Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	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).	
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	2010
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Ider	tification Information	
For calendar plan year 2010 or fiscal	plan year beginning 07/01/2010 and ending 06/30/2	2011
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
·	a single-employer plan; a DFE (specify)	
<b>B</b> This return/report is:	the first return/report; the final return/report;	
·	an amended return/report; a short plan year return/report (less t	han 12 months).
<b>C</b> If the plan is a collectively bargein	ed plan, check here.	
<b>D</b> Check box if filing under:	Form 5558; automatic extension;	the DFVC program;
	special extension (enter description)	
Part II Basic Plan Inforr	nation—enter all requested information	
<b>1a</b> Name of plan HARMONY HILL SCHOOL TAX SHE	LTER ANNUITY PROGRAM	1b Three-digit plan number (PN) ►
		1c Effective date of plan 07/01/1976
2a Plan sponsor's name and address (Address should include room or shared or should include room) and the state of the sta	s (employer, if for a single-employer plan) suite no.)	<b>2b</b> Employer Identification Number (EIN) 05-0369168
		<b>2c</b> Sponsor's telephone number 401-949-0690
63 HARMONY HILL ROAD CHEPACHET, RI 02814	63 HARMONY HILL ROAD CHEPACHET, RI 02814	<b>2d</b> Business code (see instructions) 611000

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	01/17/2013	THOMAS FECTEAU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

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	05 3c Ac	dministrator's EIN -0369168 dministrator's telephone umber 11-949-0690
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	N and	4b EIN
а	Sponsor's name		<b>4c</b> PN
5	Total number of participants at the beginning of the plan year	5	287
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	156
b	Retired or separated participants receiving benefits	. 6b	0
С	Other retired or separated participants entitled to future benefits	6c	139
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>	. 6d	295
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	0
f	Total. Add lines 6d and 6e	. 6f	295
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	248
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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Form 5500 (2010)

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 2L 3D

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

9a	Plan fu	nding	arrangement (check all that apply)	9b	Plan bene	efit a	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	×	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are a	ttache	ed, and, wh	nere	e indicated, enter the number attached. (See instructions)
а	Pensio	n Sc	hedules	b	General	Sch	nedules
а	Pensio (1)	n Sc	hedules R (Retirement Plan Information)	b	General (1)	Sch	hedules H (Financial Information)
а		n Sc		b		Sch X	
а	(1)	n Sc	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1)	Sch X	H (Financial Information)
а	(1)	n Sc	<ul><li>R (Retirement Plan Information)</li><li>MB (Multiemployer Defined Benefit Plan and Certain Money</li></ul>	b	(1) (2)	Scr X	H (Financial Information) I (Financial Information – Small Plan)
а	(1)	n Sc	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1) (2) (3)	Scr ×	<ul> <li>H (Financial Information)</li> <li>I (Financial Information – Small Plan)</li> <li>A (Insurance Information)</li> </ul>

SCHEDULE	A	Insuran	ce Informatio	n		01	AD No. 1010.0110
(Form 5500	))						/IB No. 1210-0110
Department of the Treas Internal Revenue Serv		This schedule is required Employee Retirement Ind					2010
Department of Labo Employee Benefits Security Ad		File as an a	ttachment to Form 55	00.			
Pension Benefit Guaranty Co	orporation	<ul> <li>Insurance companies a pursuant to E</li> </ul>	are required to provide t RISA section 103(a)(2)		ion	This For	rm is Open to Public Inspection
For calendar plan year 20	10 or fiscal plan	year beginning 07/01/2010		and e	nding 06	6/30/2011	
A Name of plan HARMONY HILL SCHOO	OL TAX SHELTE	ER ANNUITY PROGRAM			e-digit number (P	N) 🕨	001
C Plan sponsor's name a HARMONY HILL SCHOO		2a of Form 5500.		D Emplo 05-036	-	cation Number	(EIN)
on a separat		ing Insurance Contract ( Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca							
			-				
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contrac	t end of	(f)	Policy or c	ontract year (g) To
06-0566090	87726	916667	29	95	07/01/20	)10	06/30/2011
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid. L	ist in item 3	the agents	, brokers, and	other persons in
(a) Total	amount of comn	nissions paid		<b>(b)</b> To	otal amount	of fees paid	
		0					246
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,		m commiss	ions or fees	were paid	
HENSLEY/ROBERT			ON MEADOW LANE I, CT 06001				
(b) Amount of color of	nd bass	Fee	s and other commission	ns paid			
(b) Amount of sales an commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code
	0	246					3
		ad addrosa of the agent broker	or other person to when	~	iona or foor	wore paid	-
	(a) warne al	nd address of the agent, broker,	or other person to who	m commiss		were palo	
(b) Amount of sales a	nd hase	Fee	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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### (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	and address of the areat burles		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information	idual contracto with	and corrier may be treated as a uni	t for purposes of
		Where individual contracts are provided, the entire group of such individual this report.		each camer may be treated as a uni	
4	Currer	nt value of plan's interest under this contract in the general account at year	end	4	0
5	Currer	nt value of plan's interest under this contract in separate accounts at year e	nd	5	0
6	Contra	acts With Allocated Funds:			
	a	State the basis of premium rates			
	b F	Premiums paid to carrier			0
	CF	Premiums due but unpaid at the end of the year		6c	0
		f the carrier, service, or other organization incurred any specific costs in con- retention of the contract or policy, enter amount			0
	5	Specify nature of costs			
	e 1	Type of contract: (1) individual policies (2) group deferred	d annuity		
	(	(3) other (specify)			
	fı	f contract purchased, in whole or in part, to distribute benefits from a termin	nating plan check he	re 🕨 🗌	
7		acts With Unallocated Funds (Do not include portions of these contracts ma			
-			ate participation gua		
		(3) ☐ guaranteed investment (4) ☐ other ►			
	ь ,				1328924
		Balance at the end of the previous year           Additions:         (1) Contributions deposited during the year		<b>7 D</b> 3224	
		(2) Dividends and credits	= (0)	0	
		(3) Interest credited during the year	- (-)	20097	
		(4) Transferred from separate account		87575	
		(5) Other (specify below)	- (-)	0	
	,			70(6)	110896
	_ `	(6)Total additions			1439820
		otal of balance and additions (add <b>b</b> and <b>c(6)</b> ) eductions:			
		1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	88543	
		2) Administration charge made by carrier	. 7e(2)	0	
		3) Transferred to separate account	7e(3)	1351277	
		4) Other (specify below)	. 7e(4)	0	
					4.4000000
		5) Total deductions			1439820
	t E	Balance at the end of the current year (subtract e(5) from d)		7f	0

|--|

Pa	art III	Welfare Benefit Contract Informati	on				
		If more than one contract covers the same gro information may be combined for reporting pu the entire group of such individual contracts w	rposes if such cor	ntracts are experienc	e-rated as a unit. Whe	ere contracts	
8	Bene	fit and contract type (check all applicable boxes)					
•	a	Health (other than dental or vision)	<b>b</b> Dental	с	Vision	d	Life insurance
		, , ,	. 🗄		1		
	e		f Long-term		Supplemental unemp	oloyment h	
	i	Stop loss (large deductible)	j HMO contra	act <b>k</b>	PPO contract	I	Indemnity contract
	m	Other (specify)					
9	•	rience-rated contracts:				0	
		Premiums: (1) Amount received				0	
		(2) Increase (decrease) in amount due but unpaid				0	
		(3) Increase (decrease) in unearned premium rese				<b>~</b>	0
	-	(4) Earned ((1) + (2) - (3))				9a(4)	V
		Benefit charges (1) Claims paid				0	
		(2) Increase (decrease) in claim reserves				06/2)	0
		<ul> <li>(3) Incurred claims (add (1) and (2))</li></ul>				9b(3) 9b(4)	0
		Remainder of premium: (1) Retention charges (or				30(4)	
	Ŭ	(A) Commissions				0	
		(B) Administrative service or other fees				0	
		(C) Other specific acquisition costs				0	
		(D) Other expenses		a (1)(T)		0	
		(E) Taxes		0 (4)(E)		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 p	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	entered in <b>c(2)</b> .)		9e	0
10	) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	arrier			10a	0
		If the carrier, service, or other organization incurre					0
		retention of the contract or policy, other than repo	rted in Part I, iterr	n 2 above, report am	ount	10b	0

