Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	art I	Annual Report I	dentification Informa	tion								
For	calend	ar plan year 2009 or fis		10/01/200)9	and ending 0	9/30/2	2010				
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This ret	turn/report is for:	/report is for: first return/report final return/report					_				
		·	an amended return/repo	ort	short plar	year return/report (less than 12 mo	nths)					
С	Check I	box if filing under:	X Form 5558	F	automatio	extension		DFVC program				
	special extension (enter description)											
Pa	art II	Basic Plan Infor	mation—enter all request	ed inform	nation							
	Name						1b	Three-digit				
BRO	WN/FO	X POINT EARLY CHIL	DHOOD EDUCATION CEN	TER CON	NTRIBUTIO	N RETIREMENT PLAN		plan number				
							4.0	(PN) F				
							10	Effective date of plan 10/16/1999				
2a	Plan s	ponsor's name and add	Iress (employer, if for single-	employer	r plan)		2b	Employer Identification Number				
BRO	WN/FO	X POINT EARLY CHIL	DHOOD EDUCATION CEN	TER			_	(EIN) 05-0384917				
150	HODE (STREET					2c	Plan sponsor's telephone number 401-521-5460				
		CE, RI 02906					2d	d Business code (see instructions				
								624410				
			d address (if same as Plan s DHOOD EDUCATION 150			e")	3b	Administrator's EIN 05-0384917				
	TER	ON TO ONE PARET OF THE			CE, RI 029	06	3c	Administrator's telephone number				
								401-521-5460				
			lan sponsor has changed singer from the last return/report			port filed for this plan, enter the	4b	EIN				
	name, i	LIN, and the plan numb	er nom the last return/repor	т. Эропас	Ji S Hairie		4c	PN				
5a	Totalı	number of participants a	at the beginning of the plan y		5a	12						
b	Total ı	number of participants a	at the end of the plan year				5b					
C Total number of participants with account balances as of the end of the plan year (c								44				
		•					5c	<u> </u> 11				
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
b						ions.)		X Yes No				
_				not use F	orm 5500-	SF and must instead use Form 55	00.					
Pa	art III	Financial Inform	nation				1					
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year				
a		•				103416	o e	133998				
		plan liabilities	71. (. 7b	400444		422000				
<u>C</u>		,	7b from line 7a)		. 7с	103416	0	133998				
8 a		ne, Expenses, and Trans ibutions received or rec				(a) Amount		(b) Total				
u			ervable from.		. 8a(1)	10837	7					
	(2) P	articipants			. 8a(2)	10837	7					
	(3) O	thers (including rollover	s)		. 8a(3)							
b	Other	income (loss)			. 8b	8908	3					
С	Total i	income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)		. 8c			30582				
d		. `	t rollovers and insurance pre		. <u>8d</u>							
е	Certai	in deemed and/or corre	ctive distributions (see instru	ıctions)	8e							
f	Admir	nistrative service provide	ers (salaries, fees, commissi	ions)	8f							
g	Other	expenses			. 8g							
h	Total	expenses (add lines 8d	, 8e, 8f, and 8g)		. 8h			0				
i	Net in	come (loss) (subtract lir	ne 8h from line 8c)		. 8i			30582				
i	Transf	fers to (from) the plan (s	see instructions)		. 8j							

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Part I	V Plan Characteristics	
	the plan provides pension benefits, ente	r the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Coc	les in t	he instruction	ns:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X			50000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	1		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	•			`	Yes X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No						
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а							
lf	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year		⊢	12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	r		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?		the co	ntrol 		Yes X No	
С	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.)						
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	13c(3) PN(s)	

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

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

SIGN	Filed with authorized/valid electronic signature.	07/06/2011	DONNA THERIAULT				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

