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).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500)-SF.			
Pa	art I Annual Report Id	lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 09/01/2010	0	and ending 0	8/31/2	2011		
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	☐ Form 5558 ☐	automatic	extension		DFVC progr	am	
		special extension (enter description				☐ b 9.		
Do	rt II Pacia Blan Inform		·					
		mation—enter all requested information	ation		1h	Three-digit		-
	Name of plan BOLD INITIATIVE, INC. DEFIN	ED BENEFIT PLAN			ID	plan number	004	
	,					(PN) ▶	001	
					1c	Effective date of		
						09/01/2	2001	
	Plan sponsor's name and address BOLD INITIATIVE, INC.	ess (employer, if for single-employer	plan)		2b	Employer Ident		mber
INE	BOLD INITIATIVE, INC.				20	(EIN) 13-395 Plan sponsor's		numbor
	EAST 23RD STREET, APT. 10E				20	212-68	85-9464	lullibei
NEW	YORK, NY 10010				2d	Business code		ctions)
						61100		
THE	Plan administrator's name and BOLD INITIATIVE, INC.	address (if same as Plan sponsor, et 333 EAST 23	nter "Same BRD STRE	e") ET, APT. 10D	30	Administrator's		
		NEW YORK,	NY 10010		3c	Administrator's	telephone i	number
							35-9464	
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4 c	PN		
5a	Total number of participants at	the beginning of the plan year						1
_	• •	the end of the plan year		}				
		ith account balances as of the end of		}	5b			
С				•	5с			
6a	Were all of the plan's assets d	luring the plan year invested in eligible	le assets?	(See instructions.)			X Yes	No
b		ne annual examination and report of					<u> </u>	
	•	See instructions on waiver eligibility a		•			^ Yes	No
Da	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550)0.			
		ation			<u> </u>			
7	Plan Assets and Liabilities		_	(a) Beginning of Year 551369		(b) End	l of Year	572025
	Total plan assets		7a	0				0
b	'	71. (7b	551369				572025
<u> </u>		7b from line 7a)	7c					012020
8	Income, Expenses, and Transf			(a) Amount		(b)	Total	
а	Contributions received or recei (1) Employers	vable from.	8a(1)	0				
			8a(2)	0				
	• •)		0				
b	, ,	, 	` '	20656				
С	, ,	8a(2), 8a(3), and 8b)	8c					20656
d	, , ,	rollovers and insurance premiums						
			. 8d	0	_			
е	Certain deemed and/or correct	tive distributions (see instructions)	8e	0	_			
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	0	_			
g	Other expenses		8g	0				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line	e 8h from line 8c)	8i					20656
j	Transfers to (from) the plan (se	ee instructions)	8i	0				

Form 5500-SF 2010 Page 2- 1

		•	
Part IV	Dian	(`haraci	arietice
I all IV	ı ıaıı	Ollaraci	เธาเอเเษอ

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b	lf th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the l	_ist of Plan Charac	terist	ic Cod	les in tl	he instruct	ions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	•		10a		X			
		re there any nonexempt transactions with any party-in-interest? (Dline 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?			10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	e plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Χ			
		nis is an individual account plan, was there a blackout period? (See		9 CFR	10h					
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	equired notice or on	e of the	10i					
Part \	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements 0))							X Yes	s No
12		his a defined contribution plan subject to the minimum funding requ							Yes	s X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
		waiver of the minimum funding standard for a prior year is being a								
	_	nting the waivercomplete lines 3, 9, and 10 of Schedule MI			1		Day _		rear	
-		er the minimum required contribution for this plan year	•	-			12b			
		er the amount contributed by the employer to the plan for this plan					12c			
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a mini	us sign to the left of	fa		12d			
		the minimum funding amount reported on line 12d be met by the f						Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets	<u> </u>							
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior vea	r?					☐ Yes	s X No
		es," enter the amount of any plan assets that reverted to the empl					13a		<u> </u>	<u> </u>
b	We	re all the plan assets distributed to participants or beneficiaries, tra					ntrol		Пу	×
С	If d	he PBGC?uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plar	n(s) to			∐ Yes	s X No
) Name of plan(s):				130	(2) EIN	V(s)	13c(3	3) PN(s)
	`	, , , , , , , , , , , , , , , , , , , ,					.,	,		, , , ,
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed i	ınlass razsonahla		eo ie	oetabli	shad		
Under SB or	pe Sch	nalties of perjury and other penalties set forth in the instructions, I can be set with a set with the instructions of the set with the instructions of the set with the set w	declare that I have	examined this retur	n/rep	ort, in	cluding	, if applica	,	
SIGN	F	iled with authorized/valid electronic signature.	06/13/2012	BEA FITZPATIRCI	K					
HERE	Т	Signature of plan administrator	Date	Enter name of inc	dividu	al sini	ning as	plan admi	inistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