Specify nature of costs

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

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

SCHEDULE	A	Insuran	ce Informatio	n			
(Form 5500	(Form 5500)						1B No. 1210-0110
Department of the Treasury Internal Revenue ServiceThis schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).					2010		
Department of Labo Employee Benefits Security Ad	File as an a	attachment to Form 55	00.				
Pension Benefit Guaranty Co	orporation	Insurance companies a pursuant to E	are required to provide t ERISA section 103(a)(2)		tion	This For	rm is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010					nding 06	/30/2011	
A Name of plan HARMONY HILL SCHOO	ER ANNUITY PROGRAM			e-digit number (P	N) 🕨	001	
•	C Plan sponsor's name as shown on line 2a of Form 5500. HARMONY HILL SCHOOL, INC.				oyer Identific 59168	ation Number	(EIN)
		ing Insurance Contract					
<b>1</b> Coverage Information:							
(a) Name of insurance ca							
NATIONWIDE LIFE INSU							
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	ontract year
(b) EIN code		identification number	persons covered a policy or contrac		(f)	From	<b>(g)</b> To
31-4156830 66869		HARMOORIIOORT	24		07/01/20	)10	06/30/2011
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid. L	ist in item 3	3 the agents	, brokers, and	other persons in
(a) Total	amount of comr			<b>(b)</b> To	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
		nd address of the agent, broker,		m commiss	ions or fees	were paid	
M. HOLDINGS SECURIT	TES. INC.	SUITI	W. COUCH ST #900 E 900 TLAND, OR 97209				
(b) Amount of sales a	nd base	Fee	ees and other commissions paid				
commissions paid		(c) Amount		(d) Purpose			(e) Organization code
0							3
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales a	nd hase	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

For Paperwork Reduction Act Notice	and OMB Control Numbers	see the instructions for Form 5500	

Schedule A (Form 5500) 2010 v.092308.1

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### (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	<ul> <li>(e) Organization code</li> </ul>	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code		
(a) Name and address of the event burlies or other events to where eventies are free were asid					

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		(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 individual this report.	ach carrier may be treated as a unit f	or purposes of	
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	251996
_		ent value of plan's interest under this contract in separate accounts at year e		_	278338
		racts With Allocated Funds:			
	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 co retention of the contract or policy, enter amount	nnection with the acqu	iisition or 6d	0
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	d annuity		
		(3) other (specify)			
		If contract purchased, in whole or in part, to distribute benefits from a termin	÷.		
7		racts With Unallocated Funds (Do not include portions of these contracts ma			
	а	Type of contract:       (1)       deposit administration       (2)       immedia         (3)       guaranteed investment       (4)       other       Immedia	ate participation guara	ntee	
	b	Balance at the end of the previous year			79255
	С	Additions: (1) Contributions deposited during the year	. 7c(1)	27398	
		(2) Dividends and credits		6644	
		(3) Interest credited during the year		0	
		(4) Transferred from separate account		141490	
		(5) Other (specify below)	. 7c(5)	0	
		(6)Total additions			175532
	d -	Fotal of balance and additions (add <b>b</b> and <b>c(6)</b> ).			254787
		Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
		(2) Administration charge made by carrier	. 7e(2)	56	
		(3) Transferred to separate account	. 7e(3)	0	
		(4) Other (specify below)	. 7e(4)	2736	
		0			
		(5) Total deductions			2792
	f	Balance at the end of the current year (subtract e(5) from d)		7f	251995

|--|

Pa	art III	Welfare Benefit Contract Informati	on				
		If more than one contract covers the same gro information may be combined for reporting pu the entire group of such individual contracts w	rposes if such cor	ntracts are experienc	e-rated as a unit. Whe	ere contracts	
8	Bene	fit and contract type (check all applicable boxes)					
•	a	Health (other than dental or vision)	<b>b</b> Dental	с	Vision	d	Life insurance
		, , ,	. 🗄		1		
	e		f Long-term		Supplemental unemp	oloyment h	
	i	Stop loss (large deductible)	j HMO contra	act <b>k</b>	PPO contract	I	Indemnity contract
	m	Other (specify)					
9	•	rience-rated contracts:				0	
		Premiums: (1) Amount received				0	
		(2) Increase (decrease) in amount due but unpaid				0	
		(3) Increase (decrease) in unearned premium rese				<b>~</b>	0
	-	(4) Earned ((1) + (2) - (3))				9a(4)	V
		Benefit charges (1) Claims paid				0	
		(2) Increase (decrease) in claim reserves				06/2)	0
		<ul> <li>(3) Incurred claims (add (1) and (2))</li></ul>				9b(3) 9b(4)	0
		Remainder of premium: (1) Retention charges (or				30(4)	
	Ŭ	(A) Commissions				0	
		(B) Administrative service or other fees				0	
		(C) Other specific acquisition costs				0	
		(D) Other expenses		a (1)(T)		0	
		(E) Taxes		0 (4)(E)		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 p	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	entered in <b>c(2)</b> .)		9e	0
10	) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	arrier			10a	0
		If the carrier, service, or other organization incurre					0
		retention of the contract or policy, other than repo	rted in Part I, iterr	n 2 above, report am	ount	10b	0

Specify nature of costs

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

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

						Γ	
SCHEDULE	E A	Insuran	ce Informatio	n		OM	1B No. 1210-0110
(Form 5500)							
Department of the Trea Internal Revenue Ser		This schedule is required Employee Retirement Inc					2010
Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500.							
Pension Benefit Guaranty C		Insurance companies a	are required to provide t	he informa	ion	This For	m is Open to Public
		1	RISA section 103(a)(2)				Inspection
For calendar plan year 20 A Name of plan	)10 or fiscal plar	a year beginning 07/01/2010		and e B Thre		30/2011	
	ER ANNUITY PROGRAM			e-digit number (Pl	N) 🕨	001	
						/	
<b>C</b> Plan sponsor's name	as shown on line	e 2a of Form 5500.		<b>D</b> Emplo	over Identific	cation Number	(EIN)
HARMONY HILL SCHOO				05-036	-		()
	<u> </u>	····	о <b>г</b>				
		ing Insurance Contract ( Individual contracts grouped as a					
1 Coverage Information:		÷ :		·		-	
(a) Name of insurance ca	arrier						
NATIONWIDE LIFE INS							
(a) NALC (d) Contraction (e) Approximate number of Policy or contra					ontroct year		
(b) EIN (c) NAIC code		(d) Contract or identification number	persons covered a		(f)	From	(g) To
			policy or contrac	t year	(1)	FIUII	(9) 10
31-4156830 66869 HARM05RI00RE			4	47	07/01/20	)10	06/30/2011
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	al commissions paid. L	ist in item 3	the agents	, brokers, and o	other persons in
<b>(a)</b> Total	amount of comr	•		<b>(b)</b> To	otal amount	of fees paid	
		0					0
3 Persons receiving con		ees. (Complete as many entries		• · · · ·			
M. HOLDINGS SECURI		nd address of the agent, broker,	or other person to who W. COUCH ST #900	m commiss	ions or fees	were paid	
M. HOLDINGS SECORI	HEO, INC.	SUITE					
		PORT	LAND, OK 97209				
			a and other commission				
(b) Amount of sales and base commissions paid (c) Amount		(c) Amount	Fees and other commissions paid (d) Purpose			(e) Organization code	
0		0				3	
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
		Eng	s and other commission	hien an			
(b) Amount of sales a commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

For Paperwork Reduction Act Notice	and OMB Control Numbers	see the instructions for Form 5500	

