/2001
<b>2a</b> Plan sponsor's name and address (employer, if for single-employer plan) THE BOLD INITIATIVE, INC.  333 EAST 23RD STREET, APT. 10D NEW YORK, NY 10010		<b>2b</b> Employer Identification Number (EIN)	13-3952816
		<b>2c</b> Plan sponsor's telephone number	212-685-9464
		<b>2d</b> Business code (see instructions)	611000
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same") THE BOLD INITIATIVE, INC.  333 EAST 23RD STREET, APT. 10D NEW YORK, NY 10010		<b>3b</b> Administrator's EIN	13-3952816
		<b>3c</b> Administrator's telephone number	212-685-9464
<b>4</b> 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		<b>4b</b> EIN	
		<b>4c</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year		<b>5a</b>	1
<b>b</b> Total number of participants at the end of the plan year		<b>5b</b>	1
<b>c</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		<b>5c</b>	
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</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.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
	7a	7b	7c
<b>a</b> Total plan assets	551369	0	572025
<b>b</b> Total plan liabilities		0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a)	551369		572025
8 Income, Expenses, and Transfers for this Plan Year	(a) Amount		(b) Total
	8a(1)	8a(2)	8a(3)
<b>a</b> Contributions received or receivable from:			
(1) Employers	0		
(2) Participants	0		
(3) Others (including rollovers)	0		
<b>b</b> Other income (loss)	20656		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			20656
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0		
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	0		
<b>f</b> Administrative service providers (salaries, fees, commissions)	0		
<b>g</b> Other expenses	0		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)			0
<b>i</b> Net income (loss) (subtract line 8h from line 8c)			20656
<b>j</b> Transfers to (from) the plan (see instructions)	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:  
 1A 1G
- 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
<b>10</b> During the plan year:			
<b>a</b> 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) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Was the plan covered by a fidelity bond? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> 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.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>i</b> 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 .....	<input type="checkbox"/>	<input type="checkbox"/>	

**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>b</b> Enter the minimum required contribution for this plan year .....  | <b>12b</b> |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....   | <b>12c</b> |  |
| <b>d</b> 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) ..... | <b>12d</b> |  |
- 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/13/2012	BEA FITZPATIRCK
<b>SIGN HERE</b>	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	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-SF.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BOLD INITIATIVE, INC.	<b>D</b> Employer Identification Number (EIN) 13-3952816	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information	
1	Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value ..... <b>2a</b> 551369
b	Actuarial value ..... <b>2b</b> 551369
3	Funding target/participant count breakdown
	(1) Number of participants      (2) Funding Target
a	For retired participants and beneficiaries receiving payment ..... <b>3a</b> 0      0
b	For terminated vested participants ..... <b>3b</b> 0      0
c	For active participants:
(1)	Non-vested benefits ..... <b>3c(1)</b> 0
(2)	Vested benefits ..... <b>3c(2)</b> 419272
(3)	Total active ..... <b>3c(3)</b> 1      419272
d	Total ..... <b>3d</b> 1      419272
4	If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>
a	Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b>
5	Effective interest rate ..... <b>5</b> 5.62 %
6	Target normal cost ..... <b>6</b> 0

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		06/13/2012	
	Signature of actuary	Date	
	ALAN T. NAHOUM	11-02343	
	Type or print name of actuary	Most recent enrollment number	
	NPPG	914-332-0688	
	Firm name	Telephone number (including area code)	
	121 MONMOUTH STREET REDBANK, NJ 07701		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II</b>		<b>Beginning of year carryover and prefunding balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) .....	0	38
<b>8</b>	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
<b>9</b>	Amount remaining (Item 7 minus item 8).....	0	38
<b>10</b>	Interest on item 9 using prior year's actual return of <u>8.65</u> % .....	0	3
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Excess contributions (Item 38 from prior year) .....		0
<b>b</b>	Interest on (a) using prior year's effective rate of <u>6.35</u> % .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Reduction in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	41

<b>Part III</b>		<b>Funding percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	131.49 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	131.51 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	134.91 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and liquidity shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
				0	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	<b>19a</b>	0
b Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 84
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions).....	<b>31</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	<b>34</b>	0	
<b>35</b> Balances used to offset funding requirement .....	Carryover balance	Prefunding balance	Total balance
	0	0	0
<b>36</b> Additional cash requirement (item 34 minus item 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	<b>37</b>	0	
<b>38</b> Interest-adjusted excess contributions for current year (see instructions).....	<b>38</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contribution for all years .....	<b>40</b>	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**

Age	Years of Credited Service																					
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+			
	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.		
<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:	3.78%
Second Segment:	6.31%
Third Segment:	6.57%

PBGC Segmented Rates

First Segment:	1.81%
Second Segment:	4.81%
Third Segment:	5.88%

Pre-Retirement Valuation Assumptions

Salary Increases                      3% per year

Retirement Valuation Assumptions

Mortality Table                      2010 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                      2010 417(e)(3) Applicable Mortality Table

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

Investment Earnings                      5.5% Effective annual rate

Plan Name: The Bold Initiative Defined Benefit Plan  
EIN/PN: 13-3952816/001  
Valuation Date: September 1, 2010

**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, 2010.

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.

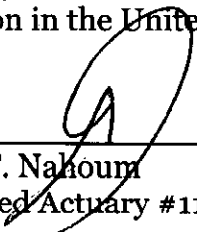
The benefits of the Plan were valued in accordance with the terms embodied in the current Plan as amended. A summary of the applicable provisions appears in the beginning of this report.

