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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.	1
		dentification Information				
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	10	and ending 1	2/31/2	2010
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	n/report		_	
		an amended return/report	short plar	year return/report (less than 12 mor	nths)	
C	Check box if filing under:		DFVC program			
	3 · · ·					
Da	rt II Basic Plan Infor	special extension (enter description) mation—enter all requested inform				
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit
	'AN LEARNING CENTER 401	(K) PLAN			10	plan number
0.2.		(())				(PN) ▶ 002
					1c	Effective date of plan
						01/01/2005
		ress (employer, if for single-employer	r plan)		2b	Employer Identification Number
PUG	ET SOUND LEARNING CENT	ERS, LLC			20	(LIIV)
#7 F0	DRREST GLEN LANE SOUTH	WEST			20	Plan sponsor's telephone number 253-581-3389
LAKE	WOOD, WA 98498				2d	Business code (see instructions)
						611000
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e") ANE SOUTHWEST	3b	Administrator's EIN
PUG	ET SOUND LEARNING CENT	LAKEWOOI			2-	90-0000015
					3C	Administrator's telephone number 253-581-3389
4 1	the name and/or EIN of the pl	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	FIN
		er from the last return/report. Sponso		,		
					4c	PN
5a	Total number of participants a	at the beginning of the plan year			5a	35
b	Total number of participants a	at the end of the plan year			5b	32
С	• •	vith account balances as of the end o		•		17
	complete this item)				5c	<u> </u>
	•	during the plan year invested in eligib		,		Yes No
р		the annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No
		her 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Inform					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	121285	5	140348
b	Total plan liabilities			()	0
С		7b from line 7a)		121285	;	140348
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece					(2) 10 (2)
_			8a(1)	C)	
	(2) Participants		8a(2)	8855	5	
	(3) Others (including rollovers	s)	8a(3)			
b	Other income (loss)		8b	10208	3	
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	8c			19063
d	Benefits paid (including direct	rollovers and insurance premiums				
	to provide benefits)		8d		4	
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e		4	
f	Administrative service provide	ers (salaries, fees, commissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h			0
i	Net income (loss) (subtract lin	ne 8h from line 8c)	8i			19063
i	Transfers to (from) the plan (s	see instructions)	8i			

Form 5500-SF 2010 Page 2-	Page 2-
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Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

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

Γ	During the plan year:		Yes	No		Am	ount	
a ∖	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C	Was the plan covered by a fidelity bond?	10c		X				
	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				
i	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		Χ				
f ŀ	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g [Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					3251
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	f 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						
rt V	Pension Funding Compliance							
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com		Sched	ule SB	(Form			▽
	5500))						Yes	^ No
	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	V
. 1							=	No No
! (I a II	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	e or se	ction 3	302 of	ERISA?	of the le	Yes etter rul	No ing
(a If g	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructuranting the waiver. Monoru completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se ctions, ith	ction 3	302 of Inter th	ERISA?	of the le	Yes etter rul	No ing
(a If g lf yo	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monoru completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	e or se	and e	nter th Day	ERISA?	of the le	Yes etter rul	No ing
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d if you be compared to be compared	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monor completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions,	and e	12b 12c	ERISA?	of the k	Yes etter rul	No ing
d if you be compared to be compared	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monor or completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c	ERISA?	of the k	Yes etter rul	No ing
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gallifyob EC Edd Son	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monoto completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries.	or se	and e	12b 12c 12d 	ERISA?	of the la	Yes etter rul ar No Yes	No N
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() () () () () () () () () () () () () (Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction for the waiver. Monor or completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? We have a resolution to terminate the plan been adopted during the plan year or any prior year? We are all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	or se	and e	12b 12c 12d 	ERISA?	of the la	Yes etter rul ar No Yes Yes	No No No

SIGN	Filed with authorized/valid electronic signature.	10/04/2011	DAVE SMITH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/04/2011	DAVE SMITH
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Internal Revenue Service