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### (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	of sales and base Fees and other commissions paid		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions 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 indiv	ay be treated as a un	it for purposes of	
-	-	this report.			120445
_		nt value of plan's interest under this contract in the general account at year			520602
		nt value of plan's interest under this contract in separate accounts at year e	nd	5	520002
6		acts With Allocated Funds:			
	a	State the basis of premium rates			
	b i	Premiums paid to carrier		6b	0
	CI	Premiums due but unpaid at the end of the year		6c	0
		If the carrier, service, or other organization incurred any specific costs in contract or policy, enter amount		6d	0
	S	Specify nature of costs			
	e -	Type of contract: (1) individual policies (2) group deferred	d annuity		
	(	(3) other (specify)			
	f I	If contract purchased, in whole or in part, to distribute benefits from a termir	nating plan check here		
7	Contra	acts With Unallocated Funds (Do not include portions of these contracts ma	iintained in separate accounts)		
	a <sup>-</sup>	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ►			
	ь,			76	125718
		Balance at the end of the previous year		<b>7b</b> 8359	120/10
		Additions: (1) Contributions deposited during the year		3727	
		(2) Dividends and credits		0	
		(3) Interest credited during the year		0	
		(4) Transferred from separate account	. 7c(4)		
	(	(5) Other (specify below)	. 7c(5)		
	,				
	(	(6)Total additions		7c(6)	12086
	d ⊤	otal of balance and additions (add <b>b</b> and <b>c(6)</b> ).			137804
		Peductions:			
	(*	1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
		2) Administration charge made by carrier	. 7e(2)	126	
		3) Transferred to separate account	- (-)	1449	
		4) Other (specify below)		15784	
	Ì				
	•				
		5) Total deductions		7e(5)	17359
	f E	Balance at the end of the current year (subtract e(5) from d)		<b>7</b> f	120445

|--|

Pa	art III	Welfare Benefit Contract Informati	on				
		If more than one contract covers the same gro information may be combined for reporting pu the entire group of such individual contracts w	rposes if such cor	ntracts are experienc	e-rated as a unit. Whe	ere contracts	
8	Bene	fit and contract type (check all applicable boxes)					
•	a	Health (other than dental or vision)	<b>b</b> Dental	с	Vision	d	Life insurance
		, , ,	. 🗄		1		
	e		f Long-term		Supplemental unemp	oloyment h	
	i	Stop loss (large deductible)	j HMO contra	act <b>k</b>	PPO contract	I	Indemnity contract
	m	Other (specify)					
9	•	rience-rated contracts:				0	
		Premiums: (1) Amount received				0	
		(2) Increase (decrease) in amount due but unpaid				0	
		(3) Increase (decrease) in unearned premium rese				<b>~</b>	0
	-	(4) Earned ((1) + (2) - (3))				9a(4)	V
		Benefit charges (1) Claims paid				0	
		(2) Increase (decrease) in claim reserves				06/2)	0
		<ul> <li>(3) Incurred claims (add (1) and (2))</li></ul>				9b(3) 9b(4)	0
		Remainder of premium: (1) Retention charges (or				30(4)	
	Ŭ	(A) Commissions				0	
		(B) Administrative service or other fees				0	
		(C) Other specific acquisition costs				0	
		(D) Other expenses		a (1)(T)		0	
		(E) Taxes		0 (4)(E)		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 p	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	entered in <b>c(2)</b> .)		9e	0
10	) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	arrier			10a	0
		If the carrier, service, or other organization incurre					0
		retention of the contract or policy, other than repo	rted in Part I, iterr	n 2 above, report am	ount	10b	0

Specify nature of costs

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

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

SCHEDULE	Δ	Incuranc	e Informatio	n			
(Form 5500	Insuranc				ON	/B No. 1210-0110	
Department of the Treasury This schedule is required to be filed under section 104 of the							
Internal Revenue Service         Employee Retirement Income Security Act of 1974 (ERISA).           Department of Labor         Employee Retirement Income Security Act of 1974 (ERISA).						2010	
Employee Benefits Security Ad	ministration	File as an at	tachment to Form 55	00.			
Pension Benefit Guaranty Co		1	re required to provide t RISA section 103(a)(2)				rm is Open to Public Inspection
For calendar plan year 20	10 or fiscal plan	year beginning 07/01/2010		and e		/30/2011	
A Name of plan HARMONY HILL SCHOC	DL TAX SHELTE	ER ANNUITY PROGRAM			e-digit number (P	N) 🕨	001
C Plan sponsor's name a HARMONY HILL SCHOO		D Emplo 05-036	-	ation Number	(EIN)		
on a separat		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
METLIFE LIFE INSURAN	ICE CO.						
(b) EIN (c) NAIO		(d) Contract or	(e) Approximate number of persons covered at end of				ontract year
(0) 2	code	identification number	policy or contrac		(f)	From	<b>(g)</b> To
06-0566090 87726		031443	295 0		07/01/20	)10	06/30/2011
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	l commissions paid. L	ist in item 3	the agents	, brokers, and	other persons in
(a) Total a	amount of comn	nissions paid		<b>(b)</b> To	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker, o	or other person to who	m commiss	ions or fees	s were paid	
HENSLEY/ROBERT S.			, CT 06001				
(b) Amount of color or	d base	Fees	s and other commission	ns paid			
(b) Amount of sales and base commissions paid		(c) Amount		(d) Purpos	e		(e) Organization code
	0	0					3
	(a) Name a	nd address of the agent, broker, o	or other person to who	m commiss	ions or fees	were paid	
		Fees	s and other commission	ns paid			
(b) Amount of sales an commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2010 v.092308.1

Page **2-**

### (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) 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 and base		Fees and other commissions paid	(e) Organization
commissions paid	Se Fees and other commissions paid (e) ( (c) Amount (d) Purpose	code	
	and address of the areat burles		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv this report.	idual contracts with each ca	rrier may be treated as a unit fo	r purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end	4	0
_		nt value of plan's interest under this contract in separate accounts at year e		_	0
		acts With Allocated Funds:	•		
		State the basis of premium rates			
	b	Premiums paid to carrier			0
		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 the acquisition	or 6d	0
		Specify nature of costs		<u> </u>	
		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 check here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accoun	ts)	
	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			0
	С	Additions: (1) Contributions deposited during the year		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	
				70(6)	0
		(6)Total additions otal of balance and additions (add <b>b</b> and <b>c(6)</b> )			0
		Deductions:			
		1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
		2) Administration charge made by carrier		0	
		3) Transferred to separate account		0	
		4) Other (specify below)	. 7e(4)	0	
	1	·			
				70(5)	0
		<ol> <li>Total deductions</li> <li>Balance at the end of the current year (subtract e(5) from d)</li> </ol>			0
		Datance at the end of the current year (Sublidet e(3) norm u)			0

|--|

Pa	art III	Welfare Benefit Contract Informati	on				
		If more than one contract covers the same gro information may be combined for reporting pu the entire group of such individual contracts w	rposes if such cor	ntracts are experienc	e-rated as a unit. Whe	ere contracts	
8	Bene	fit and contract type (check all applicable boxes)					
•	a	Health (other than dental or vision)	<b>b</b> Dental	с	Vision	d	Life insurance
		, , ,	. 🗄		1		
	e		f Long-term		Supplemental unemp	oloyment h	
	i	Stop loss (large deductible)	j HMO contra	act <b>k</b>	PPO contract	I	Indemnity contract
	m	Other (specify)					
9	•	rience-rated contracts:				0	
		Premiums: (1) Amount received				0	
		(2) Increase (decrease) in amount due but unpaid				0	
		(3) Increase (decrease) in unearned premium rese				<b>~</b>	0
	-	(4) Earned ((1) + (2) - (3))				9a(4)	V
		Benefit charges (1) Claims paid				0	
		(2) Increase (decrease) in claim reserves				06/2)	0
		<ul> <li>(3) Incurred claims (add (1) and (2))</li></ul>				9b(3) 9b(4)	0
		Remainder of premium: (1) Retention charges (or				30(4)	
	Ŭ	(A) Commissions				0	
		(B) Administrative service or other fees				0	
		(C) Other specific acquisition costs				0	
		(D) Other expenses		a (1)(T)		0	
		(E) Taxes		0 (4)(E)		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 p	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	entered in <b>c(2)</b> .)		9e	0
10	) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	arrier			10a	0
		If the carrier, service, or other organization incurre					0
		retention of the contract or policy, other than repo	rted in Part I, iterr	n 2 above, report am	ount	10b	0

