### 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P		lance witl	the instructions to the Form 5500	)-SF.		•
Pä	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 09/01/2011		and ending 0	8/31/2	012	
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	ant plan
		•	eturn/report	L		·
			·	\n <b>t</b> ha\		
_			n year return/report (less than 12 mo	ontns) r	7	
С	Check box if filing under:	automatic	extension	_	DFVC progra	m
	special extension (enter description	n)				
Pa	Irt II Basic Plan Information—enter all requested informa	ation				
	Name of plan			1b	Three-digit	
	BOLD INITIATIVE, INC. DEFINED BENEFIT PLAN				plan number	
					(PN) <b>•</b>	001
				1c	Effective date of	plan
					09/01/	/2001
	Plan sponsor's name and address; include room or suite number (en	nployer, if	for a single-employer plan)		Employer Identif	
INE	BOLD INITIATIVE, INC.			(	(EIN) 13-39	52816
				2c	Sponsor's telep	
	EAST 23RD STREET, APT. 10D				212-68	
NEW	YORK, NY 10010			2d		see instructions)
					61100	
	Plan administrator's name and address (if same as plan sponsor, en BOLD INITIATIVE, INC. 333 EAST 23F			3b /	Administrator's I	EIN 52816
IHE	NEW YORK, N		ET, APT. 10D	20		
	,			36	Administrator's t 212-685	elephone number 5-9464
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	FIN	
•	name, EIN, and the plan number from the last return/report.	act rotarriy	operation the plant, enter the	70	LIIV	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		
b	Total number of participants at the end of the plan year			5b		
C	Number of participants with account balances as of the end of the pl		}	30		
Ŭ	complete this item)	• (	·	5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	, , , ,		,			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	ınd conditi	ons.)	<sup>′</sup>		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 550	00.		
Pa	rt III   Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	572025			559093
b	Total plan liabilities	7b	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	572025			559093
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		, ,		(2)	
	(1) Employers	8a(1)	0			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	24599			
	` '					24599
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				= : 200
u	to provide benefits)	8d	37500			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	31			
	Other expenses		0			
g	·	8g				37531
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
ı	Net income (loss) (subtract line 8h from line 8c)	8i				-12932
J	Transfers to (from) the plan (see instructions)	8j	0			

Form	5500.	-25	201	,

<b>-</b>	-	<b>~</b> :	
Part IV	Plan	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
		I	V	NI-				
0	During the plan year:		Yes	No		Am	ount	
а	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				
С	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				
е	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	10h						
İ	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						
art								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					· ·	Yes	∏ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc							
lf v	granting the waiver Mont ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	.n		Day	′	Ye	ar	
	Enter the minimum required contribution for this plan year		[	12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				☐ Ye	s $\square$	No	N/A
art								
	Has a resolution to terminate the plan been adopted in any plan year?				Yes D	No	-	-
Ju	If "Yes," enter the amount of any plan assets that reverted to the employer this year				100	110		
h	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u			ntrol				
D	of the PBGC?	ei				Ī	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ie plar	n(s) to				_	_
1	Sc(1) Name of plan(s):		130	c(2) E	IN(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return the instructions.						, a Sche	edule
	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/27/2013	BEA FITZPATIRCK				
HERE	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				

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

instructions

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).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

