

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
---	---	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2009 or fiscal plan year beginning 11/01/2008 and ending 10/31/2009	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b> Name of plan EOCF 401K RETIREMENT SAVINGS PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
	<b>1c</b> Effective date of plan 11/01/1989
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) EDUCATIONAL OPPORTUNITIES FOR CHILDREN AND FAMILIES  10621 NE COXLEY DRIVE SUITE 207 VANCOUVER, WA 98682-0025	<b>2b</b> Employer Identification Number (EIN) 91-0820018  <b>2c</b> Sponsor's telephone number 360-896-9912  <b>2d</b> Business code (see instructions) 624310

**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 accompanying schedules, statements and attachments, 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.	01/11/2011	DOUGLAS E. LEHRMAN
	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
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") EDUCATIONAL OPPORTUNITIES FOR CHILDREN AND FAMILIES		<b>3b</b> Administrator's EIN 91-0820018
		<b>3c</b> Administrator's telephone number 360-896-9912
<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: <b>a</b> Sponsor's name		<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	266
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	243
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	25
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	268
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	268
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	248
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	4
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 3D		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
---	---	---

For calendar plan year 2009 or fiscal plan year beginning 11/01/2008 and ending 10/31/2009		
<b>A</b> Name of plan EOCF 401K RETIREMENT SAVINGS 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. EDUCATIONAL OPPORTUNITIES FOR CHILDREN AND FAMILIES	<b>D</b> Employer Identification Number (EIN) 91-0820018	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

**1** Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	6-13953	268	11/01/2008	10/31/2009

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
5816	343

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KMS FINANCIAL SERVICES INC  
2001 6TH AVE.  
STE 2801  
SEATTLE, WA 98121-9833

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5328	343	SERVICE FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

QUEST CAPITAL STRATEGIES INC  
23832 ROCKFIELD BLVD.  
STE 130  
LAKE FOREST, WA 92630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
488			3

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	
<b>6</b>	Contracts With Allocated Funds:		
<b>a</b>	State the basis of premium rates ▶		
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>	
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ CUSTODIAL GUARANTEED INTEREST		
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>	760123
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	39913
	(2) Dividends and credits .....	<b>7c(2)</b>	
	(3) Interest credited during the year .....	<b>7c(3)</b>	25196
	(4) Transferred from separate account .....	<b>7c(4)</b>	
	(5) Other (specify below)..... ▶ INVESTMENT TRANSFER, ROLLOVER	<b>7c(5)</b>	63259
	(6) Total additions .....	<b>7c(6)</b>	128368
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....	<b>7d</b>	888491
<b>e</b>	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	101175
	(2) Administration charge made by carrier .....	<b>7e(2)</b>	1912
	(3) Transferred to separate account .....	<b>7e(3)</b>	
	(4) Other (specify below)..... ▶ RECORDKEEPING CORRECTION	<b>7e(4)</b>	151
	(5) Total deductions .....	<b>7e(5)</b>	103238
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	<b>7f</b>	785253

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received.....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve.....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	
(4) Claims charged.....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees.....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs.....	<b>9c(1)(C)</b>		
(D) Other expenses.....	<b>9c(1)(D)</b>		
(E) Taxes.....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges.....	<b>9c(1)(G)</b>		
(H) Total retention.....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		<b>9d(1)</b>	
(2) Claim reserves.....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2009</b>
		<b>This Form is Open to Public Inspection.</b>
For calendar plan year 2009 or fiscal plan year beginning 11/01/2008 and ending 10/31/2009		
<b>A</b> Name of plan EOCF 401K RETIREMENT SAVINGS 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 EDUCATIONAL OPPORTUNITIES FOR CHILDREN AND FAMILIES		<b>D</b> Employer Identification Number (EIN) 91-0820018

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
---

<b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
--

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
---

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
---

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation



**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

MICHAEL J PLYMALE, INC., PS

PO BOX 268  
VANCOUVER, WA 98666

91-1304455

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	6386	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2009 or fiscal plan year beginning <span style="color:blue;">11/01/2008</span> and ending <span style="color:blue;">10/31/2009</span>		
<b>A</b> Name of plan <span style="color:blue;">EOCF 401K RETIREMENT SAVINGS PLAN</span>	<b>B</b> Three-digit plan number (PN) ►	<span style="color:blue;">001</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color:blue;">EDUCATIONAL OPPORTUNITIES FOR CHILDREN AND FAMILIES</span>	<b>D</b> Employer Identification Number (EIN)  <span style="color:blue;">91-0820018</span>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	23214	25613
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	6782	66
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	2199899	2705358
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	760123	785253
<b>(15)</b> Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2990018	3516290

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	2990018	3516290
---	-----------	---------	---------

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	278192	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	160244	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	3137	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		441573
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	25196	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		25196
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	4851	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		4851
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		361923
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		833543

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	298975	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other .....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		298975
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....	<b>2i(1)</b>	6386	
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>	1805	
<b>(3)</b> Investment advisory and management fees .....	<b>2i(3)</b>	105	
<b>(4)</b> Other .....	<b>2i(4)</b>		
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		8296
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		307271

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		526272
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		
<b>(2)</b> From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MICHAEL J PLYMALE INC., PS

(2) EIN: 91-1304455

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	<input checked="" type="checkbox"/>		12695
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?.....	<input checked="" type="checkbox"/>		150000
<b>f</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 checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<input checked="" type="checkbox"/>		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" 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 checked="" type="checkbox"/>	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If yes, enter the amount of any plan assets that reverted to the employer this year ..... ☐ Yes ☒ No Amount:

- 5b** 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.)