Specify nature of costs

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

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

SCHEDULE (Form 5500		Insurar	nce	e Information	า		ON	1B No. 1210-0110
Department of the Treas Internal Revenue Serv	sury			ed to be filed under section 104 of the Income Security Act of 1974 (ERISA).				2010
Department of Labo Employee Benefits Security Ad				achment to Form 55		/		2010
Pension Benefit Guaranty Co	prporation	<ul> <li>Insurance companies pursuant to</li> </ul>		required to provide tl ISA section 103(a)(2)		ion	This For	rm is Open to Public Inspection
For calendar plan year 20	10 or fiscal pla	n year beginning 07/01/2010	0		and er	nding <mark>06</mark>	6/30/2011	
A Name of plan HARMONY HILL SCHOO	OL TAX SHELT	ER ANNUITY PROGRAM				e-digit number (P	N) 🕨	001
C Plan sponsor's name a HARMONY HILL SCHOO		e 2a of Form 5500.			D Emplo 05-036	•	cation Number	(EIN)
on a separat		ing Insurance Contract Individual contracts grouped as		• • •				
1 Coverage Information:								
(a) Name of insurance ca METLIFE INSURANCE	rrier							
(c) NAIC (d) Contract or (e) Approximate number of Policy or cont				ontract year				
<b>(b)</b> EIN	code	identification number		persons covered at end of policy or contract year (f		From	<b>(g)</b> To	
06-0566090 87726 943847				295 07/01/20		010	06/30/2011	
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal o	commissions paid. Li	st in item 3	the agents	, brokers, and	other persons in
	amount of com	missions paid			<b>(b)</b> To	otal amount	of fees paid	
		0						0
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as	needed to report all	persons).			
ROBERT HENSLEY	<b>(a)</b> Name a	and address of the agent, broke	er, or	other person to whor	n commiss	ions or fees	s were paid	
(b) Amount of sales a	nd base	Fe	ees a	and other commissior	ns paid			
commissions paid		(c) Amount			(d) Purpose		(e) Organization code	
	0	0						3
	(a) Name a	and address of the agent, broke	er, or	other person to whor	n commiss	ions or fees	s were paid	
				· · · · · ·				
(b) Amount of sales a	nd base	Fe	ees a	and other commissior	ns paid			
commissions pa		(c) Amount			(d) Purpos	e		(e) Organization code

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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### (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	Fees and other commissions paid		
commissions paid	(c) Amount	(d) 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 and base		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code	
	and address of the areat burles			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv this report.	idual contracts with each ca	rrier may be treated as a unit fo	r purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end	4	0
_		nt value of plan's interest under this contract in separate accounts at year e		_	0
		acts With Allocated Funds:	•		
		State the basis of premium rates			
	b	Premiums paid to carrier			0
		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 the acquisition	or 6d	0
		Specify nature of costs		<u> </u>	
		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 check here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accoun	ts)	
	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			0
	С	Additions: (1) Contributions deposited during the year		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	
				70(6)	0
		(6)Total additions otal of balance and additions (add <b>b</b> and <b>c(6)</b> )			0
		Deductions:			
		1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
		2) Administration charge made by carrier		0	
		3) Transferred to separate account		0	
		4) Other (specify below)	. 7e(4)	0	
	1	·			
				70(5)	0
		<ol> <li>Total deductions</li> <li>Balance at the end of the current year (subtract e(5) from d)</li> </ol>			0
		Datance at the end of the current year (Sublidet e(3) norm u)			0

|--|

Pa	art III	Welfare Benefit Contract Informati	on				
		If more than one contract covers the same gro information may be combined for reporting pu the entire group of such individual contracts w	rposes if such cor	ntracts are experienc	e-rated as a unit. Whe	ere contracts	
8	Bene	fit and contract type (check all applicable boxes)					
•	a	Health (other than dental or vision)	<b>b</b> Dental	с	Vision	d	Life insurance
		, , ,	. 🗄		1		
	e		f Long-term		Supplemental unemp	oloyment h	
	i	Stop loss (large deductible)	j HMO contra	act <b>k</b>	PPO contract	I	Indemnity contract
	m	Other (specify)					
9	•	rience-rated contracts:				0	
		Premiums: (1) Amount received				0	
		(2) Increase (decrease) in amount due but unpaid				0	
		(3) Increase (decrease) in unearned premium rese				<b>~</b>	0
	-	(4) Earned ((1) + (2) - (3))				9a(4)	V
		Benefit charges (1) Claims paid				0	
		(2) Increase (decrease) in claim reserves				06/2)	0
		<ul> <li>(3) Incurred claims (add (1) and (2))</li></ul>				9b(3) 9b(4)	0
		Remainder of premium: (1) Retention charges (or				30(4)	
	Ŭ	(A) Commissions				0	
		(B) Administrative service or other fees				0	
		(C) Other specific acquisition costs				0	
		(D) Other expenses		a (1)(T)		0	
		(E) Taxes		0 (4)(E)		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 p	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	entered in <b>c(2)</b> .)		9e	0
10	) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	arrier			10a	0
		If the carrier, service, or other organization incurre					0
		retention of the contract or policy, other than repo	rted in Part I, iterr	n 2 above, report am	ount	10b	0

Specify nature of costs

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

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

SCHEDULE H	Financial Infor	mation		C	OMB No. 1210-011	0
	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).				2010	
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	byee Benefits Security Administration File as an attachment to Form 5500.			This Fo	orm is Open to Inspection	Public
For calendar plan year 2010 or fiscal plan year be	ginning 07/01/2010	ar	d ending 06/30	/2011	•	
A Name of plan HARMONY HILL SCHOOL TAX SHELTER ANNU	JITY PROGRAM		B Three-di plan num	git nber (PN)	•	001
C Plan sponsor's name as shown on line 2a of F HARMONY HILL SCHOOL, INC.	orm 5500		D Employer		n Number (EIN)	
Part I Asset and Liability Stateme	nt					
1 Current value of plan assets and liabilities at t the value of the plan's interest in a commingle lines 1c(9) through 1c(14). Do not enter the va benefit at a future date. <b>Round off amounts</b> and 1i. CCTs, PSAs, and 103-12 IEs also do	d fund containing the assets of more alue of that portion of an insurance co to the nearest dollar. MTIAs, CCTs,	than one plan on ntract which guar PSAs, and 103-1	a line-by-line bas antees, during thi	is unless the s plan year,	e value is reporta to pay a specific	able on c dollar
Assets		(a)	Beginning of Yea	r	<b>(b)</b> End of Y	'ear
a Total noninterest-bearing cash		1a		0		0
<b>b</b> Receivables (less allowance for doubtful acco	unts):					
(1) Employer contributions	1	b(1)	2	40306		4162
(2) Participant contributions	1	b(2)		7819		8225
(3) Other		b(3)		0		0
<ul> <li>C General investments:</li> <li>(1) Interest-bearing cash (include money ma of deposit)</li> </ul>		lc(1)	20	66691		2207317
(2) U.S. Government securities		lc(2)		0		0
(3) Corporate debt instruments (other than e						
(A) Preferred		(3)(A)		0		0
(B) All other		(3)(B)		0		0
(4) Corporate stocks (other than employer s				-		
(A) Preferred	,	(4)(A)		0		0
(A) Freieneu		(4)(B)		0		0
		(1)(2) (c(5)		0		0
(5) Partnership/joint venture interests	<u> </u>	lc(6)		0		0
(6) Real estate (other than employer real pro		lc(7)		0		0
(7) Loans (other than to participants)		lc(8)		37166		39635
(8) Participant loans				0		0
(9) Value of interest in common/collective tru		c(9)				_
(10) Value of interest in pooled separate acco		c(10)		0		0
(11) Value of interest in master trust investme		c(11)		0		0
<ul> <li>(12) Value of interest in 103-12 investment er</li> <li>(13) Value of interest in registered investmen</li> </ul>	t companies (e.g., mutual	c(12) c(13)	17	0 28432		0 1916932
Turius)						
funds) (14) Value of funds held in insurance compar contracts)	y general account (unallocated	c(14)				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

Schedule H (	Form	5500)	2010

Page **2** 

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
е	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	4080414	4176271
	Liabilities			
g	Benefit claims payable	1g	0	2771
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	2771
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	4080414	4173500

### Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	<b>(b)</b> Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	100661	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		100661
b	Earnings on investments:	<u>.</u>		
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	93305	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	1651	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		94956
	(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	<b>(b)</b> Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		343498
C Other income	. 2c		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	. 2d		539115
Expenses			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	442322	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		442322
f Corrective distributions (see instructions)			0
g Certain deemed distributions of participant loans (see instructions)		-	0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	0:(4)	0	
(2) Contract administrator fees		3707	
(3) Investment advisory and management fees	2:(2)	0	
(4) Other		0	
<ul><li>(f) Guide administrative expenses. Add lines 2i(1) through (4)</li></ul>	0:(5)		3707
j Total expenses. Add all expense amounts in column (b) and enter total			446029
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		93086
I Transfers of assets:		-	
	21(1)	-	0
(1) To this plan	21(2)		0
(2) From this plan			
Part III Accountant's Opinion			
<b>3</b> Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant is attached	to this Form 5500. Comple	ete line 3d if an opinion is not
${\boldsymbol{a}}$ The attached opinion of an independent qualified public accountant for this pla	an is (see instructions):		
(1) 🕅 Unqualified (2) 🗌 Qualified (3) 🗌 Disclaimer (4)	Adverse		
<b>b</b> Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 103-12(d)?		Yes X No
<b>C</b> Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: STEVEN DAMIANO, LLC	<b>(2)</b> E	IN: 20-3050980	
<b>d</b> The opinion of an independent qualified public accountant is <b>not attached</b> beau (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		5500 pursuant to 29 CFR 2	