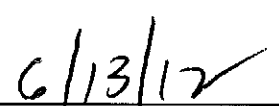
The Actuary has relied upon the above information as being complete and accurate in preparing the valuation.

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. Nahoun  
Enrolled Actuary #11-02343

  
\_\_\_\_\_  
Date



**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-SF.

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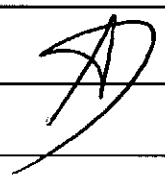
▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BOLD INITIATIVE, INC.		<b>D</b> Employer Identification Number (EIN) 13-3952816	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2010</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	551369	
<b>b</b> Actuarial value .....	<b>2b</b>	551369	
<b>3</b> Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b>	0	0
<b>b</b> For terminated vested participants .....	<b>3b</b>	0	0
<b>c</b> For active participants:			
(1) Non-vested benefits .....	<b>3c(1)</b>		0
(2) Vested benefits .....	<b>3c(2)</b>		419272
(3) Total active .....	<b>3c(3)</b>	1	419272
<b>d</b> Total .....	<b>3d</b>	1	419272
<b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.62%	
<b>6</b> Target normal cost .....	<b>6</b>	0	

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	ALAN T. NAHOUM		<u>6/13/12</u>
		Signature of actuary	Date
ALAN T. NAHOUM		Type or print name of actuary	1102343
NPPG		Firm name	Most recent enrollment number
			914-332-0688
121 MONMOUTH STREET			Telephone number (including area code)
REDBANK NJ 07701		Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**Part II Beginning of year carryover and prefunding balances**

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	38
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
9 Amount remaining (line 7 minus line 8) .....	0	38
10 Interest on line 9 using prior year's actual return of <u>8.65%</u> .....	0	3
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year) .....		0
b Interest on (a) using prior year's effective rate of <u>6.35%</u> except as otherwise provided (see instructions) .....		0
c Total available at beginning of current plan year to add to prefunding balance .....		0
d Portion of (c) to be added to prefunding balance .....		0
12 Other reductions in balances due to elections or deemed elections .....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	41

**Part III Funding percentages**

14 Funding target attainment percentage .....	<b>14</b>	131.49%
15 Adjusted funding target attainment percentage .....	<b>15</b>	131.51%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	134.91%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and liquidity shortfalls**

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
b Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

20 Quarterly contributions and liquidity shortfalls:

- a Did the plan have a "funding shortfall" for the prior year?  Yes  No
- b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No
- c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 84
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....	<b>31</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....	<b>34</b>	0	
<b>35</b> Balances used to offset funding requirement .....	Carryover balance	Prefunding balance	Total balance
	0	0	0
<b>36</b> Additional cash requirement (item 34 minus item 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....	<b>37</b>	0	
<b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....	<b>38</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contribution for all years .....	<b>40</b>	0	

**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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110  
1210-0088

**2010**

**This Form is Open to Public Inspection**

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

**Part I Annual Report Identification Information**

For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011

**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  
THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 09/01/2001

**2a** Plan sponsor's name and address (employer, if for single-employer plan)  
THE BOLD INITIATIVE, INC.  
333 EAST 23RD STREET, APT. 10D  
NEW YORK NY 10010

**2b** Employer identification number (EIN) 13-3952816

**2c** Plan sponsor's telephone number 212-685-9466

**2d** Business code (see instructions) 611000

**3a** Plan administrator's name and address (if same as Plan sponsor, enter "Same")  
THE BOLD INITIATIVE, INC.  
333 EAST 23RD STREET, APT. 10D  
NEW YORK NY 10010

**3b** Administrator's EIN 13-3952816

**3c** Administrator's telephone number 212-685-9464

**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

**5b** Total number of participants at the end of the plan year 1

**5c** Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 1

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Yes  No

**6b** 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**

	(a) Beginning of Year		(b) End of Year	
	7a	7b	7c	7d
<b>7</b> Plan Assets and Liabilities				
<b>a</b> Total plan assets	55136			
<b>b</b> Total plan liabilities				572025
<b>c</b> Net plan assets (subtract line 7b from line 7a)	55136			0
<b>8</b> Income, Expenses, and Transfers for this Plan Year				
<b>a</b> Contributions received or receivable from:	(e) Amount		(b) Total	
(1) Employers	8a(1)			
(2) Participants	8a(2)			
(3) Others (including rollovers)	8a(3)			
<b>b</b> Other income (loss)	8b	2065		
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			20656
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	8e			
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f			
<b>g</b> Other expenses	8g			
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0
<b>i</b> Net income (loss) (subtract line 8h from line 8c)	8i			20656
<b>j</b> Transfers to (from) the plan (see instructions)	8j			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

**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:  
**1A 1G**
- 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**

**10** During the plan year:

	Yes	No	Amount
<b>a</b> 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>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b> Was the plan covered by a fidelity bond? .....		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b> 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	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>i</b> 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 \_\_\_\_\_
- 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.)
- | <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PFI(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 unrelated 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.

<b>Signature of plan administrator</b> <i>Ben Fitzpatrick</i>	Date <i>6/11/12</i>	<b>BEA FITZPATRICK</b> Enter name of individual signing as plan administrator
<b>Signature of employer/plan sponsor</b> <i>Ben Fitzpatrick</i>	Date <i>6/11/12</i>	<b>Ben Fitzpatrick</b> Enter name of individual signing as employer or 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, 2010
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: \$195,000 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 84 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.