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)


<div>SCHEDULE R (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 11/01/2008 and ending 10/31/2009		
A Name of plan EOCF 401K RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 EDUCATIONAL OPPORTUNITIES FOR CHILDREN AND FAMILIES		D Employer Identification Number (EIN) 91-0820018
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
If the plan is a defined benefit plan, go to line 8.		
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year .....		6a
b Enter the amount contributed by the employer to the plan for this plan year .....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2009 v.092308.1		

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

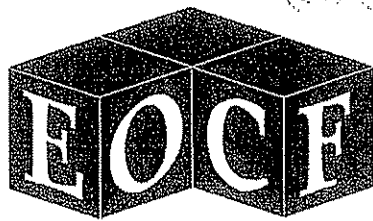
Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_



COPY

## EDUCATIONAL OPPORTUNITIES *for* CHILDREN AND FAMILIES

Administration  
PO Box 821110 • Vancouver, WA 98682-0025  
(360) 896-9912 • Toll Free (888) 483-9060  
Fax (360) 892-3209

Pacific County  
2611 Pacific Avenue, North • Long Beach, WA 98631  
(360) 642-5471 • Toll Free (866) 642-5471  
Fax (360) 642-5473

Visit us on the web: [www.eocfwa.org](http://www.eocfwa.org)

Doug Lehrman  
Executive Director

### Board of Directors

Jill Homme  
Chair

Ed Turk  
Vice Chair

Lynn Valenter  
Secretary-Treasurer

Wayne Clemetson  
Member

Judy Custy  
Member

Jan Jewett  
Member

Bob Mandelson  
Member

Sandra Odren  
Member

Tammi Olund  
Member

Rollin Perrigo  
Member

Yvonne Payne  
Member

Harry Russell  
Member

Kathryn Smith  
Member

Karen Stephenson  
Member

Jo-Ellen Wesley-Barber  
Member

Surina Warren-Nash  
Policy Council  
Representative

December 17, 2010

EBSA  
P O Box 7043  
Lawrence, KS 66044-7043

RE: Educational Opportunities for Children & Families 07-08 5500 #91-0820018(1)

To Whom It May Concern:

As stated in our letter of September 10, 2010, Educational Opportunities for Children and Families (EOCF) had some difficulties completing the audit this year related to unexpected delays due to turnover in EOCF's Director of Financial Operations position and delays in waiting for the pension administration company to respond to requests for necessary corrections. See the attached copy of the referenced letter. The audit work is now complete and the final report is enclosed. During the audit process we found it was necessary to work with the pension administration company to amend the Form 5500. The revised Form 5500 is also enclosed. Again, we apologize for the incomplete 5500 filing; however, we are now confident we are providing the most accurate information.

If you have any additional questions, please feel free to contact our Director of Finance and Program Resources, Meg Byrtek, at (360) 567-2750 or at her email address, [meg.byrtek@eocfwa.org](mailto:meg.byrtek@eocfwa.org).

Sincerely,

Douglas E. Lehrman  
Executive Director

DEL:bla

cc: Mike Plymale, CPA

Attachments:

- Copy of letter from EOCF dated 9/10/10
- Amended Form 5500
- Independent Auditors' Report

• Head Start of Clark, Pacific, and Cowlitz Counties • Early Head Start •  
• Early Childhood Education and Assistance Program of Clark County • Infant Toddler Early Intervention • HotShots Youth Sports Program •

EOCF shall not discriminate in its staff, hiring practices, board, volunteers, volunteer committees, or recipients of any service on the basis of a person's race, color, religion, sex, sexual orientation, age, national origin, marital status, veteran status, mental, physical, or sensory disability, or any other status not listed, as protected by state and/or federal law.

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1510 - 0110 1510 - 0089  <b>2009</b>  This Form is Open to Public Inspection
---	---	--

<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2008 or fiscal plan year beginning <b>11/01/2008</b> and ending <b>10/31/2009</b>			
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> an amended return/report;	<input type="checkbox"/> the final return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	<input type="checkbox"/>		
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> special extension (enter description) _____	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;

<b>Part II Basic Plan Information - enter all requested information</b>			
<b>1a Name of plan</b> <b>EOCF 401K RETIREMENT SAVINGS PLAN</b>	<b>1b</b>	Three-digit plan number (PN) ►	<b>001</b>
<b>2a Plan sponsor's name and address (employer, if for a single-employer plan)</b> (Address should include room or suite no.) <b>EDUCATIONAL OPPORTUNITIES FOR CHILDREN AND FAMILIES</b>  <b>10621 NE COXLEY DRIVE</b> <b>SUITE 207</b> <b>VANCOUVER WA 98682-0025</b>	<b>1c</b>	Effective date of plan <b>11/01/1989</b>	
	<b>2b</b>	Employer Identification Number (EIN) <b>91-0820018</b>	
	<b>2c</b>	Sponsor's telephone number <b>360-896-9912</b>	
	<b>2d</b>	Business code (see instructions) <b>624310</b>	

**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 accompanying schedules, statements and attachments, 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>		<b>01/11/2011</b>	<b>DOUGLAS E. LEHRMAN</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<b>01/11/2011</b>	<b>DOUGLAS E. LEHRMAN</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2009)  
V.092307.1

<b>3a</b> Plan administrator's name and address (If same as plan sponsor, enter "Same") <b>SAME</b>	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

<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: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
---	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	266
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
<b>a</b> Active participants	<b>6a</b>	243
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	25
<b>d</b> Subtotal. Add lines 6a, 6b, and 6c	<b>6d</b>	268
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	268
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g</b>	248
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	4
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
**2E 2F 2G 2J 3D**

