#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110 1210-0089

2010

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Pt	IDIIC
Part I	Annual Report Iden	tification Information				
For cale	ndar plan year 2010 or fiscal p	plan year beginning 07/01/2010		and ending 06/30	/2011	
<b>A</b> This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or		
		a single-employer plan;	a DFE (s	specify)		
		_				
<b>B</b> This	return/report is:	the first return/report;	the final	return/report;		
		an amended return/report;	a short p	olan year return/report (less	than 12 months).	
<b>C</b> If the	plan is a collectively-bargaine	ed plan, check here				
D Chec	k box if filing under:	Form 5558;	automat	ic extension;	the DFVC program;	
2 000	voxg uuo	special extension (enter des				
Part	II Rasic Plan Inform	nation—enter all requested information				
	ne of plan	iditori cinter an requested illionin	auon		<b>1b</b> Three-digit plan	501
	NY HILL SCHOOL FLEXIBLE	BENEFITS PLAN			number (PN) ▶	
					1c Effective date of pl	an
0					07/01/1998	
	n sponsor's name and address Iress should include room or s	s (employer, if for a single-employer	plan)		<b>2b</b> Employer Identification Number (EIN)	
`	NY HILL SCHOOL, INC.	and no.,			05-0369168	
	, ,				2c Sponsor's telephone	
					number 401-949-0690	
	MONY HILL ROAD		63 HARMONY HILL ROAD			2
CHEPAC	CHET, RI 02814	CHEPACHET, RI 02814			2d Business code (see instructions)	
					611000	
Caution	: A penalty for the late or in	complete filing of this return/repo	rt will be assessed	unless reasonable cause	is established.	
		enalties set forth in the instructions,				dules.
stateme	nts and attachments, as well a	as the electronic version of this return	n/report, and to the b	pest of my knowledge and b	elief, it is true, correct, and con	nplete.
SIGN	Filed with authorized/valid ele	ectronic signature.	05/31/2012	THOMAS FECTEAU		
HERE	Signature of plan adminis	trator	Date	Enter name of individual	signing as plan administrator	
SIGN						
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual	signing as employer or plan sp	onsor
SIGN						

Signature of DFE Date Enter name
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2010)	Page	2		
HA 63	Plan administrator's name and address (if same as plan sponsor, enter "Same") RMONY HILL SCHOOL, INC. HARMONY HILL ROAD EPACHET, RI 02814			3c Ad	dministrator's EIN -0369168 Iministrator's telephone umber 1-949-0690
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/report the plan number from the last return/report:  Sponsor's name	t filed for th	is plan, enter the	name, EIN and	4b EIN 4c PN
5	Total number of participants at the beginning of the plan year			5	192
6	Number of participants as of the end of the plan year (welfare plans complete only	lines 6a, 6k	<b>o, 6c,</b> and <b>6d</b> ).		
а	Active participants			6a	185
b	Retired or separated participants receiving benefits			6b	C
С	Other retired or separated participants entitled to future benefits			6c	C
d	Subtotal. Add lines 6a, 6b, and 6c.			6d	185
е	Deceased participants whose beneficiaries are receiving or are entitled to receive	benefits		6e	(
f	Total. Add lines <b>6d</b> and <b>6e</b>			6f	185
g	Number of participants with account balances as of the end of the plan year (only complete this item)			6g	(
h	Number of participants that terminated employment during the plan year with accruless than 100% vested			6h	(
7	Enter the total number of employers obligated to contribute to the plan (only multie	employer pla	ans complete this	s item) <b>7</b>	
	If the plan provides pension benefits, enter the applicable pension feature codes from the plan provides welfare benefits, enter the applicable welfare feature codes from 4A 4B 4Q				
	Plan funding arrangement (check all that apply)  (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are attached.	(1) (2) (3) (4)	Insurance Code section Trust General ass	check all that apply)  n 412(e)(3) insurance  ets of the sponsor  ter the number attace	ce contracts

**b** General Schedules

(1)

(2)

(3)

(4)

(5)

(6)

**H** (Financial Information)

A (Insurance Information)

C (Service Provider Information)D (DFE/Participating Plan Information)

I (Financial Information – Small Plan)

**G** (Financial Transaction Schedules)

a Pension Schedules

(1)

(2)

(3)

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

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 (ERISA).

#### File as an attachment to Form 5500.

OMB No. 1210-0110

•			ERISA section 103(a)(2).	normation		m is Open to Public Inspection	
For calendar plan year 20	10 or fiscal plar	n year beginning 07/01/2010		and ending 0	6/30/2011	•	
A Name of plan HARMONY HILL SCHOO	-		В	Three-digit plan number (l	PN)	501	
C Plan sponsor's name as shown on line 2a of Form 5500.  HARMONY HILL SCHOOL, INC.  D Employer Identification Number (EIN) 05-0369168							
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end		Policy or co	ontract year	
(6) EIN	code	identification number	policy or contract year		f) From	<b>(g)</b> To	
36-2739571	79413	105417	118	07/01/2	2010	06/30/2011	
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. List in	item 3 the agent	s, brokers, and c	other persons in	
(a) Total a	amount of com	•		(b) Total amour	t of fees paid		
		0				0	
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as needed to report all pers	ons).			
		and address of the agent, broker			es were paid		
(b) Amount of sales ar			es and other commissions pa				
commissions pa	id	(c) Amount	(d) F	Purpose		(e) Organization code	
	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales ar	nd base	Fe	es and other commissions pa	aid	-		
commissions pa		(c) Amount	(d) F	Purpose		(e) Organization code	

Schedule A (Form 5500)	2010	Page <b>2-</b>		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	ridual contracts	with each carrier may be	treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	0
		ent value of plan's interest under this contract in separate accounts at year e			5	0
_		racts With Allocated Funds:		•	u	
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	0
	С	Premiums due but unpaid at the end of the year			6c	0
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	0
		Specify nature of costs				
	е	Type of contract: (1)  individual policies (2)  group deferred (3) other (specify)	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	arate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ate participation	guarantee		
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		0	
		(2) Dividends and credits	. 7c(2)		0	
		(3) Interest credited during the year	7c(3)		0	
		(4) Transferred from separate account	. 7c(4)		0	
		(5) Other (specify below)	7c(5)		0	
		•				
	_	(6)Total additions			c(6)	0
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			7d	0
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year			0	
		(2) Administration charge made by carrier	7e(2)		0	
		(3) Transferred to separate account			0	
		(4) Other (specify below)	. 7e(4)		0	
		<b>&gt;</b>				
		(5) Total deductions		76	e(5)	0
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )			7f	0

Page	4

Pa	ırt II	If more than one contract covers the same grainformation may be combined for reporting put the entire group of such individual contracts with the entire group	oup of employees ourposes if such con	tracts are experienc	e-rated as a unit. Wh	ere contracts		s,
8	Ben	efit and contract type (check all applicable boxes)		a, 20 11 0 a1 0 a a a		7.000.11		
	a [	Health (other than dental or vision)	<b>b</b> Dental	с	Vision	(	<b>d</b> Life insurance	
	e	Temporary disability (accident and sickness)	f Long-term	lisability <b>g</b>	Supplemental unem	plovment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contra	· · · · · <u>-</u>	PPO contract	,	I Indemnity contract	
	. L		) [] Tilvio contra	K_	1110 contract		■ Indemnity contract	
	m	Other (specify)						
9	Ехре	erience-rated contracts:						
	a I	Premiums: (1) Amount received		9a(1)		0		
		(2) Increase (decrease) in amount due but unpaid	b	9a(2)		0		
		(3) Increase (decrease) in unearned premium res	serve	9a(3)		0		
		(4) Earned ((1) + (2) - (3))				. 9a(4)		0
	b	Benefit charges (1) Claims paid				0		
		(2) Increase (decrease) in claim reserves				0		
		(3) Incurred claims (add (1) and (2))				. 9b(3)		0
	_	(4) Claims charged				. 9b(4)		
	С	Remainder of premium: (1) Retention charges (or	,			0		
		(A) Commissions		2 (1)(7)		0	_	
		(B) Administrative service or other fees		0. (4)(0)		0	_	
		(D) Other expenses				0	_	
		(E) Taxes		2 (1)(=)		0	4	
		(F) Charges for risks or other contingencies		0. (4)(5)		0	-	
		(G) Other retention charges				0		
		(H) Total retention				9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amounts were	paid in cash, or	credited.)	9c(2)		0
	d	Status of policyholder reserves at end of year: (1)	) Amount held to p	ovide benefits after	retirement			0
		(2) Claim reserves				. 9d(2)		0
		(3) Other reserves				. 9d(3)		0
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount e	entered in <b>c(2)</b> .)		. 9e		0
10	No	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			. 10a	907	656
	b	If the carrier, service, or other organization incurretention of the contract or policy, other than repo			•	. 10b		0
	Qr.	pecify nature of costs	oned in Fait i, item	z above, report arm	Juiit	. 100		
	Op.	cony flature of costs 7						

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

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 (ERISA).