Pa	rt IV Compliance Questions				
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	e, 4f, 4g,	4h, 4k, 4	m, 4n, or 5.	
	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	0
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).	4b		x	0
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	6 4d		x	0
е	Was this plan covered by a fidelity bond?	4e		Х	0
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	d 4f		X	0
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	0
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	0
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked and see instructions for format requirements.)	, 4i	Х		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		×	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to anothe plan, or brought under the control of the PBGC?	r 4k		X	
I	Has the plan failed to provide any benefit when due under the plan?	41		X	0
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		x	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	e 4n		X	
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year	Yes	No	Amount:	0
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan( transferred. (See instructions.)	s), ident	fy the pla	an(s) to which a	assets or liabilities were
	5b(1) Name of plan(s)			5b(2) EIN(s)	<b>5b(3)</b> PN(s)

Page **4-**

# STEVEN DAMIANO, LLC

1408 Atwood Avenue, Johnston, Rhode Island 02919 200 Chauncy Street, Suite 115, Mansfield, MA 02048 Telephone: 401.942.4000 Fax: 401.942.4001

### Independent Auditors' Report

To the Retirement Committee of Harmony Hill School Tax Sheltered Annuity Plan

We have audited the statement of net assets available for benefits of the *Harmony Hill School Tax Sheltered Annuity Plan* as of June 30, 2011 and 2010, and the statement of changes in net assets available for benefits for the year ended June 30, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2011 and 2010, and changes in net assets available for benefits for the year ended June 30, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our standards were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held at end of year as of June 30, 2011 for the year ended June 30, 2011, is presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements and certain other additional procedures in accordance with auditing procedures generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

turn Sanians, ALC

Steven Damiano, LLC Johnston, Rhode Island July 8, 2012

1

## Harmony Hill School Tax Sheltered Annuity Plan Statement of Net Assets Available For Benefits June 30, 2011 and 2010

		2011		2010
ASSETS:				
Investments:				
Mutual funds	\$	1,916,932	\$	1,911,735
Interest bearing cash		2,207,317		1,883,388
Participant loans		39,635		37,166
Total Investments	·	4,163,884	<u></u>	3,832,289
Contributions Receivable:				
Participant		8,225		7,819
Employer	<b></b>	4,162		240,306
Total Contributions Receivable		12,387	<del></del>	248,125
Total Assets		4,176,271		4,080,414
LIABILITIES:				
Accrued expenses		2,771		-
Total Liabilities		2,771		<b>-</b>
Net Assets Available For Plan Benefits	\$	4,173,500	\$	4,080,414

The accompanying notes are an integral part of these financial statements.

### Harmony Hill School Tax Sheltered Annuity Plan Statement of Changes in Net Assets Available For Benefits For the Year Ended June 30, 2011

### ADDITIONS TO NET ASSETS ATTRIBUTED TO:

.

Investment Income:		
Net appreciation in the value of investments	\$	343,498
Interest and dividends		93,305
Participant loan interest		1,651
Total Investment income		438,454
Contributions:		
Participants		100,661
Employer		
Total Contributions		100,661
Total Additions		539,115
DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		442,322
Administrative expenses	<b></b>	3,707
Total Deductions		446,029
Net Increase (Decrease)		93,086
Net Assets Available For Benefits :		
Beginning of year - July 1,	<u></u>	4,080,414
End of year - June 30,	\$	4,173,500

The accompanying notes are an integral part of these financial statements.

Form 5500	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plane under sections 104			OMB Nos. 1210-0110 1210-0089
Department of the Tressury Informal Revoluce Service Department of Labor	and 4065 of the Employee R sections 6047(e), and 60	2010		
Employee Benefits Geounty Administration		<ul> <li>Complete all entries in accordance with the instructions to the Form 5500.</li> </ul>		
Pension Benefit Guaranty Corporation			·	This Form is Open to Public Inspection
For calendar plan year 2010 or fisca	entification information	/1/2010		
A This return/report is for	a multiemployer plan;		and ending lple-employer plan; or	6/30/2011
	x a single-employer plan		i (specify)	
B This relum/report is:	uhe first return/report; x an amanded return/rep	H	a) relum/report; 1 plan year relum/report (less l	han 12 months).
${f C}$ if the plan is a collectively-barge	Ined plan, check here			<b>.</b> П
D Check box if filing under:	Form 5558; □ special extension (enia		allo extension;	ມີ ໂhe DFVC program;
Basic Plan Info	rmation-enter all requested in	lomalion	· · · · · · · · · · · · · · · · · · ·	
1a Name of plan	OL TAX SHELTER ANNUI			1b Three-digit plan, number (PN) >
				1c Effective date of plan
2a Plan sponsor's name and addre (Address should include room of HARMONY HILL SCHOO	r suite no.)	loyer plan)		2b Employer Identification Number (EIN) 05036916B
	ц, нчо,			2c Sponsor's telephone
				number
63 HARMONY HILL ROA	D			4019490690 2d Eusiness code (see
CHEPACHET	RI	02	814	Instructions) 611000
	• • •			
63 HARMONY HILL ROA	D			
CHEPACHET	RI	00	014	
OHERAONET	<b>N</b> I	020	814	
Caution: A penalty for the late or I	ncomplete filing of this return/r	report will be assessed	uniess reasonable cause i	s established
Under penalties of perjury and other statements and sligchments, as well	penallies set forth in the instruction	ona, i declare (hai ) hav	e examined this return/report	nebuding personage in tehedular
and the	3	1/17/13	ERIC A.	JAMES
Signature of plan_admini	strator	Dale	Enter name of individual a	igning as plan administrator
	~^>	1/17/13	ERIC A.	JAMES
Signature of employer/pl	ап аропаот	Date	Enler name of Individual s	gning as employer or plan sponsor
Signature of DFE		Date	Colorador Clades	law have a party
MARKING ANNUALITA AL ALE			Enter name of Individual si	Swith an DEF

3a	<ul> <li>Plan administrator's name and address (if same as plan sponsor, enter "Same")</li> <li>HARMONY HILL SCHOOL, INC.</li> <li>63 HARMONY HILL ROAD</li> </ul>			3bAdministrator's EIN 0503691683cAdministrator's telephone number 4019490690		
	CHEPACHET	RI	02814			
4	If the name and/or EIN of the plan sponsor the plan number from the last return/report		last return/report filed for this plan, enter the name, E	IN and	4b EIN	
а	Sponsor's name				<b>4c</b> PN	
5	Total number of participants at the beginni	ng of the plan year		5	287	
6	Number of participants as of the end of the	plan year (welfare plan	ns complete only lines 6a, 6b, 6c, and 6d).		1	
а	Active participants			<u>6a</u>	156	
b	Retired or separated participants receiving	benefits		6b	0	
С	Other retired or separated participants enti	tled to future benefits		<u>6c</u>	139	
d	Subtotal. Add lines 6a, 6b, and 6c			6d	295	
е	Deceased participants whose beneficiaries	are receiving or are en	titled to receive benefits	<u>6</u> e	0	
f	Total. Add lines 6d and 6e			6f	295	

g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	248
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
00			

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2G 2L 3D

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

9a	a Plan funding arrangement (check all that apply)			nefit arrangement (check all that apply)		
	(1)	Insurance	(1)	Insurance		
	(2)	Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3) insurance contracts		
	(3)	× Trust	(3)	🗙 Trust		
	(4)	General assets of the sponsor	(4)	General assets of the sponsor		
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)					
а	Pensior	n Schedules	b Genera	al Schedules		
	(1)	R (Retirement Plan Information)	(1)	H (Financial Information)		
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Information – Small Plan)		
		Purchase Plan Actuarial Information) - signed by the plan	(3)	x <u>5</u> A (Insurance Information)		
		actuary	(4)	C (Service Provider Information)		
	(3)	SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participating Plan Information)		
	·	Information) - signed by the plan actuary	(6)	G (Financial Transaction Schedules)		