_							an attachme	ent to Form	5500 or	5500-			00/04/0	044			
				or fiscal plan		ir beginning C	09/01/2010				and en	ding	08/31/2	U11			
				nearest dollar													
				,000 will be as	ses	ssed for late filing	of this report	unless reas	onable ca	ause is	s establish	ned.			1		
A 1	lame	of pla	IN TIATIVE INC	. DEFINED BE	NIT.	EIT DI AN				В	Three-d	•				001	
THE	. DUL	ואו ט.	TIATIVE, INC	. טברוואבט Bt	INE	TH PLAN					plan nur	mber	r (PN)	•			
						·=											
			or's name as s TIATIVE, INC		2a (of Form 5500 or 55	500-SF						ntification	Nur	nber (I	EIN)	
1111	. DOL	וואוו ש.	TIATIVE, INC	•						13-	3952816						
					_	 1			. 5	<u> </u>							
<u> </u>	ype o	f plan:	: X Single	Multiple-A		Multiple-B	F	Prior year pla	an size: /	100	or fewer		101-500		More t	nan 500	
Pa	art I	В	asic Inforr	nation													
1	Ente	er the	valuation dat	e:	Мс	onth 09	Day01	Year	2010								
2	Ass			<u> </u>						_							
	а		et value										2a				551369
	b											-	2b				551369
3				ant count brea					/4\ N	lumb -	r of nort:	oina:			(2) [Eundina Ta	
J	_	U	0 , ,				· maant	20	(1) N	vumbe	er of partic	ıpar	0		(2)	Funding Targ	jet 0
	a					aries receiving pa	•						0				0
	b				ts.			. 3b					U				0
	С	For	active particip					2 (1)									
		(1)	Non-vested I	penefits				_ ` '									0
		(2)	Vested bene	fits				_ ` '									419272
		(3)	Total active.					. 3c(3)					1				419272
	d	Tota	ıl					3d					1				419272
4	If th	e plar	n is at-risk, ch	eck the box ar	d c	omplete items (a)	and (b)			∏							
	а	Func	ling target dis	regarding pres	crit	ed at-risk assump	otions			 		Г	4a				
	b		0 0	0 0.		umptions, but disre						-					
	-					ve years and disre							4b				
5	Effe	ctive	interest rate										5				5.62 %
6	Targ	get no	rmal cost										6				0
Stat	emer	nt by I	Enrolled Acti	uary													
						this schedule and accor											
						pinion, each other assun ence under the plan.	nption is reasonat	oie (taking into a	ccount the e	experien	ce of the pla	in and	reasonable (expec	tations)	and such other a	ssumptions, in
•	ign	ı															
	ERE													06	6/13/20	012	
	LIVE	-		0:	- 1					_							
ΔΙΔ	NT N	NAHO	LIM	Sign	atu	re of actuary									Date 11-023	42	
ALA	V 1. I	VAL TO	OW		_					_	-						
NIDE	_			Type or p	rint	name of actuary						ı	Most rece			ent number	
NPP	G									_				914	1-332-0	0688	
404	MONII		ELL OTDEET		Fir	m name					Т	ГеІер	phone nun	nber	· (inclu	ding area co	de)
			TH STREET 07701														
		-															
				hΔ	dre	ss of the firm				_							
	actua		s not fully refl	ected any reg	ılat	ion or ruling promu	ulgated under	the statute	in comple	eting t	his sched	lule,	check the	box	c and s	see	