					File as	an attach	ment to Form	5500 or	5500-SF.				
Fo	r caler	ndar p	lan year 2011	or fiscal plan ye	ar beginning 0	9/01/2011	1		and endi	ng <mark>08/3</mark>	1/2012		
				nearest dollar. ,000 will be asse	essed for late filing o	of this repo	ort unless reasc	nable ca	use is establishe	ed.			
Α	Name	of pla	an	. DEFINED BEN		·			B Three-dig	jit	•	001	
												·	
_					·=				D = .			(=\n)	
			TIATIVE, INC.		of Form 5500 or 55	00-SF			D Employer 13-3952816	identificat	ion Numb	er (EIN)	
Е	Туре с	of plan	: X Single	Multiple-A	Multiple-B		F Prior year pla	n size: 🔀	100 or fewer	101-50	00 Mo	re than 500	
Р	art I	В	asic Inforn	nation									
1	Ent	er the	valuation date	e: M	onth [	Day01	Year _2	2011	_				
2	Ass	ets:											
	а	Mark	ket value							2a			572025
	b	Actu	arial value							2b			572025
3	Fun	ding t	target/participa	ant count breakd	own:			<b>(1)</b> N	umber of partici	oants	(	(2) Funding Targe	et
	а	For	retired particip	ants and benefic	ciaries receiving pay	ment	3a			0			0
	b	For	terminated ves	sted participants			3b			0			0
	С	For	active participa	ants:									
		(1)	Non-vested b	enefits			3c(1)						0
		(2)	Vested benef	its			3c(2)						425238
		(3)	Total active				3c(3)			1			425238
	d	Tota	al				3d			1			425238
4	If th	e plar	n is in at-risk s	tatus, check the	box and complete li	ines (a) ar	nd (b)						
	а	Fund	ding target disr	egarding prescr	ibed at-risk assumpt	tions				4a			
	b				sumptions, but disre nsecutive years and					4b			
5	Effe	ective	interest rate							5			4.38 %
6	Tar	get no	ormal cost							6			0
Sta	To the l	best of i	th applicable law ar	information supplied and regulations. In my	in this schedule and accomposition, each other assumirience under the plan.								
	SIGN HERI										03/1	2/2013	
ALA	N T. 1	NAHO	DUM	Signati	ure of actuary						Dat 11-	e 02343	
				Type or prir	nt name of actuary					Most re	ecent enro	Ilment number	
NPI	PG			. )	,							-332-0688	
			TH STREET 07701	Fi	rm name				Te	elephone i	number (ir	ncluding area cod	e)
				Addre	ess of the firm				_				
If the	n actuu	on, ho	ne not fully rofly		tion or ruling promu	ilaated un	der the statuta	in comple	ating this school	lo chock	the hov o	nd soo	

Page 2	2 - 1
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Schedule SB (Form 5500) 2011

Part	II E	Beginning of y	ear carryov	er and prefunding ba	lances							
						(a) (	Carryover balance	;	(b) F	Prefundi	ng balan	ce
				licable adjustments (line 13 f				0				41
				funding requirement (line 35				0				0
<b>9</b> Ar	mount re	maining (line 7 mi	nus line 8)					0				41
<b>10</b> Int	terest or	line 9 using prior	year's actual re	eturn of3.76%				0				2
<b>11</b> Pr	rior year	s excess contribut	ions to be adde	ed to prefunding balance:								
а	Preser	nt value of excess	contributions (li	ne 38 from prior year)								0
b				e rate of% excep								0
С	Total a	vailable at beginnin	g of current plan	year to add to prefunding bala	ance							0
d	Portior	of (c) to be added	to prefunding	balance								0
<b>12</b> Ot	ther redu	uctions in balances	due to election	ns or deemed elections				0				0
<b>13</b> Ba	alance a	t beginning of curr	ent year (line 9	+ line 10 + line 11d – line 12	)			0				43
Part	t III	Funding per	entages									
<b>14</b> Fu	unding ta	arget attainment pe	rcentage							14	134	1.50 %
<b>15</b> Ac	djusted f	unding target attai	nment percenta	ıge						15	134	1.52 %
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											.49 %
<b>17</b> If t	the curre	ent value of the as	sets of the plan	is less than 70 percent of the	e funding tar	get, enter s	such percentage			17		%
Part	: IV	Contributions	and liquid	ity shortfalls								
<b>18</b> Co	ontributio	ons made to the pl	an for the plan	year by employer(s) and emp	oloyees:							
<b>(</b> a (MM-l	a) Date DD-YYY	( <b>b)</b> Amo	unt paid by loyer(s)	(c) Amount paid by employees	(a) D (MM-DD		(b) Amount page employer		(0		nt paid b byees	у
					Totals ►	18(b)		0	18(c)			0
<b>19</b> Di	iscounte	d employer contrib	utions – see in:	structions for small plan with	a valuation o	date after th	ne beginning of the	e year:				
а	Contrib	utions allocated to	vard unpaid mi	nimum required contributions	from prior y	ears		19a				0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date											0	
С	Contribu	itions allocated tow	ard minimum red	quired contribution for current y	ear adjusted	to valuation	n date	19c				0
	-	contributions and I	-								1 -	_
	a Did the plan have a "funding shortfall" for the prior year?											
b	If 20a is	"Yes," were requi	red quarterly in	stallments for the current yea	ar made in a	timely man	ner?				Yes	No
С	If 20a is	"Yes," see instruc	tions and comp	lete the following table as ap								
		(1) 1ct		Liquidity shortfall as of e	nd of quarte					(A) A+L		
	•	(1) 1st		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>	

