# 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.**

OMB Nos. 1210-0110
1210-0089

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** This return/report is for: [X] 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
IN ROADS MANAGEMENT

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

**1c** Effective date of plan 01/01/2003

**2a** Plan sponsor's name and address (employer, if for single-employer plan)
IN ROADS MANAGEMENT

7955 WEBSTER ST. STE 14
HIGHLAND, CA 92346

**2b** Employer Identification Number (EIN) 20-0697765

**2c** Plan sponsor's telephone number 909-864-1551

**2d** Business code (see instructions) 624100

**3a** Plan administrator's name and address (if same as Plan sponsor, enter "Same")
IN ROADS MANAGEMENT 7955 WEBSTER ST. STE 14
HIGHLAND, CA 92346

**3b** Administrator's EIN 20-0697765

**3c** Administrator's telephone number 909-864-1551

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name

**4b** EIN

**4c** PN

| | | |
|---|---|---|
| **5a** Total number of participants at the beginning of the plan year | **5a** | 3 |
| **b** Total number of participants at the end of the plan year | **5b** | 3 |
| **c** Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | **5c** | 3 |

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

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

**If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**

## Part III Financial Information

| **7** Plan Assets and Liabilities | | **(a) Beginning of Year** | **(b) End of Year** |
|---|---|---|---|
| **a** Total plan assets | **7a** | 1902 | 1935 |
| **b** Total plan liabilities | **7b** | 0 | 0 |
| **c** Net plan assets (subtract line 7b from line 7a) | **7c** | 1902 | 1935 |

| **8** Income, Expenses, and Transfers for this Plan Year | | **(a) Amount** | **(b) Total** |
|---|---|---|---|
| **a** Contributions received or receivable from: **(1)** Employers | **8a(1)** | 0 | |
| **(2)** Participants | **8a(2)** | 0 | |
| **(3)** Others (including rollovers) | **8a(3)** | 0 | |
| **b** Other income (loss) | **8b** | 33 | |
| **c** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | **8c** | | 33 |
| **d** Benefits paid (including direct rollovers and insurance premiums to provide benefits) | **8d** | 0 | |
| **e** Certain deemed and/or corrective distributions (see instructions) | **8e** | 0 | |
| **f** Administrative service providers (salaries, fees, commissions) | **8f** | | |
| **g** Other expenses | **8g** | 0 | |
| **h** Total expenses (add lines 8d, 8e, 8f, and 8g) | **8h** | | 0 |
| **i** Net income (loss) (subtract line 8h from line 8c) | **8i** | | 33 |
| **j** Transfers to (from) the plan (see instructions) | **8j** | 0 | |

## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2T 2G 3D 2E 2J

**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 |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | |
| **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| **c** Was the plan covered by a fidelity bond? | 10c | | X | |
| **d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | |
| **e** Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | |
| **f** Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| **g** Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | |
| **h** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | |
| **i** If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

## Part VI Pension Funding Compliance

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

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No

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

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

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

| | | |
|---|---|---|
| **b** Enter the minimum required contribution for this plan year | 12b | |
| **c** Enter the amount contributed by the employer to the plan for this plan year | 12c | |
| **d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | |

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

## Part VII Plan Terminations and Transfers of Assets

**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

**c** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/21/2012 | SHARON BARTON |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |

PAYCHEX

August 7, 2009

Deleted: June 1, 2009

Dear Plan Sponsor:

Regretfully, it has come to our attention that your company will be terminating your employer-sponsored retirement plan and recordkeeping service provided by Paychex Retirement Services.

A 401(k) plan benefit can strengthen your company's competitive advantage through its immediate and progressive benefits in the form of tax deductions for the sponsoring employer and the accumulation of tax-deferred earnings for participants in the plan.

The value of a 401(k) plan can extend not just to your employees, but to potential employees as well. Competing with other businesses for the best workforce is a day-to-day reality, and offering a 401(k) plan can make your company more attractive to job seekers. Research indicates that employees often consider a 401(k) plan and health insurance a company's most important benefits. With many employees feeling increased pressure to save for retirement, an employer who offers a 401(k) benefit gains an edge in recruiting, retaining, and rewarding a strong workforce.

Please keep these items in mind before terminating your Qualified Retirement Plan:

- A Qualified Retirement Plan may not be established until 12 months after all assets have been distributed from the current plan.
- Paychex will continue to prepare the Form 5500 for each plan year that assets remain in the plan.
- All participants will become 100 percent vested in employer contributions upon plan termination.
- Terminating your plan may have tax consequences for participants with outstanding loans and those affected by compliance testing results. Please review this package for further details.

As the plan sponsor, you are responsible for completing the termination process as explained in the enclosed materials. Thank you for your prompt attention to the required paperwork.

Should you have questions or require help with retirement planning in the future, please contact Paychex Human Resource Services at 800-472-0072.

Sincerely,

Paychex Retirement Services

# *In-Roads Creative Programs, Inc.*

**Programs for Children and Adults**

September 21, 2012

RE: Form 5500

To Whom It May Concern:

We are requesting for any penalties that may have accrued to be removed. In-Roads was not aware that the Form 5500 needed to be filled. We terminated our benefit program on 06/01/09. I have attached the letter of termination from Paychex. In the letter it also states they would continue to fill out the Form 5500 each plan year that assets remain in the plan. They had not notified us therefore we did not know. We did not intentional not file we were just not aware. When we were notified by the IRS we immediately began seeking assistance from Paychex.

We are sorry for any inconvenience. If you have any further questions please feel free to call me at (909) 425-5937.

7955 Webster Street, Suite 7, Highland, CA 92346

(909) 864-1551 Fax (909) 864-3526