Page	2-	1

Schedule SB (Form 5500) 2010

Pa	rt II	Begir	nning of year	carryov	er and prefunding ba	alances						
							(a) (Carryover balance		(b) F	Prefundi	ng balance
7		_			icable adjustments (Item 13	-			0			38
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pri	or year)			0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)					0			38
10	Interest	on item	9 using prior year	's actual re	eturn of8.65 %				0			3
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Exce	ess conti	ributions (Item 38	from prior	year)							0
	b Inter	est on (a	a) using prior year	's effective	e rate of6.35 %							0
	C Total	availabl	le at beginning of c	urrent plan	year to add to prefunding bal	lance						0
	d Porti	on of (c)) to be added to p	refunding l	balance							0
12	Reduction	on in bal	lances due to elec	tions or de	eemed elections				0			0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d - item	า 12)			0			41
P	art III	Fun	ding percenta	ages								
14	Funding										14	131.49 %
					ge						15	131.51 %
	Prior yea	ar's fund	ling percentage fo	r purposes	s of determining whether ca	rryover/prefu	ınding balar	nces may be used t			16	134.91 %
17	· · · · · ·				is less than 70 percent of th						17	%
P	art IV	Con	tributions an	d liquid	ity shortfalls		-					
				•	year by employer(s) and em	nplovees:						
	(a) Date)	(b) Amount p	aid by	(c) Amount paid by	(a) [(b) Amount pa		(0) Amou	nt paid by
(N	IM-DD-Y	(YY)	employer	(s)	employees	(MM-DE)-YYYY)	employer(s	s)		empl	oyees
							40(1)		0	40()	1	0
40						Totals ▶	18(b)			18(c)		
19			•		structions for small plan with							
	_			•	nimum required contribution			-	19a			0
					djusted to valuation date				19b			
					quired contribution for current	year adjusted	d to valuation	n date	19c			0
20		-	outions and liquidit	-							Г] v V v
	_		-		the prior year?stallments for the current ye						_] Yes [^ No] Yes □ No
				-	lete the following table as a		annoty man				······_] 100 <u> 140</u>
	⊍ 11 20d	is TES,	, see manuchons	and comp	Liquidity shortfall as of e		er of this pla	ın year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1
_	·										_	

Pa	rt V Assumption	ns used to determine f	unding target and targ	get no	ormal cost					
21	Discount rate:		-	1		T				
	a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %		3rd segment: 6.57 %		N/A, full yie	ld curve ı	used	
	b Applicable month	(enter code)				. 21b			0	
22	Weighted average ret	irement age				. 22			84	
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	ribed - separate	Substitut	te			
Pa	rt VI Miscellane	ous items								
24	Has a change been m	nade in the non-prescribed act	•	•					Υ 1	
								Yes	^ No	
		e been made for the current pla						Yes	^ No	
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	struction	ons regarding required	attachment		Yes	No	
27		or (and is using) alternative fur	• • • • • • • • • • • • • • • • • • • •			27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribution	ons f	or prior years					
28	Unpaid minimum requ	uired contribution for all prior ye	ears			. 28			0	
29	' '	contributions allocated toward			' '	29			0	
30	(item 19a)									
_		required contribution f				I				
31		djusted, if applicable (see instr				31			0	
	Amortization installme	, , , , ,	400010/		Outstanding Bala	1	Insta	Iment		
-		ization installment		-		0			0	
	_	on installment		H		0			0	
33	If a waiver has been a	approved for this plan year, en	ter the date of the ruling letter	granti		33				
34	• •	ment before reflecting carryove	. • • • • •			34			0	
			Carryover balance		Prefunding bala	nce	Total b	alance		
35	Balances used to offs	et funding requirement		0		0			0	
36	Additional cash requir	rement (item 34 minus item 35)			. 36			0	
37		d toward minimum required co	, ,	,		37			0	
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			. 38			0	
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	. 39			0	
40	Unpaid minimum requ	uired contribution for all years.				40			0	

THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN Schedule SB, line 28 - Schedule of Active Participant Data Plan Name: THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN Plan EIN: 13-3952816

Plan Number: 001

									Yea	Years of Credited Service	ted St	ervice									_
•		1.		4-	٠,	5-9	10-	- 14	15	15 - 19	70	20 - 24	75	25 - 29	Ř	30 - 34	35	35 - 39	`	40+	
		Avg.		Avg.		Avg.		Avg.		Avg.	_	Avg.		Avg.		Avg.		Avg.		Avg.	
Age	#	Comp.	*	Comp.	#	Comp.	#	Comp.	*	Comp.	*	Comp.	*	Comp.	#	Comp.	*	Сошр.	*	Comp.	
<25																		_			,
25-29							-														
30-34									_												
35-39																					
40-44																					
45-49																				ļ	
50-54																					
55-59																		-			
60-64																:				·	
62-69									•				•								
1					7																

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 Seament:

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 September 1, 2010

Valuation Date:

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. Nakioum

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.

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	ole cause is established.	
A Name of plan	B Three-digit	
THE BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN	plan number (PN)	▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	-	
Plain sponsor's name as snown on line 2a of Form 5000 or 5000-5F	D Employer Identification	tion Number (EIN)
THE BOLD INITIATIVE, INC.	13-3952816	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size	ze: 🛛 100 orfewer 📗 101-5	00 More than 500
Part Basic Information		
1 Enter the valuation date: Month 09 Day 01 Year 20	010_	
2 Assets:		
a Market value	2a	551369
b Actuarial value	2b	551369
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	C	
b For terminated vested participants	C	0
C For active participants:		
(1) Non-vested benefits		0
(2) Vested benefits 3c(2)		419272
(3) Total active	1	419272
d Total 3d		419272
4 If the plan is at-risk, check the box and complete items (a) and (b)		
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for pla		
at-risk for fewer than five consecutive years and disregarding loading factor		
5 Effective interest rate	5	5.62%
6 Target normal cost	6	0
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account combination), offer my best estimate of anticipated experience under the plan		
SIGN HERE ALAN T. NAHOUM	4	13/12
Signature of actuary ALAN T. NAHOUM		Date 1102343
Type or print name of actuary NPPG	Most	recent enrollment number 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 dispersions.	completing this schedule, chec	k the box and see