#### File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

nurought to FDICA coation 400(a)(0)					m is Open to Public Inspection		
For calendar plan year 20	10 or fiscal pla	an year beginning 07/01/2010	)	and er	nding 06/30/2011		
A Name of plan HARMONY HILL SCHOO	L FLEXIBLE I	BENEFITS PLAN			e-digit number (PN)	501	
•	C Plan sponsor's name as shown on line 2a of Form 5500.  HARMONY HILL SCHOOL, INC.  D Employer Identification Number (EIN) 05-0369168						
		ning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or co	ontract year	
<b>(b)</b> EIN	code	identification number	persons covered a policy or contrac		(f) From	<b>(g)</b> To	
99-999999	NAIC	CONTRACT NUMBER	12	25	07/01/2010	06/30/2011	
2 Insurance fee and compute descending order of the		nation. Enter the total fees and t	otal commissions paid. L	st in item 3	the agents, brokers, and o	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
	0						
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were paid		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid		_	
commissions pai	d	(c) Amount		(d) Purpose	e	(e) Organization code	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were paid	_	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions paid (c) Amount (d) Purpose			е	(e) Organization code			

Schedule A (Form 5500)	2010	Page <b>2-</b>		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	ridual contracts	with each carrier may be	treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	0
		ent value of plan's interest under this contract in separate accounts at year e			5	0
_		racts With Allocated Funds:		•	u	
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	0
	С	Premiums due but unpaid at the end of the year			6c	0
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	0
		Specify nature of costs				
	е	Type of contract: (1)  individual policies (2) group deferrer (3) other (specify)	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	arate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ate participation	guarantee		
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		0	
		(2) Dividends and credits	. 7c(2)		0	
		(3) Interest credited during the year	7c(3)		0	
		(4) Transferred from separate account	. 7c(4)		0	
		(5) Other (specify below)	7c(5)		0	
		•				
	_	(6)Total additions			c(6)	0
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			7d	0
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year			0	
		(2) Administration charge made by carrier	7e(2)		0	
		(3) Transferred to separate account			0	
		(4) Other (specify below)	. 7e(4)		0	
		<b>&gt;</b>				
		(5) Total deductions		76	e(5)	0
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )			7f	0

Page	4

Pa	rt I	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	oup of employees of the surposes if such contracts	are experienc	ce-rated as a unit. Wh	ere contracts	
8	Bon	- J	with each carrier may be t	ieateu as a u	The for purposes of this	тероп.	
0	r	efit and contract type (check all applicable boxes)	<b>b</b> ⊠ Destal	٦	1,7,		d 🗆 1.7. S
	a	Health (other than dental or vision)	<b>b</b> Dental	c	Vision	_	d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disability	ty <b>g</b> _	Supplemental unem	ployment	h Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k [	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Ехр	erience-rated contracts:					
	а	Premiums: (1) Amount received		9a(1)		0	
		(2) Increase (decrease) in amount due but unpaid	1			0	
		(3) Increase (decrease) in unearned premium res	erve	9a(3)		0	
		(4) Earned ((1) + (2) - (3))		1		9a(4)	0
	b	Benefit charges (1) Claims paid		` ,		0	
		(2) Increase (decrease) in claim reserves		9b(2)		0	
		(3) Incurred claims (add (1) and (2))				9b(3)	0
		(4) Claims charged				9b(4)	0
	С	Remainder of premium: (1) Retention charges (o	,			0	-
		(A) Commissions		9c(1)(A)		0	
		(B) Administrative service or other fees		9c(1)(B)		0	_
		(C) Other specific acquisition costs				0	
		(D) Other expenses		9c(1)(D)		0	-
		(E) Taxes		9c(1)(E) 9c(1)(F)		0	<u> </u> 
		(F) Charges for risks or other contingencies		2 (1)(2)		0	_
		(G) Other retention charges				9c(1)(H)	0
		(H) Total retention	_				0
		(2) Dividends or retroactive rate refunds. (These	<b>□</b> .		ŕ	(-/	0
	d	Status of policyholder reserves at end of year: (1	, '			9d(1)	0
		(2) Claim reserves				9d(2)	
	_	(3) Other reserves				9d(3) 9e	0
10	E No	Dividends or retroactive rate refunds due. (Do no enexperience-rated contracts:	ot include amount entered	ı iii <b>C(2)</b> .)		96	
10		Total premiums or subscription charges paid to c	earrier			10a	53349
	b	If the carrier, service, or other organization incurr				10a	
		retention of the contract or policy, other than repo				10b	0
	Sr	pecify nature of costs	·				

Part IV	Provision of Information			
<b>11</b> Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

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 (ERISA).

#### File as an attachment to Form 5500.

OMB No. 1210-0110

			ERISA section 103(a)(2).	This	Form is Open to Public Inspection
For calendar plan year 20°	10 or fiscal pla	n year beginning 07/01/2010	а	nd ending 06/30/2011	•
A Name of plan HARMONY HILL SCHOO	L FLEXIBLE E	BENEFITS PLAN		Three-digit plan number (PN)	501
C Plan sponsor's name a HARMONY HILL SCHOO	L, INC.		OS	mployer Identification Num 5-0369168	
		ning Insurance Contract Individual contracts grouped a			
1 Coverage Information:					
(a) Name of insurance ca BOSTON MUTUAL LIFE		CO.			
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate number		or contract year
<b>(b)</b> EIN	code	identification number	persons covered at end of policy or contract year	(f) From	<b>(g)</b> To
99-9999999	NAIC	CONTRACT NUMBER	145	07/01/2010	06/30/2011
2 Insurance fee and composite descending order of the		ation. Enter the total fees and to	otal commissions paid. List in it	em 3 the agents, brokers, a	and other persons in
(a) Total a	amount of com	missions paid	(	<b>b)</b> Total amount of fees pai	d
		0			0
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all persor	ns).	
<u> </u>		and address of the agent, broke			
(b) Amount of sales ar	nd base	Fe	ees and other commissions paid	<u> </u>	
commissions pai	d	(c) Amount	<b>(d)</b> Pu	rpose	(e) Organization code
	(a) Name a	and address of the agent, broke	r, or other person to whom com	missions or fees were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commissions paid	<u> </u>	
commissions pai		(c) Amount	<b>(d)</b> Pu	(e) Organization code	