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) Insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) Insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information - Small Plan)  
 (3) ☒ **1** **A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☐ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
  
Department of Labor  
Employee Benefits Security Administration  
  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2008**

This Form Is Open to  
Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 11/01/2008 and ending 10/31/2009

**A** Name of plan  
EOCF 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit  
plan number 001

**C** Plan sponsor's name as shown on line 2a of Form 5500  
EDUCATIONAL OPPORTUNITIES FOR CHILDREN &

**D** Employer Identification Number  
91-0820018

**Part II Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be  
reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	6-13953	268	11/01/2008	10/31/2009

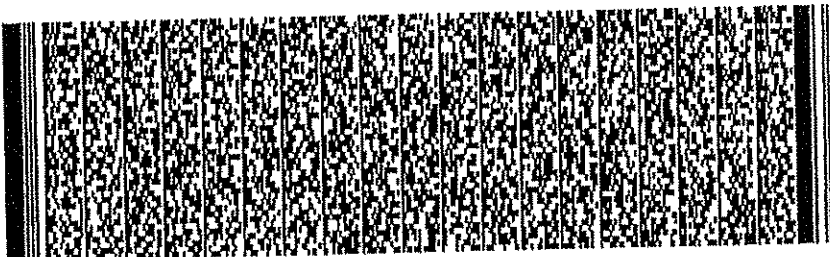
**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,  
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
5816	343

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

v11.3 Schedule A (Form 5500) 2008





(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

KMS FINANCIAL SERVICES INC  
2001 6TH AVE STE 2801  
SEATTLE

WA 98121-9833

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
5328	343	SERVICE FEES	3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

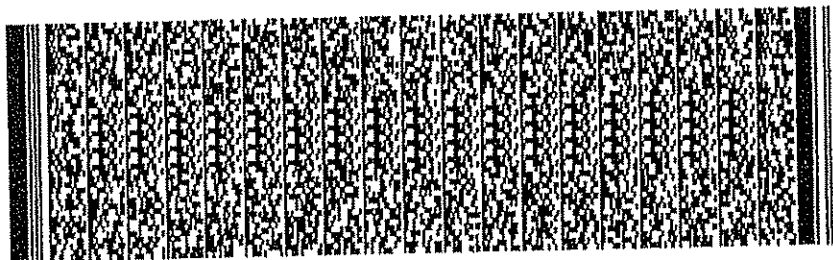
QUEST CAPITAL STRATEGIES INC  
23832 ROCKFIELD BLVD, STE 130  
LAKE FOREST

CA 92630

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
488			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

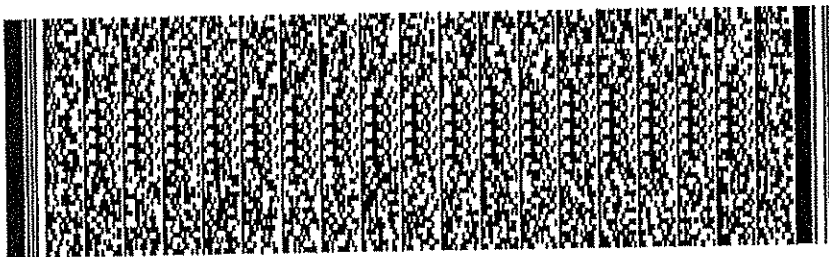
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



**Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

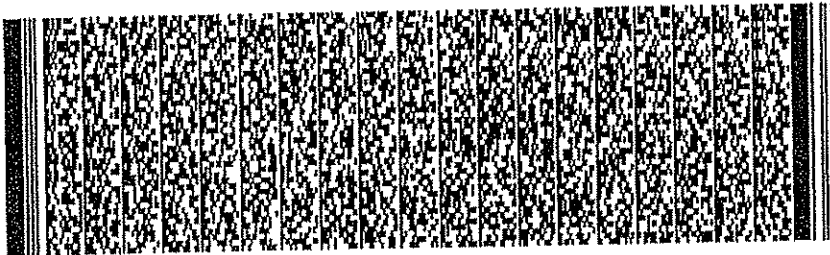
<b>3</b> Current value of plan's interest under this contract in the general account at year end .....		
<b>4</b> Current value of plan's interest under this contract in separate accounts at year end .....		
<b>5</b> Contracts With Allocated Funds		
<b>a</b> State the basis of premium rates ▶ .....		
<b>b</b> Premiums paid to carrier .....		
<b>c</b> Premiums due but unpaid at the end of the year .....		
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....		
Specify nature of costs ▶ .....		
<b>e</b> Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity		
(3) <input type="checkbox"/> other (specify) ▶ .....		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....		
<b>6</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b> Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee		
(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below)		
▶ <u>CUSTODIAL GUARANTEED INTEREST CONTR</u>		
<b>b</b> Balance at the end of the previous year .....		760123
<b>c</b> Additions: (1) Contributions deposited during the year .....	39913	
(2) Dividends and credits .....		
(3) Interest credited during the year .....	25196	
(4) Transferred from separate account .....	63259	
(5) Other (specify below) .....		
▶ <u>INVESTMENT TRANSFER, ROLLOVER</u>		
(6) Total additions .....		128368
<b>d</b> Total of balance and additions (add b and c (6)) .....		888491
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year .....	101175	
(2) Administration charge made by carrier .....	1912	
(3) Transferred to separate account .....		
(4) Other (specify below) .....	151	
▶ <u>RECORDKEEPING CORRECTION</u>		
(5) Total deductions .....		103238
<b>f</b> Balance at the end of the current year (subtract e (5) from d) .....		785253