					-
D:	30.	a '	7	_	
- 63	ā0	┖.	2	_	

Pa	rt II Begin	ning of year c	artyov	er and prefunding bal	ances	· .			(4.000004)(14.24).		·
					***********	(a)	Carryover balance		(b) P	refundi	ng balance
7	Balance at begin year)	ning of prior year	fter appli	cable adjustments (line 13 fr	om prior			0			38
8	Portion elected f prior year)	or use to offset pric	or year's f	unding requirement (line 35)	irom	-		0			0
9	Amount remains	ng (line 7 minus lin	e B),	*********************************				0		***************************************	38
10	Interest on line 9	using prior year's	actual ret	um of <u>8.65</u> %	41()-6=4()-2======			0			. 3
11	Prior year's exce	ess contributions to	be adde	d to prefunding balance:							
	a Present valu	e of excess contrib	utions (lir	ie 38 from prior year)							0
				rate of 6.35% except							0
	C Total available	e at beginning of cu	rent plan	year to add to prefunding bala	nce					***************************************	0
	d Portion of (c)	to be added to pro	funding t	ialance	444) ************						0
12	Other reductions	in balances due t	election	s or deemed elections	*************			0		*****************	0
13	Balance at begin	ning of current ye	ar (line 9	+line 10 +line 11d - line 12)				0	***************************************	******************	41
P	art III Fun	ding percenta	ges					#		T.C	·
14	Funding target a	ttainment percenta	ıge	************************************	čeri žažverskovci i	ina kalanda kanasa basa		**********		14	131.49%
15	Adjusted funding	target attainment	percenta	ge	**********	*********	PA PA Á ŘÍMÁN PŘEDNA DEDNY PĚCONNÝ L KKRO			15	131.51%
	Prior year's fund	ing percentage for	purposes	of determining whether carr	yover/pref	unding bala	nces may be used to	reduce		16	·
17				energelevänis linkasiikkasiikkasiikkasiikka kaise k						***************************************	134.91%
	ili sali sala sala	and the same of th	taria .	is less than 70 percent of the	Tunding t	arget, enter	such percentage		***********	17	%.
AAAAAAATI TALA	TOTAL COLUMN TO THE PROPERTY OF THE PROPERTY O	tributions and			and the state of						:
18	(a) Date	ade to the plan for Amount pa		ear by employer(s) and emp		Date	(b) Amount paid		, , , , , , , , , , , , , , , , , , ,		rit paid by
(M	M-DD-YYYY)	employer(employees		D-YYYY)	employer(s)		16		oyees
											SAVA DESAVA DESA
			**************************************		Niciol (Addición i de Californica de Carriga y Car	***************************************	***************************************			***************************************	Control Con
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e 300000.00.000.000		***************************************				***************************************		***************************************			***************************************
					Totale:	► 16b)			18(č)		0
(1480)70183183			(14046168804188401048101				: }		y	<u> </u>	
19	3 15			tructions for small plan with		, ., .	<u> </u>	1			······································
			V.	nimum required contributions		597		19a	*******		0
		and the first term of the control of	1.75	djusted to valuation date	100	11 14 14 1	<u> </u>	19b			0
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	puired contribution for current y	ear adjust	ed to valuable	on date	19c	-2.00	6. 624 550	0
20		outions and liquidit		14.				L		•	
			and the second	the prior year?						1.	Yes X No
				stallments for the current yea		a timely ma	incr?				Yes No
	C f 20a is "Yes	" see instructions	and comp	lete the following table as ap	53.00			İ			
	(1) 1	et-		Liquidity shortfall as of e (2) 2nd	nd of quai		an year 3rd			(4) 41	K
	(F) T	25.		147 43U:		(3)	wi Q	1.		V87. 18	

Pa	rt V Assumptio	ns used to determine f	unding target and tar	get nor	mal cost	***				
	Discount rate:		11.00							
	a Segment rates:	1st segment: 3 . 78%	2nd segment: 6 . 31%		3rd segment: 6.57%		N/A, full yiel	d curve	used	
	b Applicable month	(enter code)				21b			0	
22	Weighted average reti	irement age				22	8			
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined	Prescrib	ed - separate	Substitut	е			
Pai	rt VI Miscellane	ous items		-						
24		nade in the non-prescribed act							X No	
25	Has a method change	been made for the current pla	an year? If "Yes," see instru	ctions reg	arding required attac	hment		Yes	X No	
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	struction	regarding required	attachment.	X	Yes	No	
27	if the plan is eligible for regarding attachment	or (and is using) alternati∨e fur	nding rules, enter applicable	code and	see instructions	27				
Pa	000000000000000000000000000000000000000	ation of unpaid minimu		•			•			
	"	ired contribution for all prior y				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		
Pa	rt VIII Minimum	required contribution	for current year							
31		djusted, if applicable (see instr				31			C	
32	Amortization installme				Outstanding Bala	nce	Install	ment		
	a Net shortfall amort	ization installment				0			C	
	b Waiver amortization	Waiver amortization installment				0			(
33		approved for this plan year, en DayYear				33				
34		ment before reflecting carryove				34		•	0	
			Carryover balance		Prefunding bala	nce	Total b	alance		
35	Balances used to offs	set funding requirement		0		0			(
36	Additional cash requir	rement (item 34 minus item 35	i)			36			, (
37	Contributions allocate	ed toward minimum required co	ontribution for current year a	djusted to	valuation date	37			C	
38		ess contributions for current ye			****	38			(
39		uired contribution for current ye				39			(
40		Inpaid minimum required contribution for all years				40			(

Form 5500-SF

Oppartment of the Treasury Internal Revenue Sentce

Department of Labor Employee Benefite Security Administration

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).

