

Submission of Plan Administrator Statement Pursuant to 29 C.F.R. § 2520.104-23

Date Completed: 05/24/2019

Employer Information

Name: Learning Enrichment and Academic Resources Network (L.E.A.R.N)
Address: 7200 Greenleaf Avenue #300
City: Whittier State: CA Zip Code: 90602
EIN: 20-0995958

Plan Administrator Information

Name: Learning Enrichment and Academic Resources Network (L.E.A.R.N)
Address: 7200 Greenleaf Avenue #300
City: Whittier State: CA Zip Code: 90602
Phone: 5623093545
Email: brenda@learnla.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	L.E.A.R.N. 457(b) Eligible Deferred Compensation Plan	Number of Employees: 1
ID:2	Plan Name:	L.E.A.R.N. Nonqualified Deferred Compensation Section 457(f) Plan	Number of Employees: 1

Additional Information

2520192040068

TRUCKER ♦ HUSS

A PROFESSIONAL CORPORATION
ERISA AND EMPLOYEE BENEFITS ATTORNEYS

Writer's Direct Dial:
(415) 277-8063
ypandya@truckerhuss.com

May 24, 2019

Via Certified Mail/Return Receipt

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1515
Washington, DC 20210

***Re: DFVCP Submission of Statement Pursuant to 29 C.F.R. § 2520.104-23
for Top Hat Plan Exemption***

To Whom It May Concern:

On behalf of Learning Enrichment and Academic Resources Network ("L.E.A.R.N."), please find enclosed the statement pursuant to 29 C.F.R. § 2520.104-23 for submission under the Delinquent Filer Voluntary Correction Program (DFVCP).

Pursuant to 29 C.F.R. § 2520.104-23(b)(2), a single statement covering all plans maintained by the same employer is consistent with the requirements for top hat plan filings under the DFVCP. Accordingly, the enclosed statement pertains to the L.E.A.R.N. 457(b) Eligible Deferred Compensation Plan and the L.E.A.R.N. Nonqualified Deferred Compensation Section 457(f) Plan. Also enclosed is the payment confirmation for the penalty in the amount of \$750.00.

If you have any questions, please contact me.

Very truly yours,



Yatindra Pandya

YP/slw
Enclosures

**Online Payment
Step 3: Confirm Payment**

**Thank you.
Your transaction has been successfully completed.**

Pay.gov Tracking Information

Application Name: Delinquent Filer Voluntary Compliance Program
Pay.gov Tracking ID: 26HMCMT1
Agency Tracking ID: 19-05-81007
Transaction Date and Time: 05/24/2019 14:47 EDT

Payment Summary

Address Information

[Redacted Address Information]

Payment Information

Payment Amount: \$750.00
Transaction Date 05/24/2019 14:47
and Time: EDT

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CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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ERISA AND EMPLOYEE BENEFITS ATTORNEYS
One Embarcadero Center, 12th Floor
San Francisco, California 94111-4628

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Employee Benefits Security Administration
Top Hat Plan Exemption
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