**Part III****Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

<b>7</b> Benefit and contract type (check all applicable boxes)			
<b>a</b> <input type="checkbox"/> Health (other than dental or vision)	<b>b</b> <input type="checkbox"/> Dental	<b>c</b> <input type="checkbox"/> Vision	<b>d</b> <input type="checkbox"/> Life Insurance
<b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness)	<b>f</b> <input type="checkbox"/> Long-term disability	<b>g</b> <input type="checkbox"/> Supplemental unemployment	<b>h</b> <input type="checkbox"/> Prescription drug
<b>i</b> <input type="checkbox"/> Stop loss (large deductible)	<b>j</b> <input type="checkbox"/> HMO contract	<b>k</b> <input type="checkbox"/> PPO contract	<b>l</b> <input type="checkbox"/> Indemnity contract
<b>m</b> <input type="checkbox"/> Other (specify) _____			
<b>8</b> Experience-rated contracts			
<b>a</b> Premiums: (1) Amount received		_____	
(2) Increase (decrease) in amount due but unpaid		_____	
(3) Increase (decrease) in unearned premium reserve		_____	
(4) Earned ((1) + (2) - (3))		_____	
<b>b</b> Benefit charges: (1) Claims paid		_____	
(2) Increase (decrease) in claim reserves		_____	
(3) Incurred claims (add (1) and (2))		_____	
(4) Claims charged		_____	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		_____	
(A) Commissions		_____	
(B) Administrative service or other fees		_____	
(C) Other specific acquisition costs		_____	
(D) Other expenses		_____	
(E) Taxes		_____	
(F) Charges for risks or other contingencies		_____	
(G) Other retention charges		_____	
(H) Total retention		_____	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		_____	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		_____	
(2) Claim reserves		_____	
(3) Other reserves		_____	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		_____	
<b>9</b> Nonexperience-rated contracts:			
<b>a</b> Total premiums or subscription charges paid to carrier		_____	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		_____	
Specify nature of costs _____			



**SCHEDULE C  
(Form 5500)**  
Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Service Provider Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2008**

This Form is Open  
to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 11/01/2008 and ending 10/31/2009

**A** Name of plan  
EOCF 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit  
plan number 001

**C** Plan sponsor's name as shown on line 2a of Form 5500  
EDUCATIONAL OPPORTUNITIES FOR CHILDREN &

**D** Employer Identification Number  
91-0820018

**Part I Service Provider Information (see instructions)**

**1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: 1 1805

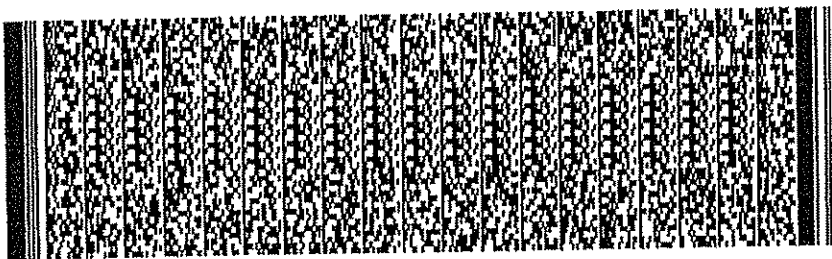
**2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		CONTRACT ADMINISTRATOR				12

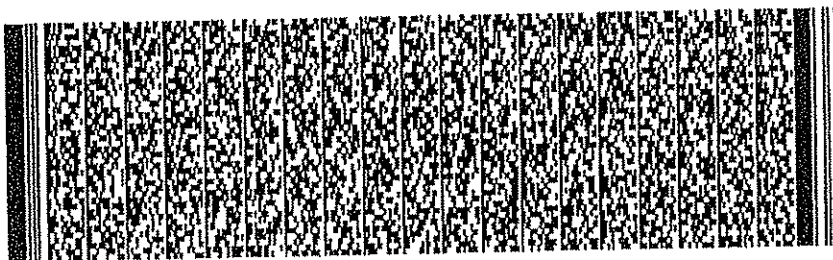
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
MICHAEL J PLYMALE, INC., P.S.	91-1304455	ACCOUNTANT				
					6386	10

ACCOUNTANT

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v11.3 Schedule C (Form 5500) 2008



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

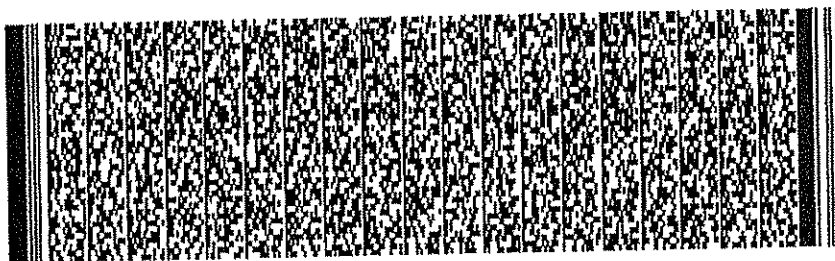
(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE H  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration**Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

Official Use Only

OMB No. 1210-0110

**2008**This Form is Open to  
Public Inspection.

Pension Benefit Guaranty Corporation

File as an attachment to Form 5500.