Schedule A (Form 5500)	2010	Page <b>2-</b>		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	with each carrier may be	r may be treated as a unit for purpos		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	0
		ent value of plan's interest under this contract in separate accounts at year e			5	0
_		racts With Allocated Funds:		•	u	
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	0
	С	Premiums due but unpaid at the end of the year			6c	0
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	0
		Specify nature of costs				
	е	Type of contract: (1)  individual policies (2) group deferrer (3) other (specify)	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	arate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ate participation	guarantee		
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		0	
		(2) Dividends and credits	. 7c(2)		0	
		(3) Interest credited during the year	7c(3)		0	
		(4) Transferred from separate account	. 7c(4)		0	
		(5) Other (specify below)	7c(5)		0	
		•				
	_	(6)Total additions			c(6)	0
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			7d	0
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year			0	
		(2) Administration charge made by carrier	7e(2)		0	
		(3) Transferred to separate account			0	
		(4) Other (specify below)	. 7e(4)		0	
		<b>&gt;</b>				
		(5) Total deductions		76	e(5)	0
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )			7f	0

Page	4
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Pa	If more than or information ma	nefit Contract Information contract covers the same gother by be combined for reporting popos of such individual contracts	roup of employees of the surposes if such contracts	are experienc	e-rated as a unit. Who	ere contracts		3,
8	Benefit and contract typ	e (check all applicable boxes)						
	a Health (other tha	n dental or vision)	<b>b</b> Dental	С	Vision	(	J X Life insurance	
	e Temporary disab	ility (accident and sickness)	f Long-term disabili	ty <b>g</b>	Supplemental unemp	oloyment <b>I</b>	n Prescription drug	
	i Stop loss (large of	deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m Other (specify)	,	,				- Lco	
9	Experience-rated contra	acts:						
	a Premiums: (1) Amo	unt received		9a(1)		0		
	(2) Increase (decre	ase) in amount due but unpai	b			0		
	` '	ease) in unearned premium res				0		
		2) - (3))				9a(4)		0
	<b>b</b> Benefit charges (1)	) Claims paid				0		
		ease) in claim reserves						
		(add (1) and (2))				9b(3)		0
	( )	l				9b(4)		U
	•	nium: (1) Retention charges (	•	0 (4)(4)		0		
	,	ns		9c(1)(A)		0		
	( )	tive service or other fees				0		
	` ,	ific acquisition costs		9c(1)(C)		0		
		enses		0 (4)(5)		0		
	` '			- (1)( <del>-</del> )		0		
		r risks or other contingencies.		0 (4)(0)		0		
	` '	ntion charges		, ,, ,				0
	` '	tion	_			9c(1)(H)		
		troactive rate refunds. (These	<b>–</b>	<u></u>		9c(2)		0
	' '	der reserves at end of year: (1	,			9d(1)		0
	( )					9d(2)		0
	` '					9d(3)		0
40		active rate refunds due. (Do n	ot include amount entered	d in <b>c(2)</b> .)		9e		-
10	Nonexperience-rated					- 40	10	131
		subscription charges paid to				10a	10	131
	·	ce, or other organization incur ntract or policy, other than rep	, ,		•	10b		0
	Specify nature of cost	s 🕨						

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

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 (ERISA).

#### File as an attachment to Form 5500.

OMB No. 1210-0110

,			ERISA section 103(a)(2).	e iniormati	OII TH	nis Form is Open to Pu Inspection	ıblic
For calendar plan year 20	10 or fiscal plar	year beginning 07/01/2010		and en	ding 06/30/201	1	
A Name of plan HARMONY HILL SCHOO	-			B Three plan	e-digit number (PN)	501	
C Plan sponsor's name as shown on line 2a of Form 5500.  HARMONY HILL SCHOOL, INC.  D Employer Identification Number (EIN) 05-0369168							
		ing Insurance Contract Individual contracts grouped as					ontract
1 Coverage Information:							
(a) Name of insurance ca	rrier						
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate null persons covered at			cy or contract year	
(2) =	code	identification number	policy or contract		(f) From	(g) To	)
99-999999	NAIC	CONTRACT NUMBER	2	2	07/01/2011	06/30/2011	
	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 a	amount of com	missions paid		<b>(b)</b> To	tal amount of fees	oaid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as needed to report all p	ersons).			
		nd address of the agent, broke			ons or fees were pa	aid	
						1	
(b) Amount of sales ar			ees and other commission				
commissions pa	id	(c) Amount	(	<b>d)</b> Purpose	)	(e) Organizati	on code
	(a) Name a	nd address of the agent, broke	r, or other person to whom	commissi	ons or fees were pa	aid	
		-					
(b) Amount of sales ar	nd base	Fe	ees and other commission	s paid			
commissions pa		(c) Amount	(	d) Purpose	•	(e) Organizati	on code

Schedule A (Form 5500)	2010	Page <b>2-</b>		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	with each carrier may be	r may be treated as a unit for purpos		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	0
		ent value of plan's interest under this contract in separate accounts at year e			5	0
_		racts With Allocated Funds:		•	u	
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	0
	С	Premiums due but unpaid at the end of the year			6c	0
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	0
		Specify nature of costs				
	е	Type of contract: (1)  individual policies (2) group deferrer (3) other (specify)	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	arate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ate participation	guarantee		
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		0	
		(2) Dividends and credits	. 7c(2)		0	
		(3) Interest credited during the year	7c(3)		0	
		(4) Transferred from separate account	. 7c(4)		0	
		(5) Other (specify below)	7c(5)		0	
		•				
		(6)Total additions			c(6)	0
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			7d	0
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year			0	
		(2) Administration charge made by carrier	7e(2)		0	
		(3) Transferred to separate account			0	
		(4) Other (specify below)	. 7e(4)		0	
		<b>&gt;</b>				
		(5) Total deductions		76	e(5)	0
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )			7f	0

Page	4
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Pa	rt I	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	oup of employee irposes if such o	contracts a	are experie	ence	e-rated as a unit. Whe	ere contracts	
8	Ben	efit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision)	<b>b</b> Dental		С		Vision	(	Life insurance
	е	Temporary disability (accident and sickness)	f Long-terr	m disabilit	y <b>g</b>		Supplemental unemp	loyment <b>I</b>	n Prescription drug
	i [	Stop loss (large deductible)	j HMO con	ntract	k		PPO contract		I Indemnity contract
	m	Other (specify)    AFLAC							
_									Ι
9		erience-rated contracts:		Г				0	
	а	Premiums: (1) Amount received		<b> -</b>	9a(1)			0	
		(2) Increase (decrease) in amount due but unpaid						0	
		(3) Increase (decrease) in unearned premium res		-					0
		(4) Earned ((1) + (2) - (3))				<del></del>		9a(4)	0
	b	Benefit charges (1) Claims paid						0	
		(2) Increase (decrease) in claim reserves		-					
		(3) Incurred claims (add (1) and (2))						9b(3)	0
		(4) Claims charged						9b(4)	0
	С	Remainder of premium: (1) Retention charges (o	n an accrual bas	sis)					
		(A) Commissions			9c(1)(A			0	
		(B) Administrative service or other fees			9c(1)(B)			0	
		(C) Other specific acquisition costs			9c(1)(C)	)		0	
		(D) Other expenses			9c(1)(D)	)		0	
		(E) Taxes			9c(1)(E)	)		0	
		(F) Charges for risks or other contingencies			9c(1)(F)			0	
		(G) Other retention charges			9c(1)(G	)		0	
		(H) Total retention		· <del>-</del>				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These	amounts were	paid in	cash, or	cr	edited.)	9c(2)	0
	d	Status of policyholder reserves at end of year: (1	) Amount held to	_ provide b	penefits af	ter r	etirement	9d(1)	0
		(2) Claim reserves						9d(2)	0
		(3) Other reserves						9d(3)	0
	е	Dividends or retroactive rate refunds due. (Do no	ot include amour	nt entered	in <b>c(2)</b> .)			9e	0
10	No	onexperience-rated contracts:							
	а	Total premiums or subscription charges paid to c	arrier					10a	13938
	b	If the carrier, service, or other organization incurr						4.01	0
	_	retention of the contract or policy, other than repo	orted in Part I, ite	em 2 abov	e, report a	amo	unt	10b	
	S	pecify nature of costs							

Part	IV Provision of Information			
11	Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

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 (ERISA).