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get i	normal cost					
21	Disco	ount rate:										
	<b>a</b> S	egment rates:	1st segment: 2.06%		2nd segment: 5.25%		3rd segment: 6.32 %		N/A, full yield curve used			
	<b>b</b> A	pplicable month	(enter code)					21b	0			
22								22	85			
23		ality table(s) (see		_	escribed - combined		scribed - separate	Substitut				
Da		Miscellane		_	L	_						
				od oot	uarial assumptions for the c	ırront	plan year? If "Van " and	inatruationa	rogarding required			
			•		uariai assumptions for the co		•		· · · · · · · · · · · · · · · · · · ·			
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No			
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	X Yes No			
27					nding rules, enter applicable			27				
	rt VII		•		ım required contribut		• •					
					years			28	0			
29					I unpaid minimum required o			29	0			
30	Rema	aining amount of	f unpaid minimum requir		30	0						
Pa	Part VIII Minimum required contribution for current year											
31	Targe	et normal cost a	nd excess assets (see in	nstruct	ions):							
	<b>a</b> Tai	rget normal cost	(line 6)					31a	0			
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0			
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment			
	a Ne	et shortfall amort	ization installment					0	0			
	b W	aiver amortizatio	on installment					0	0			
33					ter the date of the ruling lette			33				
34	Total	funding requirer	ment before reflecting ca	arrvove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0			
					Carryover balance		Prefunding balar		Total balance			
35	Dolom	and alooted for	use to effect funding		- Carrye von Banarios				. Otal balance			
33			use to offset funding						0			
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	0			
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	0			
20					( it)							
30			ess contributions for curr		,			38a	0			
			•	<u> </u>				38b	0			
20					prefunding and funding star		-	-	0			
<ul> <li>39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)</li> <li>40 Unpaid minimum required contributions for all years</li> <li>40</li> </ul>									0			
40								40	0			
	rt IX				nsion Relief Act of 20							
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	irsuant to an alternative amo	rtizati	on schedule:					
	<b>a</b> Sch	nedule elected							2 plus 7 years 15 years			
	<b>b</b> Elig	gible plan year(s)	) for which the election i	n line 4	41a was made			2008	8 2009 2010 2011			
42	Amou	int of acceleratio	on adjustment					42				
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43				

# 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 Avg. Comp.

<del>\$</del>

				$\Box$						
		35 - 39	Avg.	Сошр.						
		38		*						
		30 - 34	Avg.	Сотр.						
		ౙ		#						
		25 - 29	Avg.	Comp.						
				*						
	ervice	20 - 24	Avg.	Comp.						
	lited S			*						
	Years of Credited Service	15 - 19	Avg.	Comp						
	χě	7		#						
		10 - 14	Avg.	Comp.						
		=		#						
		5 - 9	Avg.	Comp.						
				*						
		1-4	Avg.	Comp.						
		-		#						
		1,	Avg.	Comp.						
	1	1		*						

30-34 30-34 35-39 40-44 45-49 50-54 50-54 60-64 60-64

Age is attained age as of the valuation date.

