Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	n the instructions to the Form 55	JU-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n)		_	_
Pa	urt II Basic Plan Information—enter all requested informa	ation			
	Name of plan	20011		1b	Three-digit
	'AN LEARNING CENTER 401(K) PLAN				plan number
					(PN) ▶ 002
				1c	Effective date of plan
	<u></u>			01	01/01/2005
∠a PUG	Plan sponsor's name and address; include room or suite number (er ET SOUND LEARNING CENTERS, LLC	mployer, if	for a single-employer plan)		Employer Identification Number (EIN) 90-0000015
				-	(EII4)
				20	Sponsor's telephone number 253-581-3389
	DRREST GLEN LANE SOUTHWEST WOOD, WA 98498			2d	Business code (see instructions)
					611000
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	:")	3b	Administrator's EIN
PUGI	ET SOUND LEARNING CENTERS, LLC #7 FORREST LAKEWOOD,		NE SOUTHWEST		90-000015
	LAKEWOOD,	WA 3043		3C	Administrator's telephone number 253-581-3389
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	
-	name, EIN, and the plan number from the last return/report.				
a	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	34
b	Total number of participants at the end of the plan year			5b	32
С	Number of participants with account balances as of the end of the p	• ,	·	5c	17
	complete this item)				
b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a		•		\rac{\sqrt{165}}{100}
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	140348		146971
b	Total plan liabilities	7b	0		0
C	Net plan assets (subtract line 7b from line 7a)	7c	140348		146971
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:				
	(1) Employers	8a(1)	0455		
	(2) Participants	8a(2)	8155		
_	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-1532		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			6623
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f			
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			
i	Net income (loss) (subtract line 8h from line 8c)				6623
j	Transfers to (from) the plan (see instructions)				

Form	5500-	SF	201

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Part IV	Plan	Characte	ristics

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

	V 0 11 0 11							
art								
0	During the plan year:		Yes	No		Amo	ount	
	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					8155
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					2541
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp					П	Yes	X No
2	5500))						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 30	CHOIT	002 01	LICIOA	Ш		<u> </u>
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructional the waiver.							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,				
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	N	Ю	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plai	n(s) to					_
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	establ	ished.			
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					icable,	a Sche	edule

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.	10/03/2012	DAVE SMITH
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/03/2012	DAVE SMITH
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