#### File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

			ERISA section 103(a)(2).	inomatic	Inis For	m is Open to Public Inspection
For calendar plan year 20	10 or fiscal pla	an year beginning 07/01/2010	)	and end	ding 06/30/2011	•
A Name of plan HARMONY HILL SCHOO	L FLEXIBLE	BENEFITS PLAN		B Three- plan r	-digit number (PN)	501
C Plan sponsor's name a HARMONY HILL SCHOO		ne 2a of Form 5500.		D Employ 05-0369	er Identification Number ( 2168	(EIN)
		ning Insurance Contraction Individual contracts grouped a				
1 Coverage Information:						
(a) Name of insurance ca RELIANCE STANDARD	rrier					
	(c) NAIC	(d) Contract or	(e) Approximate num	ber of	Policy or co	ontract year
<b>(b)</b> EIN	code	identification number		persons covered at end of policy or contract year		<b>(g)</b> To
99-999999	NAIC	CONTRACT NUMBER	21		07/01/2010	06/30/2011
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. List	in item 3 t	the agents, brokers, and o	other persons in
(a) Total a	amount of com	nmissions paid		<b>(b)</b> Tot	al amount of fees paid	
		0				0
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all pe	ersons).		
	(a) Name	and address of the agent, broke	er, or other person to whom	commissio	ons or fees were paid	
(b) Amount of sales ar	nd base	F	ees and other commissions	paid		
commissions pai	d	(c) Amount	(d	) Purpose		(e) Organization code
	(a) Name	and address of the agent, broke	er or other person to whom	commissio	ons or fees were paid	
	(a) Name	and address of the agent, broke	n, or other person to whom	001111110010	and of feed were paid	
(b) Amount of sales ar	nd hase	F-	ees and other commissions	paid		
commissions pai		(c) Amount	(d	) Purpose		(e) Organization code

Schedule A (Form 5500)	2010	Page <b>2-</b>		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	ridual contracts	with each carrier may be	treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	0
		ent value of plan's interest under this contract in separate accounts at year e			5	0
_		racts With Allocated Funds:		•	u	
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	0
	С	Premiums due but unpaid at the end of the year			6c	0
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	0
		Specify nature of costs				
	е	Type of contract: (1)  individual policies (2) group deferrer (3) other (specify)	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	arate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ate participation	guarantee		
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		0	
		(2) Dividends and credits	. 7c(2)		0	
		(3) Interest credited during the year	7c(3)		0	
		(4) Transferred from separate account	. 7c(4)		0	
		(5) Other (specify below)	7c(5)		0	
		•				
		(6)Total additions			c(6)	0
	ď	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			7d	0
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year			0	
		(2) Administration charge made by carrier	7e(2)		0	
		(3) Transferred to separate account			0	
		(4) Other (specify below)	. 7e(4)		0	
		<b>&gt;</b>				
		(5) Total deductions		76	e(5)	0
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )			7f	0

Page	4

Part III

Part IV

**Welfare Benefit Contract Information** 

<b>8</b> Be		with each carrier ma	y be treated as a u	init for purposes of	f this report.	ets cover individual employees,
	enefit and contract type (check all applicable boxes)	)				
а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> Life insurance
е	Temporary disability (accident and sickness)	f \textstyle Long-term di	sability <b>g</b>	Supplemental ui	nemployment	h Prescription drug
i	Stop loss (large deductible)	j HMO contrac	et <b>k</b>	PPO contract		I Indemnity contract
m	Other (specify)	, []e seas	~ ·	] • ••••••••		
9 Ex	perience-rated contracts:					
а	Premiums: (1) Amount received					0
	(2) Increase (decrease) in amount due but unpai	d				0
	(3) Increase (decrease) in unearned premium re-					
	(4) Earned ((1) + (2) - (3))				9a(4)	0
k	0 ( )					0
	(2) Increase (decrease) in claim reserves					
	(3) Incurred claims (add (1) and (2))					0
	(4) Claims charged				9b(4)	0
C	, , , , , , , , , , , , , , , , , , , ,	,				<u> </u>
	(A) Commissions					<u> </u>
	(B) Administrative service or other fees		2 (1)(2)			<u> </u>
	(C) Other specific acquisition costs		- (1)(-)			<u> </u>
	(D) Other expenses		- (1)(=)			3
	(E) Taxes		0 (4)(=)			0
	(F) Charges for risks or other contingencies		2 (1)(2)			0
	(G) Other retention charges					
	(H) Total retention	_	_		` ` ` ` `	,
	(2) Dividends or retroactive rate refunds. (These				· · · · ·	0
C					· · · ·	0
	(2) Claim reserves					
	(3) Other reserves					0
- 6	, , , , , , , , , , , , , , , , , , , ,	ot include amount er	ntered in <b>c(2)</b> .)		9e	0
10	Nonexperience-rated contracts:					2004
						2994
t	, ,	, ,				0
	retention of the contract or policy, other than rep Specify nature of costs	orted in Part I, item 2	z above, report am	iount		

X No

Yes

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

**Provision of Information** 

#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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).

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

OMB Nos. 1210-0110 1210-0089

9 (1985)				Inis Form is Open to Public Inspection
Part I Annual Report Ident	ification Information	1		mapection
For calendar plan year 2010 or fiscal pla	an year beginning	7/1/2010	and ending	6/30/2011
A This return/report is for:	a multiemployer pla	ın;	a multiple-employer plan; or	
	x a single-employer p	olan;	a DFE (specify)	
B This return/report is:	the first return/repor	rf· [	the final return/report;	
	x an amended return/	· L_		
C. If the plan is a collectively because a		• •	a short plan year return/report (le	ess than 12 months).
C If the plan is a collectively-bargained	plan, check here	· · · · · · · · · · · · · · · · · · ·		
D Check box if filing under:	➤ Form 5558;		automatic extension;	the DFVC program;
	special extension (e			
Part II Basic Plan Informa	ation—enter all requested	d information		
1a Name of plan			. /	1b Three-digit plan 501
HARMONY HILL SCHOOL	FLEXIBLE BENEFIT:	S PLAN		number (PN) ▶ 301
20 5				1c Effective date of plan 7/1/1998
2a Plan sponsor's name and address ( (Address should include room or suit	employer, if for a single-er	nployer plan)		2b Employer Identification
HARMONY HILL SCHOOL, I				Number (EIN)
in a more than a solitore, i	IVO.			050369168
				<b>2c</b> Sponsor's telephone number
63 HARMONY HILL ROAD				4019490690
				2d Business code (see
CHEPACHET	RI		02814	instructions)
			02014	611000
				<ul> <li>non-relations via name end-relation (Non-relative Non-relative Non-re</li></ul>
63 HARMONY HILL ROAD				
03 HARWON F HILL ROAD				
CHEPACHET	DI			
OHE! MOHE!	RI	•	02814	
			•	
Caution: A popular for the Late				
Caution: A penalty for the late or incor	nplete filing of this retur	n/report will be as	ssessed unless reasonable caus	se is established.
Under penalties of perjury and other penastatements and attachments, as well as the	alties set forth in the instruction of this	ctions, I declare tha	at I have examined this return/repo	ort, including accompanying schedules,
0 12		s return/report, and	to the best of my knowledge and	belief, it is true, correct, and complete.
SIGN	Ìa	8/2	Challen 1	4 )
HERE (1)	M V		112 ERIC A	- UAMES
* Signature of plan administrat	QI *	Date	Enter name of individua	al signing as plan administrator
sign Say A	200	1/20		
HERE (1)	12/00	DIAY	112 ERIC A.	JAMES
Signature of employer/plans	oonsor#	Date	/ Enter name of individua	al signing as employer or plan sponsor
SIGN				- Piete et Pietroporisoi
HERE				
Signature of DFE		Date	Enter name of individua	al signing as DEE