<del>1</del>0+

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

Northeast Professional Planning Group Employee Benefits & Pension Consulting

# 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:

2.06%

Second Segment:

5.25%

Third Segment:

6.32%

**PBGC Segmented Rates** 

First Segment:

1.85%

Second Segment:

4.62%

Third Segment:

6.02%

Pre-Retirement Valuation Assumptions

Salary Increases

3% per year

**Retirement Valuation Assumptions** 

Mortality Table

2011 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

1983 GAM 50/50 BLEND M/F

### Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings

5% Effective annual rate

Mortality Table

2011 417(e)(3) Applicable Mortality Table

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

Investment Earnings

5.5% Effective annual rate

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> Complete all entries in accordance with the Instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

2011

1210-0089

OMB Nos 1210-0110

This Form is Open to Public Inspection

						······································
	art I Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning	09/01/:	2011	and ending		08/31/2012
	₩			(not multiemployer)	`	a one-participant plan
	This retain report is tot.			r (not multiemployer)	L	a one-participant plan
В	This return/report is: the first return/report		eturn/report			
_	an amended return/report	'	•	eport (less than 12 m	onths)	7
С	Check box if filing under:	automatio	extension		L	DFVC program
	special extension (enter description)	· · · · · · · · · · · · · · · · · · ·				
Pa	art II Basic Plan Information—enter all requested inform	ation	oo oo aaanoo oo	entino pro militari i somiti del din di somenti sottino pro med somenen transmente.		
	Name of plan					Three-digit
TH.	E BOLD INITIATIVE, INC. DEFINED BENEFIT	PLAN				plan number (PN) ▶ 001
						Effective date of plan
						9/01/2001
	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-en	nployer plan)	2b (	Employer Identification Number
TH	E BOLD INITIATIVE, INC.					(EIN) 13-3952816
	2 72 07 02 7 07 7 7 7 7 7 7 7 7 7 7 7 7				2c :	Sponsor's telephone number
33	3 EAST 23RD STREET, APT. 10D				~~~~~~~	212-685-9464
אוד	W YORK NY 10010				1	Business code (see instructions)
			95			611000
TH	Plan administrator's name and address (if same as plan sponsor, e BOLD INITIATIVE, INC.	iller Same	; )		, עופ	Administrator's EIN 13-3952816
33	3 EAST 23RD STREET, APT, 10D					Administrator's telephone number
	3 EAST 23RD STREET, APT. 10D W YORK NY 10010	***************************************	,	,		212-685-9464
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/i	eport filed for t	his plan, enter the	4b	EIN
а	Sponsor's name				4c	PN
********	Total number of participants at the beginning of the plan year				5a	1
b	Total number of participants at the end of the plan year			and the second s	5b	1
	Number of participants with account balances as of the end of the				วม	1
v	complete this item)				5c	
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructio	ns.)		X Yes No
b		an indeper	dent qualified (	public accountant (IQI	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F					X Yes No
Pa	irt III Financial Information	orm 5500-	SF and must i	nstead use Form 55	Λ.	
7	Plan Assets and Liabilities		(a) Ba	ginning of Year		(b) End of Year
, a	Total plan assets	7a	(a) De	57202	5	559093
h	Total plan liabilities	<del></del>		01202	n	002030
	Net plan assets (subtract line 7b from line 7a)	7c		57202	5	559093
8	Income, Expenses, and Transfers for this Plan Year		ls	a) Amount	1	(b) Total
a	Contributions received or receivable from:			y Amvant		(a) Total
	(1) Employers	Sa(1)			의	
	(2) Participants	8a(2)			0	机工作 化多元基金
	(3) Others (including rollovers)	8a(3)	a ada aga ag a Managa ag 11 a da awan meneneren meneneran ara a	و المراجع المر	<u>o</u>	물로 이 물량 후 사람은
b	Other income (loss)	8b		2459	9	<u> 1904 i kaj berbaran Siri</u>
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				24599
d	Benefits paid (including direct rollovers and insurance premiums			3750	٦	
_	to provide benefits)	. 8d		5750	7	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		3	1	
f	Administrative service providers (salaries, fees, commissions)	8f		C.		
g	Other expenses.	8g			7	
n	Total expenses (add lines 8d, 8e, 8f, and 8g)					37531
!	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	. 8i			1	-12932
					1 13	The state of the s