For calendar year 2008 or fiscal plan year beginning 11/01/2008 and ending 10/31/2009	
<b>A</b> Name of plan EOCF 401(K) RETIREMENT SAVINGS PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 EDUCATIONAL OPPORTUNITIES FOR CHILDREN &	<b>D</b> Employer Identification Number 91-0820018

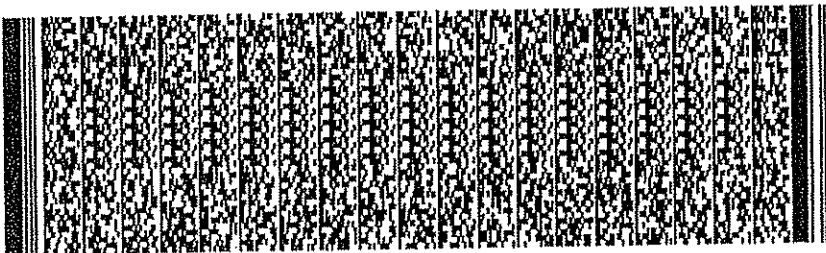
**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash	<b>a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	<b>b(1)</b>	23214	25613
(2) Participant contributions	<b>b(2)</b>	6782	66
(3) Other	<b>b(3)</b>		
<b>c</b> General investments:			
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	<b>c(1)</b>		
(2) U.S. Government securities	<b>c(2)</b>		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	<b>c(3)(A)</b>		
(B) All other	<b>c(3)(B)</b>		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	<b>c(4)(A)</b>		
(B) Common	<b>c(4)(B)</b>		
(5) Partnership/joint venture interests	<b>c(5)</b>		
(6) Real estate (other than employer real property)	<b>c(6)</b>		
(7) Loans (other than to participants)	<b>c(7)</b>		
(8) Participant loans	<b>c(8)</b>		
(9) Value of interest in common/collective trusts	<b>c(9)</b>		
(10) Value of interest in pooled separate accounts	<b>c(10)</b>		
(11) Value of interest in master trust investment accounts	<b>c(11)</b>		
(12) Value of interest in 103-12 investment entities	<b>c(12)</b>		
(13) Value of interest in registered investment companies (e.g., mutual funds)	<b>c(13)</b>	2199899	2705358
(14) Value of funds held in insurance co. general account (unallocated contracts)	<b>c(14)</b>	760123	785253
(15) Other	<b>c(15)</b>		

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

v11.3 Schedule H (Form 5500) 2008

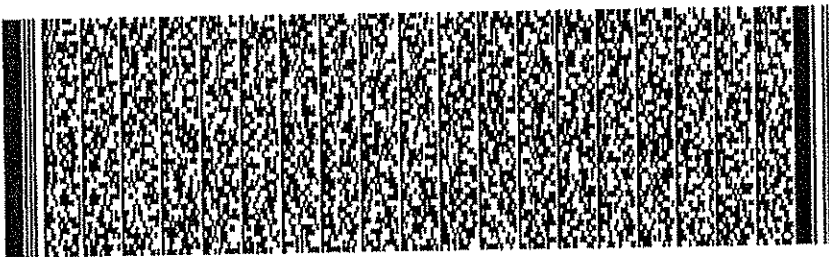


	(a) Beginning of Year	(b) End of Year
<b>1d</b> Employer-related investments:		
(1) Employer securities	d(1)	
(2) Employer real property	d(2)	
<b>e</b> Buildings and other property used in plan operation	e	
<b>f</b> Total assets (add all amounts in lines 1a through 1e)	f 2990018	3516290
<b>Liabilities</b>		
<b>g</b> Benefit claims payable	g	
<b>h</b> Operating payables	h	
<b>i</b> Acquisition indebtedness	i	
<b>j</b> Other liabilities	j	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j)	k	
<b>Net Assets</b>		
<b>l</b> Net assets (subtract line 1k from line 1f)	l 2990018	3516290

**Part II Income and Expense Statement**

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	(a) Amount	(b) Total
<b>Income</b>		
<b>a</b> Contributions:		
(1) Received or receivable in cash from: (A) Employers	a(1)(A) 278192	
(B) Participants	a(1)(B) 160244	
(C) Others (including rollovers)	a(1)(C) 3137	
(2) Noncash contributions	a(2)	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	441573
<b>b</b> Earnings on investments:		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	
(B) U.S. Government securities	b(1)(B)	
(C) Corporate debt instruments:	b(1)(C)	
(D) Loans (other than to participants)	b(1)(D)	
(E) Participant loans	b(1)(E)	
(F) Other	b(1)(F) 25196	
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	25196
(2) Dividends: (A) Preferred stock	b(2)(A)	
(B) Common stock	b(2)(B)	
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	
(3) Rents	b(3)	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	
(B) Aggregate carrying amount (see instructions)	b(4)(B)	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	





	(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	
(6) Net investment gain (loss) from common/collective trusts	b(6)	
(7) Net investment gain (loss) from pooled separate accounts	b(7)	
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	361923
<b>c</b> Other income	c	4851
<b>d</b> Total income. Add all income amounts in column (b) and enter total	d	833543
<b>Expenses</b>		
<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	298975
(2) To insurance carriers for the provision of benefits	e(2)	
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	298975
<b>f</b> Corrective distributions (see instructions)	f	
<b>g</b> Certain deemed distributions of participant loans (see instructions)	g	
<b>h</b> Interest expense	h	
<b>i</b> Administrative expenses: (1) Professional fees	i(1)	6386
(2) Contract administrator fees	i(2)	1805
(3) Investment advisory and management fees	i(3)	
(4) Other	i(4)	105
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	8296
<b>j</b> Total expenses. Add all expense amounts in column (b) and enter total	j	307271
<b>Net Income and Reconciliation</b>		
<b>k</b> Net income (loss) (subtract line 2j from line 2d)	k	526272
<b>l</b> Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