3a	Plan administrator's name and address (if same as plan sponsor, enter "S HARMONY HILL SCHOOL, INC.	ame")	-	<b>3b</b> A	dministrator's EIN 050369168
	63 HARMONY HILL ROAD				dministrator's telephone umber 4019490690
	CHEPACHET RI	02814			
4	If the name and/or EIN of the plan sponsor has changed since the last return/report:	rn/report filed for this plan	enter the name. FIN	and	4b EIN
а	the plan number from the last return/report:  Sponsor's name	pidit, c	and the hame, Em	anu	4D EIN
	Oponsor s name				4c PN
5	Total number of participants at the beginning of the plan year			5	192
6	Number of participants as of the end of the plan year (welfare plans comple	ete only lines 6a, 6b, 6c, and	l 6d).	3	
а	Active participants			C -	189
b	Retired or separated participants receiving benefits		Г	6a 6b	0
С	Other retired or separated participants entitled to future benefits			6c	0
d	Subtotal. Add lines 6a, 6b, and 6c			6d	189
	Deceased participants whose beneficiaries are receiving or are entitled to re			6e	0
	Total. Add lines <b>6d</b> and <b>6e</b>		F	6f	189
g	Number of participants with account balances as of the end of the plan year complete this item)	(only defined contribution p	lans	6g	0
	Number of participants that terminated employment during the plan year wit		1	6h	0
	to the plan (only	/ multiemplover plans comp	ete this item)	6h 7	
8a	f the plan provides pension benefits, enter the applicable pension feature of	odes from the List of Plan C	haracteristic Codes	in the ir	nstructions:
•	he plan provides welfare benefits, enter the applicable welfare feature code IA 4B 4Q	s from the List of Plan Char	acteristic Codes in t	he instr	ructions:
	Plan funding arrangement (check all that apply)  1)   Insurance	9b Plan benefit arrange	ment (check all that	apply)	
	Code section 412(e)(3) insurance contracts	(1) X Insura	ince section 412(e)(3) in:	Curono	a contract
	3) Trust	(3) Trust	33311 + 12(C)(3) III	Surance	Contracts
	4) General assets of the sponsor	(4) Gener	al assets of the spo	nsor	
	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ttached, and, where indicate	ed, enter the numbe	r attach	ned. (See instructions)
	Pension Schedules  R (Retirement Plan Information)	b General Schedules			
	2) MB (Multiemployer Defined Benefit Plan and Certain Money		(Financial Informa		
`	Purchase Plan Actuarial Information) - signed by the plan	4-1 1 1	(Financial Information		mall Plan)
	actuary actuary	-	(Insurance Information	,	W
(	SB (Single-Employer Defined Benefit Plan Actuarial	· . · . · . · . · . · . · . · . · . · .	<ul><li>(Service Provider</li><li>(DFE/Participating</li></ul>		
	Information) - signed by the plan actuary		(Financial Transac		
				0	·· -·· ,

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 (ERISA).

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

Tanada da	1010	pursualit	to ERISA section 103(a)(2)	).		Inspection
	2010 or fiscal p	lan year beginning 7/1/2010		and er	nding 6/30/2011	
A Name of plan				<b>B</b> Three	e-digit	
HARMONY HILL S	CHOOL FL	EXIBLE BENEFITS PLAN	N	plan	number (PN)	501
C Plan sponsor's name	as shown on	line 2a of Form 5500.		D Emplo	yer Identification Numbe	\r (\( \( \( \) \)
HARMONY HILL S				<b>D</b> Emplo	050369	
Part I Informat on a separa	tion Conce ate Schedule A	rning Insurance Contrac A. Individual contracts grouped a	ct Coverage, Fees, a	nd Comr	nissions Provide info	rmation for each contract
1 Coverage Information	:	3 - 1 - 1	as a distance and in the	sair be repe	rted on a single Scriedu	IE A.
(-) N (:	LINÚ	TED HEALTH CARE				
(a) Name of insurance of	arrier ON	TED REALTH CARE				
	(c) NAIC	(d) Contract or	(e) Approximate nu	mber of	Policy or	contract year
(b) EIN	code	identification number	persons covered at policy or contract	t end of	(f) From	(g) To
362739571	79413	105417	118		7/1/2010	6/30/2011
2 Insurance fee and con	nmission infor	mation. Enter the total fees and t	total commissions paid. Li	st in item 3	the agents, brokers, and	
accounting crack of all	e amount paid	nmissions paid	T			
(a) rotal	0	ninissions paid		<b>(b)</b> Tot	al amount of fees paid	
3 5					0	
3 Persons receiving con	nmissions and	fees. (Complete as many entrie	es as needed to report all p	ersons).		
	(a) Name	and address of the agent, broke	er, or other person to whon	n commission	ons or fees were paid	
•						•
(b) Amount of sales a			ees and other commission	s paid		
commissions pa	aid	(c) Amount		d) Purpose		(e) Organization code
Zerovenski moranina zamelekt	a Salagha an Again Salaga ag S			aligial dept.		STATE OF THE STATE
	(a) Name	and address of the agent, broke	er, or other person to whom	commissic	ns or fees were paid	
					•	
(b) Amount of sales ar	nd base	Fe	ees and other commissions	paid		
commissions pa	id	(c) Amount		l) Purpose		(e) Organization code
						(4) 0.90.11201011 0000

	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	II Investment and Annuity Contract Information				
150		Where individual contracts are provided, the entire group of such ind	ividual con	tracts with each carrier may	be treate	ed as a unit for purposes of
4	. Cu	and the topolic		·		
	Cu	rrent value of plan's interest under this contract in the general account at year	r end		4	0
-6	Co	rrent value of plan's interest under this contract in separate accounts at year ntracts With Allocated Funds:	end		5	0
Ŭ	<b>a</b>	State the basis of premium rates				
	<b>u</b>	otate the basis of premium rates		ł		
	b	Premiums paid to carrier		Г		
	C	Premiums paid to carrier  Premiums due but unpaid at the end of the year	••••••		6b	0
	d	If the carrier, service, or other organization incurred any specific costs in contact and the costs in contact and the costs in contact and the costs in costs in costs and the costs in costs and the costs are contact and the costs and the costs are contact and the costs are con			6c	0
		retention of the contract or policy, enter amount	onnection v	with the acquisition or	6d	0
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity			
		(3) other (specify)	ou annuity			
		(o) [ Strict (apochy)		•		
	£			_	•	
	<u>†</u>	If contract purchased, in whole or in part, to distribute benefits from a term	inating plar	check here		
	Cor	ntracts With Unallocated Funds (Do not include portions of these contracts m	aintained ir	n separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedi	iate particip	ation guarantee		
		(3) guaranteed investment (4) other	<b>)</b>			
	b					
	N	Balance at the end of the previous year		. [	7h	
	c	Balance at the end of the previous year  Additions: (1) Contributions deposited during the year			<b>7b</b>	0
		Additions: (1) Contributions deposited during the year	7c(1)		0	0
		Additions: (1) Contributions deposited during the year(2) Dividends and credits	7c(1) 7c(2)		0	0
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3)		0 0 0	
		Additions: (1) Contributions deposited during the year(2) Dividends and credits	7c(1) 7c(2) 7c(3) 7c(4)		0 0 0 0	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)		0 0 0	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)		0 0 0 0	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)		0 0 0 0	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0	
	С	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0 0	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0	
	c	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6)Total additions  Total of balance and additions (add b and c(6)).  Deductions:	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0 0	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(2) 7e(2) 7e(3)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)  7e(1) 7e(2) 7e(3) 7e(3) 7e(4)		0 0 0 0 0 7c(6) 7d	