	Form 5500-SF 2011 Page <b>2 -</b>						
Par	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 1A 1G	acteris	stic Co	des in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No	A	mount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			~~~
С	Was the plan covered by a fidelity bond?	10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10 d		Х			
е	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		Х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h					
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 com 5500)).					X Yes N	۷٥
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes 🛛 N	10
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	ctions,	and e	enter th	ne date of the	e letter ruling	
	granting the waiver	ith					
_	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			
b				12c			
d	Enter the amount contributed by the employer to the plan for this plan year						_
	negative amount)			12d		No NVA	
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	NO NA	٩
Part				<u> </u>	(   <b>V</b>   N -	···	
тза	Has a resolution to terminate the plan been adopted in any plan year?	ļ	·····	<u>                                     </u>	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a		an anticolor and color from a servicione also properties and services and services and services and services a	lan e e e e e e e e e e e e e e e e e e e	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes X N	10
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	***************************************	AMARITAN I SAMBIGARA		ngan an anna an	
1	3c(1) Name of plan(s):	-	13	c(2) El	N(s)	<b>13c(3)</b> PN(s)	)
						Section and the section and th	
				***************************************		1	

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	Bealing A. Februtiel		bea fitzpat <b>ri</b> ck <i>ga</i> f
HERE	Signature of plan administrator	Date 3/25/13	Enter name of individual signing as plan administrator
SIGN	7	/ • /	
HERE	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.

ONB No 1210-0110

2011

This Form is Open to Public Inspection

v.012611

For calendar plan year 2011 or fiscal plan year beginning 09/01/	2011	and ending	<u> </u>	08/31/2	012	
Round off amounts to nearest dollar.	**************************************	**************************************	<u></u>	······································	***************************************	
Caution: A penalty of \$1,000 will be assessed for late filing of this report	uniess reas	mable cause is established	ţ			
A Name of plan THE BOLD INITIATIVE, INC. DEFINED BENEFIT PI		B Three-digit plan numb	er (PN)		001	
P. P.	2504-ABNANCENIAN	in controls disease				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D EmployerId	entificat	ion Number (i	EIN)	
THE BOLD INITIATIVE, INC.		13-3952816	;			
E Type of plan:   Single	Prior year ple	ın size ⊠ 100 orfewer [	101-50	00 Mare ti	nan 500	
Part I Basic Information			4			
1 Enter the valuation date: Month 09 Day 01	Year_	2011	n nna ramado quilly doss	······································		
2 Assets	and the second s	ya	r-rores wergeniy)		14362000000	
a Market value		se serve can in this consum non-	2a		572025	
b Actuarial value		removed the amore group of the contract production of the	2b		572025	
3 Funding target/participant count breakdown		(1) Number of participa	กร	(2)	Funding Target	
a For retired participants and beneficiaries receiving payment	. 3a		0	<del></del>	0	
<b>b</b> For terminated vested participants	.) 3b	**************************************	0	**************************************		
C For active participants.	\$111.0000000000000000000000000000000000		all all a	ana, dipandika paparan pada menanda		
(1) Non-vested benefits	3c(1)			<u> </u>	0	
(2) Vested benefits	3c(2)				425238	
(3) Total active.	<ul><li>สิงเลงเลยสายเลกสารูพบบบันเทาเลย สายเลยสายเลยสายเลยสารูพบบบันเทาเลย สายเลยสายเลยสายเลยสารูพบบบันเทาเลย สายเลยสายเลยสายเลยสารูพบบบันเทาเลยสาย สายเลยสายเลยสายเลยสารูพบบบันเทาเลยสาย สายเลยสายเลยสายเลยสาย สาย สาย สายเลยสาย สาย สาย สาย สาย สาย สาย สาย สาย สาย</li></ul>		ř	***************************************	425238	
d Total	Samuranania	**************************************	ľ	**************************************	425238	
4 If the plan is in at-risk status, check the box and complete lines (a) and		<u> </u>			7420200	
a Funding target disregarding prescribed at risk assumptions		i)	4a			
Funding target reflecting at-risk assumptions, but disregarding transat-risk status for fewer than five consecutive years and disregarding.	sition rule to	r ntans that have been in	4b			
5 Effective interest rate		The state of the s	5	***************************************	4.38%	
6 Target normal cost	6-05-099-000-000-00-00-00-00-00-00-00-00-00-		6	<del></del>	0	
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonal contribution, offer my best estimate of anticipated experience under the plan.			- and accus	rate. Each preson title expectations)	ted assumption was applied in and such other assumptions, in	
SIGN HERE ALAN T. NAHOUM	<u> </u>	PET T-CETT-CETT-CETT-CETT-CETT-CETT-CETT-	المراجعة الم	03/12/2	013	
ALAN T. NAHOUM				Date 110234	13	
Type or print name of actuary NPPG				ecent enrollm 914-332-		
Firm name		Tel	sphone	number (inclu	rding area code)	
121 MONMOUTH STREET						
REDBANK NJ 07701						
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated unde instructions For Paperwork Reduction Act Notice and OMB Control Numbers, see the					see []	