Short Form Annual Return/Report of Small Employes

GMB Nos, 1210-0110 1210-0089

2010

This Form is Open to Public

	Pansion Benefit Guaranty Corporation			Je Code (the Code).		This Form i	s Open to Public		
	Annual Report lo) F Complete all entries in acc	oldauce M	rith the instructions to the Form 550	00 .S }	ina	pection		
F	or calendar plan year 2010 or fisc	al plan year beginning	09/01	/2010					
		X single-employer plan	_		:	08/31/2011			
	inumple-employer plan (not riulitemployer)					on a -participa	nt plan		
~	This recultivisport is for:	# i		um/report					
_	<u>[</u>	an amended return/report	short pl	an yaar retum/report ⊘ess than 12 mc	inthe)				
L	Check box If filing under:	Mg Form 5558	<u> </u>	tic extension		DEVC progra	m		
in the second	49200002340000	special extension (enter descrip	tion)				.,.		
	Basic Plan Inform	nation enter all requested infor	mation	.,					
7:	a Name of plan		-		115	Three-digit			
	THE BOLD INITIATIVE	E, INC. DEFINED BENEE	ALT TI	Ŋ	1 .	plan number			
						(PN) ▶	001		
					TE	Effective date of			
2:	Plan sponsor's name and addre	es (employer, if for single-employer, INC.	t plant		1	09/01/2001			
	THE BOLD INITIATIVE	inc.	p.2,		Zr.	Employer identifi	cation Number		
	333 EAST 23RD STREE	ET, APT, 10D			(EIN) 13-3952816 28 Plan sponsor's velephone numb				
						_ 212-68 5-94	66		
_	NEW YORK	NY 10010			2 :d	Business code (s	ea instructions)		
38	Plan administrator's name and a	ddress (if same as Plan sponsor,	enter "Sam	10")		611000 Administrators E			
	323 5755 5555 4	- INC.		,	1.54.7	13-395281d	36)		
	333 EAST 23RD STREE NEW YORK	מרחחור אין		!	30	Administrators to	dechone number		
4	If the name and/or EIN of the plan	Tage to and bendering set Toshope	set return/e	tond filed for this also against		<u> 212-685-94</u>	64		
	name, EIN, and the plan number	from the last return/report. Spons	or's name	opon mee for this plat, , enter me	45	EIN			
5a	Total number of manifestation at a second				40	PN			
h	Total number of participants at t	ne beginning of the plan year			5 <u>a</u>		1		
	Total number of participants at t	he end of the plan year	************	***************************************	5		1		
C	i crai numbar of participants with	n account balances as of the end of	of the place	upper (daRead be Chine					
6a	Viere all of the plants assets du	Aller Alerra Paris	· · · · · · · · · · · · · · · · · · ·	year (commed beneat plans do not	1:0				
b				(See instructions.)			Yes No		
							- <u>-</u>		
			om 5500	SF and must instead use Form 55"	7		Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Market Committee in Charles	tion	1/1						
7_	Plan Assels and Liabilities			(a) Beginning of Year	T	(b) End a	(Vane		
a	(O(2) plan assets		. <u>7a</u>	55136	1	12121	572025		
					1		372325		
	Net plan assists (subtract line 76	from line 7a)	. 7e	55136	7		57 <u>2</u> 025		
8_	Income, Expenses, and Transfer	s for this Plan Year		(e) Amgunt	1	(b) To			
a	Contributions received or receive (1) Employees	able from:							