**Provision of Information** 

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

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Part IV

Pag	е	4
uy	•	-

× No

P	art	If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of th urposes if such contract with each carrier may be	IS ARE EYDERIER	nce-rated as a unit \\\\	anna aontra at	ployee organization(s), the scover individual emplo	ne yees,
8	Be	nefit and contract type (check all applicable boxes)	,		· · · · · · · · · · · · · · · · · · ·			
	а	Health (other than dental or vision)	<b>b</b> Dental	с	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disab	Ļ	Supplemental unem	nlovment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	k [	PPO contract	ploymont	=	
	m	Other (specify)	, I invo contract	N <sub>1</sub>	] FFO contract		I Indemnity contract	
		U other (specify)						
9	Fxr	perience-rated contracts:					The talk personal constitution is a space very	2000 September 1946
Ĭ		Premiums: (1) Amount received		0-/4)				
	_	(2) Increase (decrease) in amount due but unpaid				0		
		(3) Increase (decrease) in unearned premium res				0 0	_	
		(4) Earned ((1) + (2) - (3))	oci ve	3a(3)		T		0
	b	Benefit charges (1) Claims paid		9b(1)		9 <b>a(4)</b> 0		0
		(2) Increase (decrease) in claim reserves				0		
		(3) Incurred claims (add (1) and (2))				T		0
		(4) Claims charged				9b(3) 9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)	:		30(4)		0
		(A) Commissions		9c(1)(A)		0		
		(B) Administrative service or other fees				<del></del> 0		
		(C) Other specific acquisition costs				0		
		(D) Other expenses				0		
		(E) Taxes				0		
		(F) Charges for risks or other contingencies				0		
		(G) Other retention charges		9c(1)(G)		0		
		(H) Total retention				9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid	in cash, or	credited.)	9c(2)		- 0
	d	Status of policyholder reserves at end of year: (1	) Amount held to provide	e benefits after	retirement	9d(1)		0
		(2) Claim reserves				9d(2)		$\frac{0}{0}$
		(3) Other reserves				9d(3)		<del>_</del> 0
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entere	ed in <b>c(2)</b> .)		9e		
10	No	onexperience-rated contracts:						G (V)
	а	Total premiums or subscription charges paid to c	arrier	***************************************		10a	907	657
	b	If the carrier, service, or other organization incurr	ed any specific costs in	connection wit	h the acquisition or			
	_	retention of the contract or policy, other than repo	orted in Part I, item 2 abo	ove, report am	ount	10b		0
	Sr	pecify nature of costs	•					,

# **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 (ERISA).

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 20	110 or fiscal plai	year beginning 7/1/2010	,,,,,,		ding 6/30/2011	inspection
A Name of plan		, , , , , , , , , , , , , , , , , , , ,		B Three		
HARMONY HILL SO	CHOOL ELE	XIBLE BENEFITS PLAN			number (PN)	501
A A A A A A A A A A A A A A A A A A A			pian	number (FIV)		
C Plan sponsor's name a	as shown on line	e 2a of Form 5500.		D Employ	yer Identification Numbe	r (FIN)
HARMONY HILL SC	CHOOL INC				050369	
on a separa	te Schedule A.	ing Insurance Contract Individual contracts grouped a	t Coverage, Fees, a s a unit in Parts II and III	i <b>nd Com</b> r can be repo	<b>nissions</b> Provide info	rmation for each contract
1 Coverage Information:			- and mand m	<u> </u>	ricd of a single ochedu	e A.
(a) Name of insurance ca	rrier DELT	A DENTAL	·	, , , , , , , , , , , , , , , , , , , ,		
(a) viamo el modianos es			٠			
	1					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a	umber of	Policy or	contract year
	code	identification number	policy or contrac		(f) From	(g) To
99999999	NAIC	contract number	125		7/1/2010	6/30/2011
2 Insurance fee and com	mission informa	tion. Enter the total fees and to	otal commissions naid Li	ist in item 3	the agents brokers and	other persons in
descending order of the	amount paid.		T	St III Itelli 5		other persons in
(a) Total a	amount of comr	nissions paid		<b>(b)</b> Tot	al amount of fees paid	
	0	W			0	
3 Persons receiving com		es. (Complete as many entrie				
	(a) Name a	nd address of the agent, broke	r, or other person to whor	n commissio	ons or fees were paid	
						V.
					•	
/I-\ A						·
(b) Amount of sales ar commissions pai		(c) Amount	ees and other commission			
		(b) / timount		(d) Purpose		(e) Organization code
			West and the second second second	1374		
	(a) Name ar	nd address of the agent, broker	r, or other person to whor	n commissic	ins or fees were paid	Particular Security Constitution (Constitution of Constitution
			, , , , , , , , , , , , , , , , , , ,		no or rees were paid	
/I-\ A / C			on and other			T
(b) Amount of sales an commissions paid		(c) Amount	es and other commission			-
		(o) / arrount		d) Purpose		(e) Organization code
		1				1

F	art	II Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such ind this report.	ividual con	tracts with each carrier may	he treate	ed as a unit for purposes of
		VV 01/24/1/12/1				sa as a difficion purposes of
4	Cui	rrent value of plan's interest under this contract in the general account at yea	r end		4	C
	Cui	rrent value of plan's interest under this contract in separate accounts at year	end		5	C
О		ntracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to corrier				· · · · · · · · · · · · · · · · · · ·
·	C	Premiums due but ungeld at the and of the	•••••		6b	0
	d	Premiums due but unpaid at the end of the year	••••••		6c	. 0
		retention of the contract or policy, enter amount	onnection v	with the acquisition or	6d	0
		Specify nature of costs		***************************************		
				•		
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a term				
7		ntracts With Unallocated Funds (Do not include portions of these contracts m	inating plan	check here		
•	a					
				ation guarantee		
		(3) guaranteed investment (4) other	•			
	<b>L</b>					
	b	Balance at the end of the previous year			7b	. 0
	С	Additions: (1) Contributions deposited during the year	7c(1)		0	
		(2) Dividends and credits			0	
		(3) Interest credited during the year			0	
		(4) Transferred from separate account			0	
		(5) Other (specify below)	7c(5)		0	
		(C)Tatal addition				
	Ч	(6)Total additions			7c(6)	. 0
	e	Total of balance and additions (add <b>b</b> and <b>c(6)</b> )	••••••		<b>7</b> d	0
	Ū	(1) Disbursed from fund to pay benefits or purchase annuities during year	7-(4)			
		(2) Administration charge made by carrier	7e(1)		0	
		(3) Transferred to separate account	7e(2) 7e(3)		0	
		(4) Other (specify below)	7e(4)		0	
		)	7 (4)		U	
		(5) Total daductions				
	f	(5) Total deductions			7e(5)	0
	•	Balance at the end of the current year (subtract e(5) from d)			7f	0

Page 4

P	art III Welfare Benefit Contract Information			
	If more than one contract covers the same group of emploing information may be combined for reporting purposes if such	TO CONTRACTS are experience	o rated as a unit \//bass ===tus=	ployee organization(s), the
8	and share group of oder marvidual contracts with each car	rier may be treated as a u	nit for purposes of this report.	
O	[]			
	a ☐ Health (other than dental or vision) b ☑ Denta	c	Vision	d Life insurance
	e  Temporary disability (accident and sickness) f Long-	term disability <b>g</b>	Supplemental unemployment	h Prescription drug
	i Stop loss (large deductible)	contract <b>k</b>	1	I Indemnity contract
	m Other (specify)			- Madminty contract
				=
9	Experience-rated contracts:			
	a Premiums: (1) Amount received	9a(1)	0	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	0	
	(3) Increase (decrease) in unearned premium reserve		0	
	(4) Earned ((1) + (2) - (3))			0
	b Benefit charges (1) Claims paid	9b(1)	0	
	(2) Increase (decrease) in claim reserves	9b(2)	0	
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	0
	to promise (1) Notorition onlinges (on an accidant	, <u> </u>		
	(A) Commissions	·	0	
	(B) Administrative service or other fees		0	
	(C) Other specific acquisition costs(D) Other expenses	9c(1)(C) 9c(1)(D)	0	
	(E) Taxes		0	
	(F) Charges for risks or other contingencies		0 0	
	(G) Other retention charges		0	
	(H) Total retention			
	(2) Dividends or retroactive rate refunds. (These amounts wer	e∏ paid in cash or ∏ c		0
	d Status of policyholder reserves at end of year: (1) Amount held	to provide benefits after	redited.) 9c(2)	0
	(2) Claim reserves	to provide benefits after i		0
	(3) Other reserves		9d(2) 9d(3)	0
	e Dividends or retroactive rate refunds due. (Do not include amo	ount entered in c(2).)	9e	0
10	Nonexperience-rated contracts:		Je	U
	a Total premiums or subscription charges paid to carrier		10a	52349
	D If the carrier, service, or other organization incurred any specific	c costs in connection with	the acquisition or	02010
	retention of the contract or policy, other than reported in Part I,	item 2 above, report amo	unt10b	0
	Specify nature of costs			