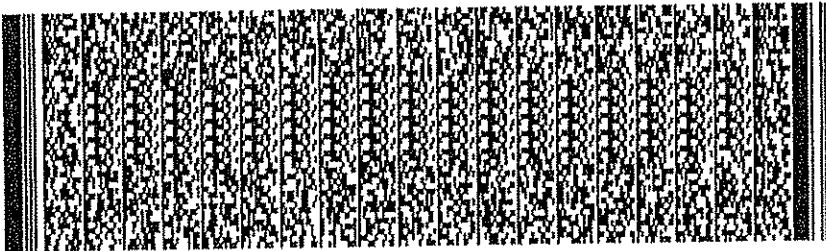
**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) 91-1304455

MICHAEL J. PLYMALE, INC. PS

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ this form is filed for a CCT, PSA or MTIA. (2) ☐ it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



**Part IV Transactions During Plan Year**

- 4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

- a Did the employer fail 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) . . . . .
- b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked) . . .
- c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked) . . . . .
- d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) . . . . .
- e Was this plan covered by a fidelity bond? . . . . .
- f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? . . . . .
- g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? . . . . .
- h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? . . . . .
- i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements) . . . . .
- j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements) . . . . .
- k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC? . . . . .

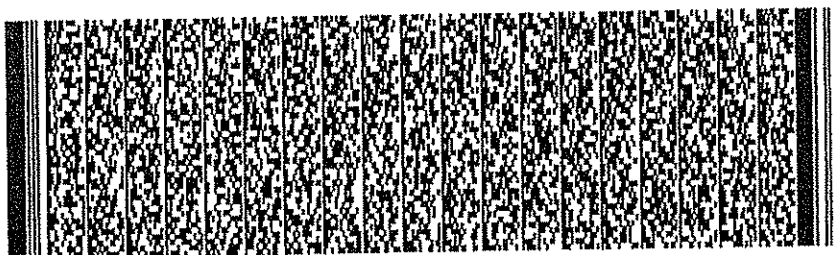
	Yes	No	Amount
a	X		12695
b		X	
c		X	
d		X	
e	X		150000
f		X	
g		X	
h		X	
i	X		
j		X	
k		X	

- 5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year . . . . . ☐ Yes ☒ No Amount \_\_\_\_\_
- 5b 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).

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4085 of the  
Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the  
Internal Revenue Code (the Code).

File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2008**

This Form Is Open to  
Public Inspection.

For calendar year 2008 or fiscal plan year beginning 11/01/2008, and ending 10/31/2009	
<b>A</b> Name of plan EOCF 401(K) RETIREMENT SAVINGS PLAN	<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 EDUCATIONAL OPPORTUNITIES FOR CHILDREN &	<b>D</b> Employer Identification Number 91-0820018

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	<b>1</b> \$
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 42-0127290 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	<b>3</b>

**Part II Funding Information** (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 7.	
<b>5</b> 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 ruling letter granting the waiver	Month Day Year
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
<b>6a</b> Enter the minimum required contribution for this plan year	<b>6a</b> \$
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year	<b>6b</b> \$
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	<b>6c</b> \$
If you completed line 6c, do not complete the remainder of this schedule.	
<b>7</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

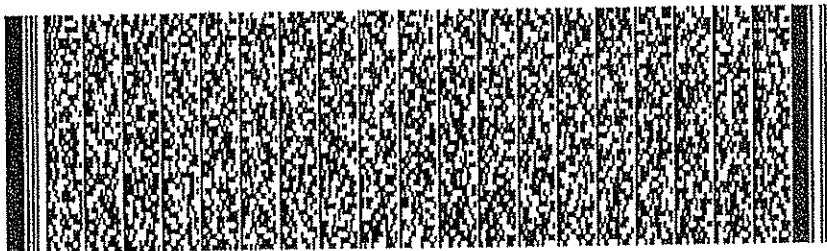
**Part III Amendments**

<b>8</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.)	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No
--	---

**Part IV Coverage (See instructions.)**

<b>9</b> Check the box for the test this plan used to satisfy the coverage requirements	<input type="checkbox"/> the ratio percentage test <input type="checkbox"/> average benefit test
---	--

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule R (Form 5500) 2008



**The Educational Opportunities for Children and Families  
401(K) Retirement Savings Plan**

Independent Auditors' Report, Financial Statements and Schedules  
October 31, 2009 and 2008

**The Educational Opportunities for Children and Families**  
**401(K) Retirement Savings Plan:**

---

**Table of Contents**

---

For Years Ended October 31, 2009 and 2008

	<u>Page</u>
Independent Auditors' Report	1
Net Assets Available for Plan Benefits	2
Changes in Net Assets Available for Plan Benefits	3
Notes to Financial Statements	4-8
Item (4) (i) Schedule H (Form) 5500 of Assets Held for Investment Purpose as of October 31, 2009	9

**MICHAEL J. PLYMALE, INC., P.S.**  
*Certified Public Accountant*

***Independent Auditors' Report***

The Board of Directors and Retirement Committee  
The Educational Opportunities for Children and Families 401(K) Retirement Savings Plan  
Vancouver, Washington

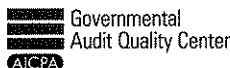
We were engaged to audit the accompanying statements of net assets available for benefits of The Educational Opportunities for Children and Families 401(K) Retirement Savings Plan as of October 31, 2009 and 2008 and the related statement of changes in net assets available for benefits for the years ended October 31, 2009 and 2008 and the supplemental schedules as of and for the year ended as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Principal Trust Companies, the trustee of the plan except for comparing such information with related information included in the October 31, 2009 and 2008 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended October 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 and 2008 financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 and 2008 financial statements and schedules taken as a whole. The form and content of the information included in the 2009 and 2008 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.