Page	2	-	ſ
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Pa	rt II Begin	ning of year c	аггуоч	er and prefunding bal	ances							
7							(b) Prefunding balance					
7				cable adjustments (line 13 fr		0				41		
8				unding requirement (line 35)		o				0		
9					***************************************	· · · · · · · · · · · · · · · · · · ·				41		
10	Interest on line 9	using prior year's	actual ret	urn of <u>3.76</u> %	.,			0	**************************************		2	
11	Prior year's exce	ess contributions to	be added	to prefunding balance:				200 miles				
	a Present value of excess contributions (line 38 from prior year)										0	
b Interest on (a) using prior year's effective rate of 5.62% except as otherwise provided (see instructions)										0		
	C Total available	e at beginning of cu	rrent plan	year to add to prefunding balar	n <b>c</b> e			Γ			0	
	<b>d</b> Portion of (c)	to be added to pro	efunding b	palance							0	
12		**************************************	· · · · · · · · · · · · · · · · · · ·	s or deemed elections	····			0		······································	0	
13	Balance at begin	nning of current yea	ar (line 9 -	+ line 10 + line 11d – line 12)	٠	.,		0			43	
P	artill Fun	ding percenta	ges									
_14	Funding target a	ttainment percents	ıge							14	134.50%	
15	Adjusted funding	g target attainment	percenta	gege			************			15	134.52%	
16				of determining whether carr						16	131.49%	
17	If the current val	ue of the assets of	the plan	is less than 70 percent of the	funding t	arget, enter	such percentage			17	%	
P	art IV Con	tributions and	l liquidi	ty shortfalls								
18	Contributions m	ade to the plan for	the plan y	ear by employer(s) and emp	loyees:	***************************************		***************************************				
	(a) Date	(b) Amount pa		(c) Amount paid by		Date	(b) Amount paid		(4	(c) Amount paid by		
	MM-DD-YYYY)	employer(	5)	employees	(MM-L	D-YYYY)	employer(s)			emp	oyees	
	***************************************											
**********	***************************************											
					. '							
			******************************						+			
***********	in it in it in it in a mile in particular a communication and a co		<del></del>						<del> </del>	~~~~		
*************								***********				
			•								<del></del>	
							<u> </u>	***************************************	***************************************			
***************************************			***************************************			en e						
					***************************************	· · · · · · · · · · · · · · · · · · ·	···			·····		
					Totals	► 18(b	)	(	18(c)	T	0	
19				structions for small plan with	a valuatio	n date after	the beginning of the	year:				
	a Contributions	allocated toward (	ınpaid mii	nimum required contributions	from pric	r years		19a	***************************************	***************************************	0	
	<b>b</b> Contributions	made to avoid res	trictions a	djusted to valuation date				19b			0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date										0	
20	Quarterly contri	butions and liquidit	y shortfall	is:				l				
	a Did the plan l	have a "funding sh	ortfall" for	the prior year?						[	Yes 🛛 No	
	<b>b</b> If 20a is "Yes	s," were required qu	arterly in:	stallments for the current yea	ar made in	a timely ma	anner?		******	<u>.</u>	Yes No	
	C If 20a is "Yes	," see instructions	and comp	lete the following table as ap								
				Liquidity shortfall as of e	nd of qua			T				
	(1) 1	St		(2) 2nd		(3)	) 3rd			(4) 4	iff	
								1				