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

_	the calendar plan year 2011 c	rt identification information	* *************************************	1 (0044		•••••		
				01/2011	and ending	12	/31/2011	
	This return/report is for:	x a single-employer plan	a multiple	e-employer plan (not multiemployer)	L	a one-participa	nt plan
В	This return/report is:	the first return/report	the final r	eturn/report				
		an amended return/report	a short pl	an year retum/re	port (less than 12 mo	nths)		
С	Check box if filing under:	x Form 5558	automatio	extension		Γ	DFVC program	
		special extension (enter descrip	otion)			_	_	
P	art II Basic Plan Int	formation enter all requested i	information			···		
1a	Name of plan		morriday).			1b 1	hree-digit	
	Sylvan Learning Cer	iter 401 (K) Plan				F	olan number	
	,	102 (11) 12411					PN) ►	002
							Effective date of p	lan
2a	Plan sponsor's name and ad	dress; include room or suite number (employer, if for	r single-employer	plan)		mployer Identific	ation Number
	Puget Sound Learning	d Centers, LLC				1	EIN) 90-0000	
						2c ⊧	Plan sponsor's tele	ephone number
	#7 Forrest Glen Lan	e Southwest					253) 581-33	89
me	Talassa						Business code (se	e instructions)
<u>us</u> 3a	Lakewood Plan administrator's name as	WA 98498 nd address (If same as plan sponsor, e	- 1- HO B				11000	
-	Same	id address (ii same as plan sponsor, e	enter "Same")			3b A	dministrator's EIN	1
							·	
						3c A	dministrator's tele	phone number
_								
4	If the name and/or EIN of the name. EIN, and the plan num	plan sponsor has changed since the ober from the last return/report.	last return/repo	ort filed for this pl	an, enter the	4b ∈	IN	
a	Sponsor's Name					4c P	N	
5a	Total number of participants	at the beginning of the plan year				5a		34
b	Total number of participants	at the end of the plan year				5b		32
С	complete this item)	account balances as of the end of the	plan year (defir	ned benefit plans	do not	5c		
6a	Were all of the plan's assets	during the plan year invested in eligible	e assets? (See	instructions)	• • • • • • •			17
b	Are you claiming a waiver of	the annual examination and report of a	an independen	t qualified public	accountant (IOPA)	• • •	• • • •	X Yes No
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility a	and conditions.	.)				X Yes No
Da	If you answered "No" to elt	her 6a or 6b, the plan cannot use Fo	orm 5500-SF a	ınd must instead	i use Form 5500.			
<u>Ра</u>	rt III Financial Infor	mation						
	Plan Assets and Liabilities			(a) Beg	inning of Year		(b) End of	Year
a	Total plan assets	• • • • • • • • • • • • • • • • • • • •	· · 7a	ļ	140,348			146,971
b	Total plan liabilities		· · 7b	<u> </u>	0	_	****	0
<u>с</u> 3	Net plan assets (subtract line Income, Expenses, and Trans		· · 7c		140,348			146,971
a	Contributions received or received		100-2	(a)	Amount		(b) Tot	al
	(1) Employers		8a(1)			11.75		
	(2) Participants		8a(2)		8,155			
	(3) Others (including rollover	,	8a(3)					
b	Other income (loss)		8b		(1,532)	100000		
۲ C	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c			į.		6,623
d	to provide benefits)	rollovers and insurance premiums	8d			9.03		
е		ctive distributions (see instructions)	8e					
f		ers (salaries, fees, commissions)	. 8f					
g	Other expenses	· · · · · · · · · · · · ·		<u> </u>				
_	Total expenses (add lines 8d,	8e. 8f. and 8g)	. 8g					
i	Net income (loss) (subtract lin	<u>-</u> ,	. 8i					
i		ee instructions)				2547250		6,623
_	1 =:::/ =:::		8;			Sinner Cir.		

9a	rt IV Plan Characteristics				**** **** **** ****
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteris	etic C	odec ii	a the inet-	
b					
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristi	ic Co	des in	the instruc	tions:
Pai	rt V Compliance Questions		****		
10	During the plan year:		Yes	No.	
а			res	NO	Amount
b	23 Of N 23 10.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	х		8,1
_	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	ļ		x	
С		10b	 	 	
d	the present of the desired bonds.	10c		х	
	or distributesty?	40.4		x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10d			
	insurance services or other organization that provides some or all of the henefits under the plan? (See				
f	matructions.)	10e		Х	
<u>.</u>		10f		х	
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	х	11/1	2,5
11	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520,101-3.)			. 1	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h		Х	
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
art	VI Pension Funding Compliance		1		
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes " see instructions and complete	Sche	dule S	B (Form	
<u> </u>					Yes X No
•	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ction :	302 of	ERISA?	Yes X No
а					
_	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and	enter t	he date of	the letter ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	'		Day	Year
b	Enter the minimum required contribution for this plan year			12b	
	Enter the amount contributed by the employer to the plan for this plan year			12c	
C	Culphan at the control of the contro				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)			2d	
d e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				″es □No □N/A
d e rt	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets	 <u></u>			es No N/A
d e rt	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	· · ·			
e rt '	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year		·		Yes No N/A
a b	Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "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 practice to the employer.	•			
d e rt a b	Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "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 under the PBGC?	· ·			
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d e rt a	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "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 under the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan (which assets or liabilities were transferred. (See instructions.)	· ·			Yes X No
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d e errt a b	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "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 under the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan (which assets or liabilities were transferred. (See instructions.)	· ·			Yes X No
d e errt! a b	Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "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 under the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	he co			Yes X No
d e urt a b c	Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "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 under to of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	he co	1 entrol	3a 2) EIN(s)	Yes X No Yes X No 13c(3) PN(s)
d e errt a b c	Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "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 under the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	he co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes X No Yes X No 13c(3) PN(s)
d e urt a b c tion er por S	Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "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 under the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	he co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes X No

Date

Date

9/30/17

HERE

SIGN (

Signature of plan administrator

Signature of employer/plan sponsor

Sm.Th

Enter name of individual signing as plan administrator

Smitz

Enter name of individual signing as employer or plan sponsor