MICHAEL J. PLYMALE, INC., P.S.  
Certified Public Accountant  
December 2, 2010



**The Educational Opportunities for Children and Families**  
**401(K) Retirement Savings Plan:**

---

**Statements of Net Assets Available for Plan Benefits**

---

For Years Ended October 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<b>Investments, at Fair Value:</b>		
<b>Nonparticipant Directed Investments:</b>		
Mutual funds, at fair value	\$ 2,705,358	\$ 2,199,899
Funds held in insurance co.	<u>785,253</u>	<u>760,123</u>
<b>Total Investments</b>	<u>3,490,611</u>	<u>2,960,022</u>
 <b>Receivables:</b>		
Employer contributions	25,613	23,214
Employee contributions	<u>66</u>	<u>6,782</u>
<b>Total Receivables</b>	<u>25,679</u>	<u>29,996</u>
 <b>Net Assets Available for Plan Benefits</b>	<b>\$ <u>3,516,290</u></b>	<b>\$ <u>2,990,018</u></b>

See accompanying notes to financial statements.

**The Educational Opportunities for Children and Families**  
**401(K) Retirement Savings Plan:**

---

**Statements of Changes in Net Assets Available for Plan Benefits**

---

For Years Ended October 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<b>Additions to Assets Attributed to:</b>		
Investment Income		
Net appreciation		
in fair value of investments	\$ 387,119	\$(1,027,070)
Interest income	0	3,392
Other income	4,851	0
 Contributions		
Employer	278,192	221,764
Employee	160,244	136,315
Rollovers	<u>3,137</u>	<u>0</u>
 <b>Total Additions</b>	 833,543	 (665,599)
 Deductions from Assets Attributed to:		
Administrative expenses	8,296	12,739
Benefits and withdrawals paid to participants	<u>298,975</u>	<u>764,769</u>
 <b>Total Deductions</b>	 <u>307,271</u>	 <u>777,508</u>
 <b>Net Increase (Decrease)</b>	 526,272	 (1,443,107)
 Net Assets Available for Plan Benefits at Beginning of Year	 <u>2,990,018</u>	 <u>4,433,125</u>
 <b>Net Assets Available for Plan Benefits     at End of Year</b>	 <u>\$ 3,516,290</u>	 <u>\$ 2,990,018</u>

See accompanying notes to financial statements.



## **The Educational Opportunities for Children and Families 401(K) Retirement Savings Plan:**

---

### **Notes to Financial Statements**

---

As of October 31, 2009 and 2008

#### ***Note 1. Plan Description***

The following description of the The Educational Opportunities for Children and Families 401(K) Retirement Savings Plan: (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions, available on the Principal Financial Group website.

##### **General**

The Plan is a defined contribution 401(K) retirement savings plan established for employees of The Educational Opportunities for Children and Families (The Company) effective December 1, 2007. To be eligible for the Plan, participants must have completed one year of service and completed 1,000 hours of service. The Plan is subject to the *Employee Retirement Income Security Act of 1974 (ERISA)*.

Individual participant accounts are maintained by Principal Financial Group, the Plan's third party administrator. Each account is credited with the Company's contribution. Investment gains and losses are credited to each account based on participant choice of investments.

##### **Reconciliation of Financial Statements to Form 5500**

There were no differences between the financial statements and the IRS Form 5500 Annual Report of Employee Benefit plan for the year ended October 31, 2009.

##### **Contributions and Participants' Accounts**

The Company will contribute 6 percent of employees' compensation to the Plan. Employees must complete 1,000 hours of service and be employed for one year. The total employer contributions were \$278,192 and \$221,764 for the years ended October 31, 2009 and 2008 respectively. Total employee contributions were \$160,244 for the year ended October 31, 2009 and \$136,315 for the year ended October 31, 2008.

##### **Participant Accounts**

Each participant's account is credited with an allocation of the Company's contribution. Allocations are based on participant's earnings as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

##### **Vesting**

Vesting in the Company's matching and discretionary contributions portion of their accounts plus actual earnings is based on years of continuous service and employees must work the required minimum of 1,000 hours annually. A participant is 20% vested after one year of service and is 100% vested after five years.

##### **Payment of Benefits**

Upon attaining normal retirement age of 65, death, disability or termination of employment; a participant or his or her beneficiary may elect to receive a lump sum amount equal to the participant's vested account balance, or receive installments over a specified time period of not more than the participant's assumed life expectancy. Participants can also request drawing pension funds at 59 1/2 years of age.

**The Educational Opportunities for Children and Families  
401(K) Retirement Savings Plan:**

---

**Notes to Financial Statements (Continued)**

---

As of October 31, 2009 and 2008

**Note 2. Summary of Significant Accounting Policies**

Forfeitures

Forfeitures of unvested benefits were used to offset employer contributions. The total forfeitures reallocated were \$14,932 and \$55,861 for the years ended October 31, 2009 and 2008, respectively.

Basis of Presentation

The Plan's financial statements are presented on the accrual basis of accounting.

Valuation of Investments

Investments are stated at fair value as reported by the trustee. Net appreciation or depreciation in the fair value of investments includes both unrealized and realized gains and losses. Interest and dividends are also included in this category. Purchases and sales of securities are recorded on a trade-date basis.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those amounts.

Payment of benefits

Benefits are recorded when paid.

Administrative Expenses

Most expenses related to operating and maintaining the Plan are paid by the Company. Investment management expenses paid by the Plan were \$8,296 for the year ended October 31, 2009 and \$12,739 for the year ended October 31, 2008.

Subsequent Events

The Organization has evaluated subsequent events through December 2, 2010, the date on which the financial statements were available to be issued.

**Note 3. Plan Termination**

The Company may terminate the Plan subject to the provisions of ERISA although it has not expressed any intention to do so. Upon complete or partial termination of the Plan, all participants' accounts, to the extent funded, become fully vested and non forfeitable.