Part	IV Provision of Information				
	L				
11 [	Did the insurance company fail to provide any information necessary to complete Schedule A?	. П	Yes	× No	

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# **Insurance Information**

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

#### File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Co		▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection	
For calendar plan year 20	10 or fiscal p	plan year beginning 7/1/2010	)	and ending 6/30	)/2011	mapection
A Name of plan				B Three-digit		
HARMONY HILL SO	CHOOL FL	EXIBLE BENEFITS PLA	NI .	plan number (P	N)	501
	DITOOLTE	LAIDLE BENEI 113 FLA		plan number (r		
C Plan sponsor's name a	as shown on	line 2a of Form 5500.		<b>D</b> Employer Identific	cation Number	(EIN)
HARMONY HILL SC	HOOL, IN	C.			0503691	68
Part I Information on a separat	on Conce te Schedule /	rning Insurance Contra A. Individual contracts grouped	ct Coverage, Fees, a	and Commissions can be reported on a s	Provide informingle Schedule	mation for each contract
1 Coverage Information:					g.o odnodalo	
(a) Name of insurance ca	<sub>rrier</sub> AFL	AC				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate n		Policy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		From	(g) To
99999999	NAIC	contract number	22	7/1	/2011	6/30/2011
2 Insurance fee and community descending order of the	mission information	mation. Enter the total fees and I.	total commissions paid. L	ist in item 3 the agents.	brokers, and	other persons in
(a) Total a	amount of co	mmissions paid		(b) Total amount	of fees paid	
	. 0			0	or root para	
3 Persons receiving com	missions and	fees. (Complete as many entr	ies as needed to report all	noroonal		
	(a) Name	and address of the agent, brok	er or other person to who	m commissions or foce		
		and agoni, brok	tor, or other person to who	in commissions of lees	were paid	
4.	. 1					
(b) Amount of sales an commissions paid			ees and other commission	ns paid		
Oommissions pair	u	(c) Amount		(d) Purpose		(e) Organization code
And a second to the second second second second	entant following processes.		l Paradi si prospiration de la company	i nakin kangenter belan		
	(a) Name	and address of the agent, brok	er, or other person to whor	n commissions or fees	were paid	
(b) Amount of sales and	d base	F	ees and other commission	ıs paid		
commissions paid		(c) Amount		d) Purpose		(e) Organization code
				,,		(~) Organization code
	ļ				l	

	art	Where individual contracts are provided, the entire group of such indi	ividual contrac	ts with each carrier ma	av be treate	d as a unit for purposes of
TO A		uns report.				
4	Cui	rrent value of plan's interest under this contract in the general account at yea	r end		4	0
5		rrent value of plan's interest under this contract in separate accounts at year	end		5	0
6		ntracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier		•••••	6b	0
	C.	Premiums due but unpaid at the end of the year			6с	0
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	onnection with	the acquisition or	6d	0
		Specify nature of costs	•••••			
	е	Type of contract: (1) individual policies (2) group deferre	ad annuitu			
	•		ed annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termi	inating plan ch	eck here		
7	Cor	ntracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in se	narate accounts)		
	а	Type of contract: (1) deposit administration (2) immedi				
				n gaarantee		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			. 7b	0
	b	Balance at the end of the previous year	7c(1)		. <b>7b</b>	0
		Balance at the end of the previous year  Additions: (1) Contributions deposited during the year  (2) Dividends and credits	7c(1)			0
		Additions: (1) Contributions deposited during the year(2) Dividends and credits	7c(1) 7c(2)		0	
		Additions: (1) Contributions deposited during the year(2) Dividends and credits(3) Interest credited during the year	7c(1) 7c(2) 7c(3)		0	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)		0 0 0 0	
		Additions: (1) Contributions deposited during the year(2) Dividends and credits(3) Interest credited during the year	7c(1) 7c(2) 7c(3) 7c(4)		0 0 0	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)		0 0 0 0	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)		0 0 0 0	
		Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0	
	С	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6)Total additions	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0	
	c	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6)Total additions  Total of balance and additions (add <b>b</b> and <b>c(6)</b> )	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0	
	c	Additions: (1) Contributions deposited during the year.  (2) Dividends and credits.  (3) Interest credited during the year.  (4) Transferred from separate account.  (5) Other (specify below).  (6)Total additions  Total of balance and additions (add <b>b</b> and <b>c(6)</b> ).  Deductions:	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0 0	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)		0 0 0 0 0	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2)		0 0 0 0 0 0	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)		0 0 0 0 0	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)		0 0 0 0 0	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1) 7e(2) 7e(3)		0 0 0 0 0 7c(6) 7d	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7c(5) 7e(1) 7e(2) 7e(3) 7e(4) 7e(4)		0 0 0 0 0 0 - - - - - - - - - - - - - -	
	c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7c(5) 7e(1) 7e(2) 7e(3) 7e(4) 7e(4) 7e(4)		0 0 0 0 0 7c(6) 7d	

Schedule A	(Form	5500)
Ochedule A	(1 01111	JJUU 1

Page	4
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Pa	rt I	Welfare Benefit Contract Information  If more than one contract covers the same group of employees of the sinformation may be combined for reporting purposes if such contracts the entire group of such individual contracts with each carrier may be to	are experien	ce-rated as a unit. Who	ere contract:	oloyee organization(s), the s cover individual employees,
8 -	Ber	nefit and contract type (check all applicable boxes)				
	a	Health (other than dental or vision) b Dental	c	Vision		d Life insurance
	е	$oxedge$ Temporary disability (accident and sickness) $oldsymbol{f}$ $oxedge$ Long-term disabilit	y <b>g</b>	Supplemental unemp	oloyment	h Prescription drug
	i	Stop loss (large deductible) j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify) AFLAC		<b>-</b>		
9 E	Ξхр	erience-rated contracts:				
	a	Premiums: (1) Amount received	9a(1)		0	
		(2) Increase (decrease) in amount due but unpaid	9a(2)		. 0	
		(3) Increase (decrease) in unearned premium reserve			0	
	_	(4) Earned ((1) + (2) - (3))			9a(4)	0
	b	Benefit charges (1) Claims paid			0	
		(2) Increase (decrease) in claim reserves			0	
		(3) Incurred claims (add (1) and (2))			9b(3)	, 0
		(4) Claims charged			9b(4)	0
	С	Remainder of premium: (1) Retention charges (on an accrual basis)				
		(A) Commissions	9c(1)(A)		0	
		(B) Administrative service or other fees	9c(1)(B)		0	
		La companya di Caralana di	9c(1)(C)		0	
			9c(1)(D)		0	
		(E) Taxes	9c(1)(E)		0	
		· • • • • • • • • • • • • • • • • • • •	9c(1)(F)		0	
		· -	9c(1)(G)		0	
		(H) Total retention			9c(1)(H)	. 0
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	cash, or	credited.)	9c(2)	0
	d	Status of policyholder reserves at end of year: (1) Amount held to provide to	penefits after	retirement	9d(1)	0
		(2) Claim reserves			9d(2)	0
		(3) Other reserves			9d(3)	0
	е	Dividends or retroactive rate refunds due. (Do not include amount entered	in <b>c(2)</b> .)		9e	0
10		onexperience-rated contracts:				
	a	Total premiums or subscription charges paid to carrier			10a	13938
	b	If the carrier, service, or other organization incurred any specific costs in co	nnection wit	h the acquisition or	\ \	
	_	retention of the contract or policy, other than reported in Part I, item 2 abov	e, report am	ount	10b	0
	Sp	pecify 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	
10			