		***************************************	0-(1)						
b	Other Income (Inde)	***************************************			間間				
6	Total Income (add lines 8e/4) the	8(2), 8e(3), and 8b)		2065					
ď	Beneats paid (including direct rol	Invers tod iterators seeming	₩c				20656		
_	to provide benefits)	iovers and insurance pramiums	- 8a		6 4				
e	Certain deemed and/or corrective	e distributions (see Instructions)	€ 6						
f		(salaries, ites, commissions)	Of O						
g	Other expenses		8.9						
h				ADDITION OF THE PERSON OF THE	98 (94)	5. 美国的成员的			
	Tomas expenses (edd lines 86, 86,	, 8f, and 8c)	E n	RITERISATERISTO PER					
1		, 8f, and 8g)h from line 8c)			· -		0		
i j	Net income (toss) (subtract line 8	, 8f, and 8g)h from line 8c)	- Bi			all solutions	20656		
j	Net income (toss) (subtract line 8 Transfers to (from) the plan (see	h from Ine 8c)	81				20656		

Form	ESON	-25	7/11/1

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Р.	OC.	-

	Plan Characteristics	<u> </u>						<u>-</u>
9 a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 1A 1G	Charact	eristic (Codes i	n the insi	ructions	:	
	If the plan provides welfare benefits, enter the applicable welfare. (eature codes from the List of Plan (Cheracte	risti;)	odas ir	the inst	ಗಿರ್ಮಾರ ಗಿ ತ್ತ		
	Compliance Questions			u				
10	During the plan year:		Ven	: No	T	E 114		
a	Was there a failure to transmit to the plan any participant contributions within the time period describe 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fluuciary Correction Program)	ed in		X	+	Any	unt	
b	Were there any nonexempt transactions with any pany-in-interest? (Do not include transactions report on line 10a.)	🗀	_	X	 			
¢	Was the plan covered by a fidelity bone?	10			+			
d		. ⊢	-	$+\frac{x}{x}$	 			<u>.</u>
Ø	Were any fees or commissions paid to any brokers, agems, 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		·		
Ť	Has the plan failed to provide any benefit when due under the plan?	10	 	X	 -		. <u> </u>	
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			- x	 			
ħ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	- 1-						
i 	If Tun 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		-	 				
	Pension Funding Compliance			_!				
11	Is this a defined banefit plan subject to minimum funding requirements? (If "Yes " non-increasions and	complet	e Sahe	đưa SI	3 (Form			
12	1s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the minimum funding requirements of section 412 of the Contribution plan subject to the contribution plan					jr.	Yes Yes	No
lf y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. ou completed line 12s, complete times 3, \$, and 10 of Schedule NRS (Form 5508), and skip to line Enter the minimum required contribution for this plan year.	Month _ 13,		. ⊃ay	16 agre 2	Year Year	er Milan	
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	ieft of a	<i>:</i>	12 d				
€.	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• • • • • • • • • • • • • • • • • • • •			Yes	∏ No	, []	N/A
120	Plan Terminations and Transfers of Assets			····	,		.نــــــــــــــــــــــــــــــــــــ	* < 1 18
138	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				/-		Yes 5	No.
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		·····	15 a				
C	If during this plan year, any assets or liabilities yave transferred from this plan to protect the plan to						/es <u>6</u>	∑ Nia
	The second of the second secon	ny are pr	antis) co	·		-		
	ic(1) Name of pien(s):		:.3	= <u>均 E</u> I	N(s)		c(3) ['i'i(s)
_								
Causic	on: A penalty for the late or incomplete filling of this return/report will be assessed unless reason			<u></u>				
\$B or !	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this Schedule MB completed and signed by an enricited actuary, as well as the electronic version of this return to the process, and complete.					୍ୟଧାର, a , ଝାମଠାୟାର	Sched dge ar	ula nd
961	BEA FITZ	På sir	 C.N					·——
io n dan dan	Signature of plan, administrator Date (a/11/12 Enter name	-			nlan -	ninie		
Sich	Dear tellaner Ben	-	ار <u>اس بادات</u> اس سرمع	ودن برسمي بسم	<u>V</u>	.03 02.0 25.	И	
	Signature of employed plan sponsor Date 1/1/12 Enter name	-	\$; <i></i> -	- } -			

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.