**The Educational Opportunities for Children and Families**  
**401(K) Retirement Savings Plan:**

---

**Notes to Financial Statements (Continued)**

---

As of October 31, 2009 and 2008

***Note 4. Party – in – Interest***

Principal Trust Company manages certain Plan investments and is also trustee of the Plan. These transactions qualify as party-in-interest transactions. Investment management expenses paid by the Plan to the Principal Financial Group were \$8,296 for the year ended October 31, 2009 and \$12,739 for the year ended October 31, 2008.

***Note 5. Federal Tax Determination Letter***

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

***Note 6. Information Certified by the Trustee***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the scope of the auditors' examinations did not extend to information certified by the Trustee. Such certified information is summarized as follows:

	<u>2009</u>	<u>2008</u>
Investments at Fair Value	\$ <u>3,490,611</u>	\$ <u>2,960,022</u>
Net Appreciation in Fair Value of Investments	\$ <u>387,119</u>	\$ <u>(1,027,070)</u>

In addition, the supplemental schedules of assets held for investment purposes were prepared from information certified by the Trustee.

***Note 7. Investments***

The following investments represent 5% or more of the Plan's net assets available for benefits as of October 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Principal Fixed Inc Guar Option	\$ 785,253	\$ 760,123
Princor Lifetime 2010 R2 Fund	303,111	341,625
Princor Lifetime 2020 R2 Fund	915,466	850,525
Princor Lifetime 2030 R2 Fund	741,494	569,798
Princor Lifetime 2040 R2 Fund	244,896	151,141

**The Educational Opportunities for Children and Families**  
**401(K) Retirement Savings Plan:**

---

**Notes to Financial Statements (Continued)**

---

As of October 31, 2009 and 2008

***Note 8. Concentration of Credit Risk and Uncertainties***

The Plan has placed its investments with Principal Financial Group. The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is a reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefits.

***Note 9. Fair Value of Investments***

Effective November 1, 2007, the Plan adopted Statement of Financial Accounting Standards No. 157, Fair Value Measurement ("SFAS 157"). This adoption of SFAS 157 did not have an impact on the Plan's financial statements, other than to expand the disclosures related to how the fair values of investments are determined.

Fair value is a market based measurement determined based on the assumptions that markets Participates use in pricing an asset or liability. There are three levels, which prioritizes the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (adjusted) in active markets for identical assets or liabilities
- Level 2: Observable market inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

This inputs or methodology is used in valuating investments is not necessarily an indication of the risk associated with investing in those securities.

As of October 31, 2009, the fair value of mutual funds (participant directed) was determined using Level 1 inputs. The Principal Fixed Income Guaranteed Option was determined as Level 2. The Fixed Income Guaranteed Option is reported at the plan year contract value of \$785,253. The fair market value at that date was \$745,990. The fund generated a rate of return of approximately three percent.

***Note 10. Delinquent Filing and Other Matters***

The audit of October 31, 2009 financial statements was not completed until after the deadline, including extensions, for filing the Annual Return/Report of Employee Benefit Plan (Form 5500). Audited financial statements are required to accompany the Form 5500. Management is aware and is taking corrective action.

**The Educational Opportunities for Children and Families**  
**401(K) Retirement Savings Plan:**

---

**Notes to Financial Statements (Continued)**

---

As of October 31, 2009 and 2008

***Note 10. Delinquent Filing and Other Matters (Continued)***

In addition, we noted that two employee contributions were submitted late to the custodian of the Plan. This was also noted in the Form 5500. This occurred during the transfer period between the custodians and did not happen again during the year.

The minimum bond requirement was \$299,000 but the actual bond was \$150,000 according to Page 4 of Schedule H of the Form 5500. Management advises that the bond includes an automatic increase to comply with ERISA regulations, and in fact, the actual coverage was ten percent of total plan assets. Accordingly, although the Form 5500 might imply a violation, management has confirmed that the fidelity bond is fully compliant.

**Supplemental Schedule**  
**Required by the Department of Labor**

# **The Educational Opportunities for Children and Families 401(K) Retirement Savings Plan:**

**EIN – 91-2181038**

**Plan Number 001**

**Item 4i Schedule H (Form) 5500**

**Schedule of Assets Held for Investment Purposes**

**October 31, 2009**

<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Current Value</u>
Principal Life Insurance Co.	Fixed Income Guar Option	\$ 785,253
Calvert Funds	Mutual Fund	62,999
Fidelity Investments	Mutual Fund	31,318
MFS Investment Management	Mutual Fund	25,300
Princor Financial Services	Mutual Fund	67,593
Princor Financial Services	Mutual Fund	303,111
Princor Financial Services	Mutual Fund	915,466
Princor Financial Services	Mutual Fund	741,494
Princor Financial Services	Mutual Fund	244,846
Princor Financial Services	Mutual Fund	75,723
Princor Financial Services	Mutual Fund	5,616
Janus International Holding, LLC	Mutual Fund	68,795
Jennison Dryden	Mutual Fund	4,598
Princor Financial Services	Mutual Fund	17,171
Allianz	Mutual Fund	1,925
American Century Investments	Mutual Fund	18,783
Princor Financial Services	Mutual Fund	17,201
Princor Financial Services	Mutual Fund	3,706
Princor Financial Services	Mutual Fund	9,206
American Funds Service Company	Mutual Fund	19,307
Princor Financial Services	Mutual Fund	50,420
Princor Financial Services	Mutual Fund	18,754
Fidelity Investments	Mutual Fund	486
Franklin Templeton Investments	Mutual Fund	1,540
		<u>\$ 3,490,611</u>