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

# **Insurance Information**

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

#### File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Corporation  Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			tion	This Form is Open to Public Inspection			
	10 or fiscal p	lan year beginning 7/1/2010		and e	nding 6/30/20	)11	
A Name of plan HARMONY HILL SC	L SCHOOL FLEXIBLE BENEFITS PLAN  B Three-digit plan number (PN			<b>)</b>	501		
				10.00			
C Plan sponsor's name a	s shown on I	ine 2a of Form 5500.		<b>D</b> Emplo	oyer Identificatio	n Number	(EIN)
HARMONY HILL SC						0503691	
Part I Information on a separate	on Conce e Schedule A	rning Insurance Contract. Individual contracts grouped a	ct Coverage, Fees, a as a unit in Parts II and III	nd Com	<b>missions</b> Pro	ovide inforr Schedule	nation for each contract A.
1 Coverage Information:							'
(a) Name of insurance car	rier BOS	TON MUTUAL LIFE INSU	URANCE				
			(e) Approximate nu	ımbor of	T	Dallana	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	t end of	end of		ontract year
		Tagrianous or Training of	policy or contrac	t year	(f) Fro	om -	(g) To
99999999	NAIC	contract number	21			10	6/30/2011
descending order of the	amount paid		total commissions paid. Li	st in item 3	the agents, bro	kers, and	other persons in
(a) Total a	(b) Total amount of fees paid						
0							
3 Persons receiving comm	nissions and	fees. (Complete as many entri-	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees wer	e paid	
						•	
		•					
(b) Amount of sales and	d base	F	ees and other commission	e naid			
commissions paid				(e) Organization code			
							(c) Organization code
			Mennin Sansan Santahherman daga di Santah da kaba	r ka 1527 (pp. 36ye		Albert Alie War	CANTON CANTON SANCE OF THE SANC
·	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees wer	e paid	
(b) Amount of sales and base Fees and other commissions paid			s paid				
commissions paid		(c) Amount		d) Purpose	)		(e) Organization code
						***************************************	

Part	Where individual contracts are provided, the entire group of such indi	vidual contracts	s with each carrier may be tr	eated as a uni	t for purposes of
1 0	tnis report.				
5 Cu	rrent value of plan's interest under this contract in the general account at year	end		4	0
	rrent value of plan's interest under this contract in separate accounts at year on tracts With Allocated Funds:	ena		5	0
<b>o</b> co	State the basis of premium rates				
-	State the basic of profilmin rates /				1
b	Premiums paid to carrier		6	h	0
С	Premiums due but unpaid at the end of the year				0
d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection with t	the acquisition or		. 0
	Specify nature of costs				
е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	(3) other (specify)				
f	If contract purchased, in whole or in part, to distribute benefits from a termi	nating plan che	eck here		
<b>7</b> Co	ntracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in ser	parate accounts)		
а	Type of contract: (1) deposit administration (2) immedi	ate participatio	n guarantee		
	(3) guaranteed investment (4) other	•			
b	Balance at the end of the previous year		7	b	0
b	Balance at the end of the previous year			b	0
		7c(1)		b	0
	Additions: (1) Contributions deposited during the year(2) Dividends and credits	7c(1) 7c(2)	0	b	0
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3)	0	b	0
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4)	0 0 0	<b>b</b>	0
	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account	7c(1) 7c(2) 7c(3) 7c(4)	0 0 0	b :	
	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account	7c(1) 7c(2) 7c(3) 7c(4)	0 0 0	b	
	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account	7c(1) 7c(2) 7c(3) 7c(4)	0 0 0	<b>b</b>	
	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	0 0 0 0 0		
С	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	0 0 0 0 0	(6)	
c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	0 0 0 0 0	(6)	
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6)Total additions  Total of balance and additions (add b and c(6)).  Deductions:	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	0 0 0 0 0 0	(6)	
c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	0 0 0 0 0 0 7c(	(6) d	
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below)  (6)Total additions  Total of balance and additions (add b and c(6)).  Deductions:	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(1) 7e(1)	0 0 0 0 0	(6) d	
c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	0 0 0 0 0	(6) dd	
c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7c(5) 7e(1) 7e(2) 7e(3)	0 0 0 0 0	(6) dd	
c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7c(5) 7e(1) 7e(2) 7e(3)	0 0 0 0 0	(6) dd	
c	Additions: (1) Contributions deposited during the year	7c(1) 7c(2) 7c(3) 7c(4) 7c(5) 7c(5) 7e(1) 7e(2) 7e(3)	0 0 0 0 0	(6) dd	
c	Additions: (1) Contributions deposited during the year	7e(1) 7c(2) 7c(3) 7c(4) 7c(5) 7e(5) 7e(1) 7e(2) 7e(3) 7e(4)	0 0 0 0 0 0	(6) d	

Schedule A	(Form	5500
Ochiculus A	(1 ()()()	

Page 4

	art	If more than one contract covers the same gr information may be combined for reporting po the entire group of such individual contracts w	oup of employees of the urposes if such contracts vith each carrier may be	s are experien	ce-rated as a unit - Wh	ere contract	oloyee organiza s cover individu	tion(s), the al employees,
8	Bei	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		d Life insura	ance
	е	Temporary disability (accident and sickness)	f X Long-term disabi	lity <b>g</b>	Supplemental unem	oloyment	h Prescription	on drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity	
	m	Other (specify)			<b>.</b>			·
9		erience-rated contracts:						
	a	Premiums: (1) Amount received				0		
		(2) Increase (decrease) in amount due but unpaid	l	. 9a(2)		0		
		(3) Increase (decrease) in unearned premium res	erve	9a(3)		0		
	b	(4) Earned ((1) + (2) - (3))	·········			9a(4)	- Account of the Parket of the Con-	0
		Benefit charges (1) Claims paid				0		
		(3) Incurred claims (add (1) and (2))				0		
		(4) Claims charged		••••••		9b(3)		0
	С	Remainder of premium: (1) Retention charges (or	n an accrual basis)	***************************************		9b(4)	24.000 (19.00)	0
		(A) Commissions		9c(1)(A)		0		
		(B) Administrative service or other fees				0	-	
		(C) Other specific acquisition costs				0		
		(D) Other expenses				0		
		(E) Taxes				0		
		(F) Charges for risks or other contingencies				0		
		(G) Other retention charges				0		
		(H) Total retention				9c(1)(H)	Sit Callet in the Callet in	0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or 🗍 d	credited.)	9c(2)		0
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits after	retirement	9d(1)		0
		(2) Claim reserves				9d(2)		0
		(3) Other reserves				9d(3)		0
	е	Dividends or retroactive rate refunds due. (Do no	t include amount entere	d in <b>c(2)</b> .)		9e		0
10	No	nexperience-rated contracts:						
	a	Total premiums or subscription charges paid to ca	arrier			10a	200 March 200 Ma	2994
	b	If the carrier, service, or other organization incurre	ed any specific costs in a	connection with	n the acquisition or			
	0,	retention of the contract or policy, other than repo pecify nature of costs	rted in Part I, item 2 abo	ve, report amo	ount	10b		. 0
	٥Ļ	beclify flature of costs						
						•		
						•		

Par	t IV Provision of Information			
11	Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	
12	If the enquerate line 44 is 40 / 2			

<sup>12</sup> If the answer to line 11 is "Yes," specify the information not provided.