Pa	rt V Assumptions	used to determine fu	inding target and target r	ormal cost						
21	Discount rate:			**************************************						
	a Segment rates:	1st segment: 2.06%	2nd segment: 5 . 25%	3rd segment: 6.32%	,	N/A full yiel	d curve use	eđ		
	<b>b</b> Applicable month (er	nter code)			21b			C		
					22			85		
23	Mortality table(s) (see in	nstructions) 🔀 Pres	scribed - combined Pres	scribed - separate	Substitut	e				
Pa	rt VI Miscellaneou	s items								
24			arial assumptions for the current					No		
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment						Yes X	No		
26	Is the plan required to pr	ovide a Schedule of Active F	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes 🗍	No		
27	If the plan is eligible for ( regarding attachment	(and is using) alternative fund	ding rules, enter applicable code	and see instructions	27		<del>5 (m.d.</del>			
Pa	rt VII Reconciliati	on of unpaid minimu	n required contributions	for prior years						
28	Unpaid minimum require	ed contributions for all prior y	ears		28			0		
29	Discounted employer co (line 19a)	ntributions allocated toward	unpaid minimum required contrib	utions from prior years	29			O		
30	Remaining amount of ur	paid minimum required cont	****************************	30			C			
Pa	rt VIII Minimum re	quired contribution fo	or current year							
31	Target normal cost and	excess assets (see instruction	ons):					, manning		
	a Target normal cost (li	ne 6)	1	***************************************	31a					
			31a	**** *** **** **** **** *** *** **** ****	31b					
32	Amortization installment	S.		Outstanding Bala	ance	Install	ment			
	a Net shortfall amortiza	tion installment	- 04		0			(		
	<b>b</b> Waiver amortization i	nstallment			0			(		
33	If a waiver has been app (Month Da	proved for this plan year, ento yYear	er the date of the ruling letter grar ) and the waived amount	nting the approval	33					
34	Total funding requireme	nt before reflecting carryover	prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			(		
			Carryover balance	Prefunding bala	nce	Total b	alance	***************************************		
35	Balances elected for use requirement	e to offset funding						C		
36	Additional cash requiren	nent (line 34 minus line 35)		*******************************	36			(		
37	Contributions allocated	toward minimum required co	ntribution for current year adjuste	d to valuation date	37					
38	Present value of excess	contributions for current yea	r (see instructions)							
	a Total (excess, if any,	of line 37 over line 36)			38a			(		
	<b>b</b> Portion included in lin	ne 38a attributable to use of	prefunding and funding standard	carryover balances	38b			(		
39	Unpaid minimum require	inimum required contribution for current year (excess, if any, of line 36 over line 37)						(		
40	Unpaid minimum require	ed contributions for all years	***************************************		40			(		
Pa	rt IX Pension fu	nding relief under Pei	nsion Relief Act of 2010 (	see instructions)						
41	If a shortfall amortization	n base is being amortized pu	rsuant to an alternative amortizati	on schedule;						
	a Schedule elected	*******************************				2 plus 7 years	15 year	rs		
	<b>b</b> Eligible plan year(s) for	or which the election in line 4	1a was made		200					
42		·····			42					
			over to future plan years		43			······································		

# 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 85 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.

Plan Name:

The Bold Initiative, Inc. Defined Benefit Plan

EIN/PN: Valuation Date:

13-3952816/001 September 1, 2011

### **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, 2011.

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. Nahoum

Enrolled Actuary #11-02343

Date

### 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

September 1, 2011

Plan Effective Date September 1, 2001

Plan Anniversary Date

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

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

IRC415 maximum annual benefit: \$200,000 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