SCHEDULE A Insurance Information			OMB No. 1210-0110				
(Form 5500)	)						
Department of the Treasu Internal Revenue Servio		This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).				2010	
Department of Labor Employee Benefits Security Adm		▶ File as an attachment to Form 5500.				2010	
Pension Benefit Guaranty Cor	poration	Insurance companies a pursuant to E	re required to provide t RISA section 103(a)(2		ion	This For	m is Open to Public Inspection
For calendar plan year 201	0 or fiscal pla	n year beginning 7/1/2010		and ei	nding 6/30	)/2011	
A Name of plan				<b>B</b> Thre	e-digit		001
HARMONY HILL SC	HOOL TAX	SHELTER ANNUITY PRO	OGRAM	plan	number (P	N) ►	
C Plan sponsor's name as	s shown on lir	e 2a of Form 5500.		D Emplo	oyer Identific	cation Number	(EIN)
HARMONY HILL SCI						0503691	
		ning Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance car	<sub>rier</sub> Metlif	e Insurance Company					
	(c) NAIC				ontract year		
<b>(b)</b> EIN	code	identification number	persons covered at end of policy or contract year (f		(f)	From	<b>(g)</b> To
060566090	87726	916667	295		7/1	1/2010	6/30/2011
2 Insurance fee and comn descending order of the		ation. Enter the total fees and tota	al commissions paid. L	ist in item 3.	the agents	, brokers, and	other persons in
(a) Total a	mount of com	missions paid		<b>(b)</b> To		of fees paid	
	0	# 101 # 14 Eq. 6 M Ext.			246		
3 Persons receiving comm	missions and f	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees	s were paid	
HENSLEY/ROBE	ERT						
10 Avon Meadov	v Lane						
			:				
Avon		CT	06001	1			
(b) Amount of sales and	d base	Fee	s and other commissio	ns paid			
commissions paid		(c) Amount		(d) Purpos	е		(e) Organization code
	0	246					3
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees	s were paid	

(b) Amount of sales and base	Fees a		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code

Page 3

Ρ	art	I Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with	b anoth corrier may be treated as a	unit for purposes of
		this report.	nuual contracts with	n each camer may be heated as a	i unit for purposes of
4	Cu	rent value of plan's interest under this contract in the general account at year	end		0
5	Cu	rent value of plan's interest under this contract in separate accounts at year e	end	5	0
6	Coi	tracts 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			0
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount		<u> </u>	0
		Specify nature of costs			
	•				
	е	Type of contract: (1) individual policies (2) group deferre	d annuity		
		(3) dther (specify)			
	_			_	
	f	If contract purchased, in whole or in part, to distribute benefits from a termir			
7	Cor	tracts With Unallocated Funds (Do not include portions of these contracts ma			
	а		ate participation gu	arantee	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year			1328924
	С	Additions: (1) Contributions deposited during the year		3224	
		(2) Dividends and credits		0	
		(3) Interest credited during the year		20097	
		(4) Transferred from separate account		87575	
		(5) Other (specify below)	. 7c(5)	0	
		•			
					110000
	A	(6)Total additions			110896
	a e	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) Deductions:		7d	1439820
	C	<ol> <li>Disbursed from fund to pay benefits or purchase annuities during year</li> </ol>	7e(1)	88543	
		(2) Administration charge made by carrier		00040	
		(3) Transferred to separate account	. 7e(3)	1351277	
		(4) Other (specify below)		0	
		•			
		(5) Total doductions		70(5)	1439820
	f	(5) Total deductions Balance at the end of the current year (subtract e(5) from d)			1439620
	-				0

Pa	art III 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 of	oup of employees of the urposes if such contracts	are experience	ce-rated as a unit. Where cont	employ acts co	ee organization(s), the over individual employees,
8	Benefit and contract type (check all applicable boxes)					
	a 🗍 Health (other than dental or vision)	<b>b</b> Dental	c	Vision	d	Life insurance
	<b>e</b> Temporary disability (accident and sickness)	f 🗍 Long-term disabil	ity <b>g</b>	Supplemental unemploymen	t h∫	Prescription drug
	i Stop loss (large deductible)	j    HMO contract	k	PPO contract	ī	Indemnity contract
			•		• [	
	m _ Other (specify) ▶					
9	Experience-rated contracts:					
5	a Premiums: (1) Amount received		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))				l)	0
	<b>b</b> Benefit charges (1) Claims paid			Ó		
	(2) Increase (decrease) in claim reserves			0		
	(3) Incurred claims (add (1) and (2))				3)	0
	(4) Claims charged				4)	0
	c Remainder of premium: (1) Retention charges (c		_	· · · · · · · · · · · · · · · · · · ·		
	(A) Commissions		9c(1)(A)	0		
	(B) Administrative service or other fees			0		
	(C) Other specific acquisition costs		9c(1)(C)	0		
	(D) Other expenses			0		
	(E) Taxes			0		
	(F) Charges for risks or other contingencies.			0		
	(G) Other retention charges			0		
	(H) Total retention					0
	(2) Dividends or retroactive rate refunds. (These				-	0
	<b>d</b> Status of policyholder reserves at end of year: (1					0
	(2) Claim reserves					0
	(3) Other reserves					0
	e Dividends or retroactive rate refunds due. (Do n	ot include amount entere	ed in <b>c(2)</b> .)			0
10	<b>0</b> Nonexperience-rated contracts:			· · · ·		^
	a Total premiums or subscription charges paid to o				1	0
	<b>b</b> If the carrier, service, or other organization incur retention of the contract or policy, other than rep				<b>b</b>	0
	Specify nature of costs 🕨					

Page **4** 

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

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

SCHEDULE /	4	Insurance Information				OMB No. 1210-0110	
(Form 5500)							
Department of the Treasun Internal Revenue Service		This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).				2010	
Department of Labor Employee Benefits Security Admir	nistration	▶ File as an attachment to Form 5500.					
Pension Benefit Guaranty Corpo	ion Benefit Guaranty Corporation Insurance companies			s are required to provide the information This Form is Open to Pub DERISA section 103(a)(2). Inspection			
For calendar plan year 2010	or fiscal plan	year beginning 7/1/2010		and en	ding 6/30	/2011	1
A Name of plan				<b>B</b> Three	5		001
HARMONY HILL SCH	IOOL TAX	SHELTER ANNUITY PRO	OGRAM	plan ı	number (Pl	<u>N)</u> ►	001
C Plan sponsor's name as	shown on line	2a of Form 5500.		D Employ	er Identific	ation Number	(EIN)
HARMONY HILL SCH	IOOL, INC.					0503691	68
Part I Information	n Concerni Schedule A. I	ing Insurance Contract ( Individual contracts grouped as	Coverage, Fees, a a unit in Parts II and III	and Comn can be repo	nissions rted on a si	Provide inforn ingle Schedule	nation for each contract A.
1 Coverage Information:							
(a) Name of insurance carri	<sub>er</sub> Nation	wide Life Insurance Co.					
	(c) NAIC	c (d) Contract or (e) Approximat				Policy or contract year	
(b) EIN (c) NAIC code		identification number	persons covered at end of policy or contract year		<b>(f)</b> From		<b>(g)</b> To
314156830	66869	harm00rii00rt	24	24		/2010	6/30/2011
2 Insurance fee and commi descending order of the a		tion. Enter the total fees and tota	al commissions paid. L	ist in item 3.	the agents	, brokers, and o	other persons in
(a) Total amount of commissions paid			(b) Total amount of fees paid				
	0				0		
3 Persons receiving comm		es. (Complete as many entries					
		nd address of the agent, broker,	or other person to who	m commissi	ons or fees	were paid	
M. Holdings Secu	irities. Inc.						
1125 W. Couch S	T #900						
Suite 900							
Portland		OR	97209	9			
(b) Amount of sales and	base	Fee	es and other commissio	ns paid			
commissions paid		(c) Amount	(d) Purpose			(e) Organization code	
	о	0					3
	(a) Name ar	nd address of the agent, broker,	or other person to who	om commissi	ons or fees	were paid	
	(ay rianto al						

<b>(b)</b> Amount of sales and base commissions paid	I		
	(c) Amount	(d) Purpose	(e) Organization code