For	art I Annual Report Identification Information				00/00/00			
		10/01/2 -	009 and ending		09/30/201	Ü		
Α	This return/report is for: Single-employer plan	multiple-employer plan (not multiemployer) one-participant plan						
В	This return/report is for:	final return/report						
	an amended return/report	short plar	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	automatio	extension		☐ DFVC prograi	m		
	special extension (enter descripti	ou) r						
P	art II Basic Plan Information—enter all requested inform							
<u></u>	Name of plan	iation		1b	Three-digit			
	BROWN/FOX POINT EARLY CHILDHOOD EDUCATION	ON CENT	ER		plan number	0.01		
	CONTRIBUTION RETIREMENT PLAN		(PN)	001				
				1c	Effective date of 10/16/1999			
22	Plan snonsor's name and address (amployer if for single-amploye	r nlan)		2h	Employer Identif			
	Plan sponsor's name and address (employer, if for single-employer BROWN/FOX POINT EARLY CHILDHOOD	i piari)		And D.J	(EIN) 05-038	4917		
	EDUCATION CENTER			2c	Plan sponsor's te	elephone number		
	150 HOPE STREET			0.1	(401) 521-5			
	PROVIDENCE		RI 02906	2 d	Business code (s	see instructions)		
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Same		3b	Administrator's E	IN		
	SAME							
				3с	Administrator's to	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso							
				4c	PN			
5a	Total number of participants at the beginning of the plan year			5a		12		
b				<u>5b</u>	-			
С	Total number of participants with account balances as of the end complete this item)			5c		11		
6a						X Yes No		
	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
		and condit	ons.)					
10 - 7	If you answered "No" to either 6a or 6b, the plan cannot use F	and condit	ons.)					
	If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information	and condit	ons.)SF and must instead use Form 55			X Yes No		
7	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities	and condit	ons.)SF and must instead use Form 55	00.	(b) End	☐ Yes ☐ No of Year		
7 a	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets	and condit Form 5500-	ons.)SF and must instead use Form 55	00.		☐ Yes ☐ No of Year		
7 a b	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	and condit Form 5500- 	ons.)SF and must instead use Form 55 (a) Beginning of Year 103, 41	00.				
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	and condit Form 5500- 7a 7b	(a) Beginning of Year 103, 41	00.	(b) End			
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	and condit Form 5500- 	ons.)SF and must instead use Form 55 (a) Beginning of Year 103, 41	00.				
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c	(a) Beginning of Year 103, 41	.6	(b) End			
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c 8a(1)	(a) Beginning of Year 103, 41 (a) Amount	.6	(b) End			
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 103, 41 (a) Amount	.6	(b) End			
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 103, 41 (a) Amount	.6 .6	(b) End			
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 103, 41 (a) Amount 10, 83	.6 .6	(b) End			
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 103, 41 (a) Amount 10, 83	.6 .6	(b) End	X Yes No No No No No No No N		
7 a b c 8 a b c c	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 103, 41 (a) Amount 10, 83	.6 .6	(b) End	X Yes No No No No No No No N		
7 a b c 8 a b	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions)	and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 103, 41 (a) Amount 10, 83	.6	(b) End	X Yes No No No No No No No N		
7 a b c 8 a b c c	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	(a) Beginning of Year 103, 41 (a) Amount 10, 83	.6	(b) End	X Yes No No No No No No No N		
7 a b c 8 a b c d e f g	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 103, 41 (a) Amount 10, 83	.6	(b) End	X Yes		
7 a b c 8 a b c d	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 103, 41 (a) Amount 10, 83	.6	(b) End	of Year 133,998 133,998 133,998 otal 30,582		
7 a b c 8 a b c d e f g	If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year 103, 41 (a) Amount 10, 83	.6	(b) End	X Yes		

		Form 5500-SF 2009 Page	2						
Par	t IV	Plan Characteristics							
	If the	e plan provides pension benefits, enter the applicable pension feature codes from the Lis	st of Plan Char	acteris	tic Co	des in	the instructi	ons:	
b	X If the	2L 2A 2F 2G 2K 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List	t of Plan Chara	cteris	tic Cod	des in t	he instruction	ons:	
Part	٧	Compliance Questions						··.	
10	Dur	ring the plan year:			Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions within the time period CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transact line 10a.)		10b		Х			
C	Wa	as the plan covered by a fidelity bond?		10c	Х			!	50,000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cau	used by fraud	10d		Х			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance service or other organization that provides some or all of the benefits under the planter organization.	lan? (See	10e		Х			
f	Has	s the plan failed to provide any benefit when due under the plan?		10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		Х			
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 C 20.101-3.)		10h		Х			
Ì		Oh was answered "Yes," check the box if you either provided the required notice or one coeptions to providing the notice applied under 29 CFR 2520.101-3		10i					
Part	VI	Pension Funding Compliance							
11	ls th 550	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (If "Ye	ctions and com	plete	Sched	lule SE	(Form	Yes	X No
12		his a defined contribution plan subject to the minimum funding requirements of section 4	12 of the Code	or se	ction :	302 of	ERISA?	Yes	X No
а	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan yearing the waiver	ear, see instru	ctions,	and e	enter th	e date of th	e letter ru	uling
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s				Day		1 Cai	
b	Ente	er the minimum required contribution for this plan year	•		[12b			
C	Ente	er the amount contributed by the employer to the plan for this plan year			Г	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus ative amount)	-		[12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year				13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plane PBGC?						∏ Yes	X No
C	lf du	uring this plan year, any assets or liabilities were transferred from this plan to another plach assets or liabilities were transferred. (See instructions.)							. [] 110
1) Name of plan(s):			13	c(2) El	N(s)	13c/3	B) PN(s)
						<u> </u>			,
Cauti	on: A	A penalty for the late or incomplete filing of this return/report will be assessed unl	less reasonah	le car	ıse is	estab	lished		
		nalties of perjury and other penalties set forth in the instructions, I declare that I have exa						ble, a Scl	hedule

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

SIGN	my mill	7/5/11	DONNA THERIAULT				
HERE	Signature of plan administrator	Date / /	Enter name of individual signing as plan administrator				
SIGN	mylmel	7/5/11	DONNA THERIAULT				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				