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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For the calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 A This return/report is for: x single-employer plan multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: x Form 5558 automatic extension ☐ DFVC program special extension (enter description) Basic Plan Information --- enter all requested information. 1a Name of plan 1b Three-digit Sylvan Learning Center 401(K) Plan plan number (PN) ► 002 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number Puget Sound Learning Centers, LLC (EIN) 90-0000015 2c Plan sponsor's telephone number #7 Forrest Glen Lane Southwest (253) 581-3389 US Lakewood 2d Business code (see instructions) WA 98498 611000 Plan administrator's name and address (If same as plan employer, enter "Same") 3b Administrator's EIN Same 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN and the plan number from the last return/report. Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year 5a 35 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 32 6a 17 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets . 7a 121,285 140,348 b Total plan liabilities 7b 0 C Net plan assets (subtract line 7b from line 7a) 7c 121,285 140,348 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: 8a(1) (2) Participants 8a(2) 8,855 (3) Others (including rollovers). 8a(3) h Other income (loss) 8b 10,208 Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 19,063 Benefits paid (including direct rollovers and insurance premiums Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) . Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 0 i Net income (loss) (subtract line 8h from line 8c)

8i

Transfers to (from) the plan (see instructions) .

19.063

	Form 5500-SF 2010		Page 2-						
Par	Plan Characteristics								
	f the plan provides pension benefits, enter the applicable pension feat 2E 2F 2J 2K f the plan provides welfare benefits, enter the applicable welfare featu								
Par	Compliance Questions					·	······································		
10	During the plan year:				Yes	No	7	Amount	
а	Was there a failure to transmit to the plan any participant contributio	n within the time perio	od described in					ranount	······································
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	ry Correction Program Do not include transa	n)	10a		x			
С	Was the plan covered by a fidelity bond?			10b		-			
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	elity bond, that was o	aused by fraud	10c		x			
е	Were any fees or commisions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of instructions.)	the benefits under th	a nlan2 (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as o				х		1		2 051
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 20	CED	10g 10h		x			3,251
-	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the						
Part	VI Pension Funding Compliance					L			
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see insti	uctions and complete	Sche	dule S	SB (Fo	orm		
12	Is this a defined contribution plan subject to the minimum funding req	uirements of section	412 of the Code or se	ction	 302 of	ERIS	A? .		X No
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable of a waiver of the minimum funding standard for a prior year is being a granting the waiver	amortized in this plan	Mont	s, and th	enter	the da Day	ate of the le	etter ruling Year	
b	Enter the minimum required contribution for this plan year				. Г	12b			
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	n year e result (enter a minu:	sign to the left of a		•	12c			
	nogative amount)				· L	12d			
Part	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	funding deadline?	<u> </u>	• •	٠.		Yes	□No	□N/A
							·····		
	Has a resolution to terminate the plan been adopted during the plan y If "Yes," enter the amount of any plan assets that reverted to the emp	ear or any prior year?	· · · · · · · ·		٠.	• •	• • •	. LYes	X No
b	Were all the plan assets distributed to participants or beneficiaries, tra			• •		13a			
С	of the PBGC? If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)							. Yes	X No
13	c(1) Name of plan(s):				13c	(2) EI	N(s)	13c(3)	PN(e)
						<u>,</u>	(0)	100(0)	7 14(3)
						·	W.C. 100		
Cautio	: A penalty for the late or incomplete filing of this return (di ba sasa							
Under p SB or S	enalties of perjury and other penalties set forth in the instructions, I dechedule MB completed and signed by an enrolled actuary, as well as the complete, completed.	clare that I have evan	minod this return/sex				plicable, a my knowle	Schedule edge and	
SIGN	Lucesta								
HERE	Signature of plan administrator	Date 3 (1/	Enter name of indiv	idual s	igning	as pl	an adminis	strator	
HERE	Signature of employer/plan sponsor	2.012.10							
CHURCHY !	Signature or emproyer/pian sponsor	Date \$ 3111	Enter name of indivi	idual s	igning	as er	nployer or	plan sponso	or