**Investment and Annuity Contract Information** Part II Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. 251996 4 Current value of plan's interest under this contract in the general account at year end 4 5 Current value of plan's interest under this contract in separate accounts at year end ..... 5 278338 6 Contracts With Allocated Funds: State the basis of premium rates а 0 6b b Premiums paid to carrier ..... 0 c Premiums due but unpaid at the end of the year ..... 6c If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or d 6d 0 retention of the contract or policy, enter amount..... Specify nature of costs • Type of contract: (1) individual policies (2) group deferred annuity е (3) other (specify) If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here f Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other > (3) guaranteed investment 79255 7b b Balance at the end of the previous year ..... 7c(1) 27398 С Additions: (1) Contributions deposited during the year ..... 6644 (2) Dividends and credits ..... 7c(2) 7c(3) 0 (3) Interest credited during the year ..... 141490 7c(4) (4) Transferred from separate account ..... 0 7c(5) (5) Other (specify below)..... 175532 7c(6) (6)Total additions 254787 d Total of balance and additions (add b and c(6)). 7d e Deductions: 0 7e(1) (1) Disbursed from fund to pay benefits or purchase annuities during year 56 (2) Administration charge made by carrier..... 7e(2) 0 7e(3) (3) Transferred to separate account ..... 2736 7e(4) (4) Other (specify below)..... • 0 2792 (5) Total deductions ..... 7e(5) 251995 f Balance at the end of the current year (subtract e(5) from d)..... 7f
Pa	art III	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 irposes if such contracts	are experience	ce-rated as a unit. Whe	ere contracts o	
8	Benef	it and contract type (check all applicable boxes)					
	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 disabili	ty g	Supplemental unemp	ployment h	Prescription drug
	ıП	Stop loss (large deductible)	i HMO contract	k	PPO contract		Indemnity contract
	m []	Other (specify)				•	
9	Experi	ience-rated contracts:					
	<b>a</b> Pr	emiums: (1) Amount received		9a(1)		0	
	(2	2) Increase (decrease) in amount due but unpaid	I	9a(2)		0	
	(3	3) Increase (decrease) in unearned premium res	erve	9a(3)		0	
		4) Earned (( <b>1) + (2) - (3)</b> )				9a(4)	0
		Benefit charges (1) Claims paid				0	
	•	2) Increase (decrease) in claim reserves		L		0	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	•	3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)	0
	•	4) Claims charged		••••••		9b(4)	0
	CF	Remainder of premium: (1) Retention charges (o		<b>0</b> (1)(1)	en eta e batan atan di atan ana datiki bina en anga manatan en esta datik		
		(A) Commissions				0	
		(B) Administrative service or other fees					
		(C) Other specific acquisition costs		90(1)(0)		0	
		(D) Other expenses				0	
		(E) Taxes		9c(1)(E)		0	
		(F) Charges for risks or other contingencies	•••••••••••••••••••••••••••••••••••••••	9c(1)(G)		0	
		(G) Other retention charges				9c(1)(H)	0
	,			-			0
		2) Dividends or retroactive rate refunds. (These	haven	استعبا			0
		Status of policyholder reserves at end of year: (1				9d(1)	0
		2) Claim reserves				9d(2)	0
	`	3) Other reserves				9d(3) 9e	0
10		Dividends or retroactive rate refunds due. (Do no experience-rated contracts:	or include amount entered	u m C(∠).)		96	U
10		experience-rated contracts: Fotal premiums or subscription charges paid to c	arrior			10a	0
		f the carrier, service, or other organization incurr				104	0
		etention of the contract or policy, other than repo				10b	0

Page **4** 

Specify 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

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

SCHEDULE	Α	Insuran	ce Informatio	n		ОМ	IB No. 1210-0110	
(Form 5500		This schodule is require	d to be filed under costi	on 101 of th	•			
Internal Revenue Service Employee Retirement Ir			d to be filed under secti acome Security Act of 1				2010	
Department of Labor Employee Benefits Security Ad		► File as an a	attachment to Form 5	500.				
Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).						m is Open to Public Inspection		
For calendar plan year 20	10 or fiscal pl	an year beginning 7/1/2010		1	nding 6/30	)/2011		
A Name of plan					e-digit		001	
HARMONY HILL SC	HOOL TA	X SHELTER ANNUITY PR	OGRAM	pian	number (P	N) 🕨		
C Plan sponsor's name a	s shown on l	ine 2a of Form 5500.		D Emplo	yer Identifi	cation Number	(EIN)	
HARMONY HILL SC	HOOL, IN	C.				0503691	68	
Part I Information	on Concelle e Schedule A	rning Insurance Contract	Coverage, Fees, a a unit in Parts II and III	a <b>nd Com</b> can be repo	missions	Provide inforn	nation for each contract	
1 Coverage Information:		•					·	
(a) Name of insurance ca	<sub>rrier</sub> Natio	onwide Life Insurance Co.						
· · ·		(d) Contract or	(e) Approximate n	umber of		Policy or c	ontract year	
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	nersons covered at end of		From	<b>(g)</b> To		
314156830	66869	harm05ri00re	47 7/1/		/2010	6/30/2011		
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	tal commissions paid. I	_ist in item 3	the agents	, brokers, and o	other persons in	
(a) Total a		mmissions paid		<b>(b)</b> To		of fees paid		
	0				0			
3 Persons receiving com		fees. (Complete as many entries	and the second		. ,			
		and address of the agent, broker	, or other person to who	om commiss	ions or fees	s were paid		
M. Holdings Sec		λ.						
1125 W. Couch	ST #900							
Suite 900								
Portland		OR	9720	9				
(b) Amount of sales ar	d base	Fe	es and other commissio	ons paid			:	
commissions pai		(c) Amount		(d) Purpos	Э		(e) Organization code	
	0	0					3	
							1	
	(a) Name	and address of the agent, broker	, or other person to who	om commiss	ions or fees	s were paid		

\*

(b) Amount of sales and base			
commissions paid	(c) Amount	(e) Organization code	
		·	

Page 3

Part II Investment and Annuity Contract Informatio Where individual contracts are provided, the entire group or		ch carrier may be treated as a un	it for purposes of
this report.			120445
4 Current value of plan's interest under this contract in the general acco		-	<u>120445</u> 520602
<ul> <li>5 Current value of plan's interest under this contract in separate accoun</li> <li>6 Contracts With Allocated Funds:</li> </ul>	is at year end		020002
a State the basis of premium rates			
<b>b</b> Premiums paid to carrier		6b	0
C Premiums due but unpaid at the end of the year			0
<b>d</b> If the carrier, service, or other organization incurred any specific retention of the contract or policy, enter amount			0
Specify nature of costs			
e Type of contract: (1) individual policies (2) gro	oup deferred annuity		
(3) dther (specify)			
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from	om a terminating plan check here	•	,
7 Contracts With Unallocated Funds (Do not include portions of these ca	ontracts maintained in separate a	ccounts)	
<b>a</b> Type of contract: (1) deposit administration (2)		ntee	
(3) guaranteed investment (4)	other 🕨		
			1.0.0001.0
<b>b</b> Balance at the end of the previous year			125718
<b>c</b> Additions: (1) Contributions deposited during the year		8359 3727	
(2) Dividends and credits	- (0)	0	
(3) Interest credited during the year		0	
(4) Transferred from separate account (5) Other (specify below)		0	
,			
			12086
(6)Total additions <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			137804
e Deductions:			101001
(1) Disbursed from fund to pay benefits or purchase annuities du	ring year 7e(1)	0	
(2) Administration charge made by carrier		126	
(3) Transferred to separate account	7-(0)	1449	
(4) Other (specify below)	7 (4)	15784	
•			
(5) Total deductions	Longer and the second		17359
<b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )			120445

Page 4

Pa	art II	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 s urposes if such contracts a	are experiend	ce-rated as a unit. Whe	ere contracts	oyee organization(s), the cover individual employees,
8	Ben	efit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	<b>b</b> Dental	c	Vision	C	Life insurance
	еľ	Temporary disability (accident and sickness)	f Long-term disabilit	v g	Supplemental unemp	loyment <b>h</b>	Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k [	PPO contract	-	I Indemnity contract
	• L			• L			
	m	Other (specify)					
Q	Evne	erience-rated contracts:					
3	•	Premiums: (1) Amount received	[	9a(1)		0	
		(2) Increase (decrease) in amount due but unpaid	r	9a(2)		0	
		(3) Increase (decrease) in unearned premium res		9a(3)		0	
		(4) Earned ((1) + (2) - (3))	-			9a(4)	0
		Benefit charges (1) Claims paid		9b(1)		Ó	
		(2) Increase (decrease) in claim reserves	r i i i i i i i i i i i i i i i i i i i	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 (or	n an accrual basis)				
		(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				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 I	benefits after	r retirement	9d(1)	0
		(2) Claim reserves				9d(2)	0
		(3) Other reserves				9d(3)	0
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	l in <b>c(2)</b> .)		9e	0
10	) No	nexperience-rated contracts:				• 6	
	а	Total premiums or subscription charges paid to c				10a	0
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep				10b	0

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

SCHEDULE		Insuran	ce Informatior	า		OM	B No. 1210-0110
(Form 5500 Department of the Treas	•	This schedule is required	d to be filed under sectio	n 104 of the		a galan karina ang ang ang ang ang ang ang ang ang a	
Department of Labor			come Security Act of 19				2010
Employee Benefits Security Adr	ninistration		attachment to Form 55				
Pension Benefit Guaranty Corporation         Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).						m is Open to Public Inspection	
For calendar plan year 201	0 or fiscal plan	year beginning 7/1/2010			ding 6/30/	2011	
A Name of plan	000444	B Three plan r	-digit number (PN	)	001		
HARMONY HILL SC	HOOL TAX	SHELTER ANNUITY PRO	OGRAM	plaint		<u>, .</u>	
C Plan sponsor's name a	s shown on line	2a of Form 5500.		<b>D</b> Employ	er Identifica	ation Number (	(EIN)
HARMONY HILL SC	HOOL, INC.					0503691	68
Part I Informatio	on Concern e Schedule A.	ing Insurance Contract	Coverage, Fees, a a unit in Parts II and III	nd Comn can be repoi	nissions rted on a sir	Provide inform	nation for each contract A.
1 Coverage Information:							
(a) Name of insurance ca	<sub>rrier</sub> METLI	FE LIFE INSURANCE CO	Ο.				
	r		(e) Approximate nu	imber of		Policy or co	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contrac	it end of	(f)	From	(g) To
060566090	87726	031443	295		7/1/	2010	6/30/2011
2 Insurance fee and com descending order of the	mission informa amount paid.	tion. Enter the total fees and tot	tal commissions paid. L	ist in item 3	the agents,	brokers, and o	other persons in
	amount of comn	nissions paid		( <b>b)</b> Tot	tal amount o	of fees paid	
	0				0		•
3 Persons receiving com		es. (Complete as many entries					~~~~~~
		nd address of the agent, broker,	, or other person to who	m commissi	ons or fees	were paid	
HENSLEY/ROB	ERTS.						
10 AVON MEAD	OW LN						
AVON		СТ	06001	1			
(b) Amount of sales a	nd base	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	)		(e) Organization code
	о	0					3
	I						
	(a) Name a	nd address of the agent, broker	, or other person to who		UNS OF TEES	were paid	

(b) Amount of sales and base	Fees a		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code

Ρ	art l				
		Where individual contracts are provided, the entire group of such individual this report.	vidual contra	cts with each carrier may be treate	d as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		0
		rent value of plan's interest under this contract in separate accounts at year			0
-		tracts With Allocated Funds:			<b>~</b>
	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 co			0
		retention of the contract or policy, enter amount	•••••		0
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	d annuity		
		(3) dther (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	check here	
7	Cor	tracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	tion guarantee	
		(3) 🗍 guaranteed investment (4) 🗍 other 🕨	•		
	b	Balance at the end of the previous year			0
	С	Additions: (1) Contributions deposited during the year	1	0	-
		(2) Dividends and credits		0	
		(3) Interest credited during the year	= (0)	0	
		(4) Transferred from separate account	. 7c(4)	0	]
		(5) Other (specify below)	. 7c(5)	0	
		<b>*</b>			
		(6)Total additions			0
	d	Total of balance and additions (add b and c(6)).			0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
		(2) Administration charge made by carrier		0	
		(3) Transferred to separate account	. 7e(3)	0	
		(4) Other (specify below)	. 7e(4)	0	
		(4) Other (specify below)	<u>7e(4)</u>	0	
		(4) Other (specify below)	. <u>7e(4)</u>	0	
		<ul> <li>(4) Other (specify below)</li> </ul>	<u>7e(4)</u>	0	
		<ul> <li>(4) Other (specify below)</li></ul>			0

Pa	art II	Welfare Benefit Contract Informat If more than one contract covers the same guinformation may be combined for reporting p the entire group of such individual contracts	roup of employees of the s urposes if such contracts	are experienc	e-rated as a unit. Wher	re contracts c	vee organization(s), the over individual employees,
8	Ben	efit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	<b>b</b> Dental	c	Vision	d	Life insurance
	e	Temporary disability (accident and sickness)	f	ty g	Supplemental unemple	oyment <b>h</b>	Prescription drug
	: [	Stop loss (large deductible)	j 🗍 HMO contract	k	PPO contract		Indemnity contract
	• [			"L		•	
	m	_ Other (specify) ►					
9		erience-rated contracts:					
9	•	Premiums: (1) Amount received		9a(1)		0	
	a	(2) Increase (decrease) in amount due but unpai				0	100 (100 (100 (100 (100 (100 (100 (100
		(3) Increase (decrease) in unearned premium res				0	
		(4) Earned ((1) + (2) - (3))				9a(4)	0
	b	Benefit charges (1) Claims paid		9b(1)		Ò	
		(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 (					
		(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				0	
		(F) Charges for risks or other contingencies.				0	
		(G) Other retention charges				0	0
		(H) Total retention			Г	9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These		the second se	-	9c(2)	0
	d	Status of policyholder reserves at end of year: (7				9d(1)	. 0
		(2) Claim reserves				9d(2)	0
		(3) Other reserves				9d(3)	-
	e	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in <b>c(2)</b> .)		9e	0
10		onexperience-rated contracts:			Г	10-	0
	a	Total premiums or subscription charges paid to				10a	0
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep				10b	0
	Sp	pecify nature of costs 🕨					

Page **4** 

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

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

SCHEDULE		Insuran	ce Informati	ion		ОМ	B No. 1210-0110
(Form 5500) Department of the Treasury This schedule is required to be fil				action 104 of the			
Internal Revenue Service Employee Retirement Income Security Act of 197							2010
Department of Labor Employee Benefits Security Administration			attachment to Form 5500.				
Pension Benefit Guaranty Co	Insurance companies a pursuant to E	are required to provid ERISA section 103(a		on		m is Open to Public Inspection	
For calendar plan year 20	10 or fiscal plan	year beginning 7/1/2010		and en	ding 6/30/20	11	
A Name of plan				B Three	0	•	001
HARMONY HILL SC	SHELTER ANNUITY PRO	DGRAM	pian	number (PN)	<b>.</b>		
C Diamana di Antonio		0		Denuis		. N.L	
C Plan sponsor's name a		2a of Form 5500.			er Identificatior		
HARMONY HILL SC						)503691(	
		ing Insurance Contract ( Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	<sub>rrier</sub> Metlife	Insurance					
			· · · · · · · · · · · · · · · · · · ·				
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year		(f) From		ontract year (g) To
060566090	87726	943847	295		7/1/20	10	6/30/2011
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	al commissions paid	I. List in item 3	the agents, bro	kers, and c	other persons in
(a) Total a	amount of comm	nissions paid		<b>(b)</b> To	tal amount of fe	es paid	
	0				0		
3 Persons receiving com		es. (Complete as many entries					
	(a) Name ar	nd address of the agent, broker,	or other person to w	whom commissi	ons or fees wer	e paid	
Robert Hensley							
(b) Amount of sales ar	d base	Fee	es and other commis	sions paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	о	0					3
		I					1
	( <b>a)</b> Name ar	nd address of the agent, broker,	or other person to w	vnom commissi	ons or fees wer	e paid	

(b) Amount of sales and base	Fees and		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code

Page 3

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	dual contracts with eac	h carrier may be treated as a unit fo	r purposes of
		this report.			
		ent value of plan's interest under this contract in the general account at year			0
		ent value of plan's interest under this contract in separate accounts at year e	nd		0
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier			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 co retention of the contract or policy, enter amount			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 termir	ating plan check here	▶□	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma		counts)	
	а		te participation guarant	•	
		(3) ☐ guaranteed investment (4) ☐ other ►			
	b	Balance at the end of the previous year			C
	С	Additions: (1) Contributions deposited during the year		0	
		(2) Dividends and credits	7c(2)	0	
		(3) Interest credited during the year		0	
		(4) Transferred from separate account	7c(4)	0	
		(5) Other (specify below)	. 7c(5)	0	
		•			
		(6)Total additions			0
		Total of balance and additions (add <b>b</b> and <b>c(6)</b> )		7d	0
		Deductions:	70(1)	0	
		<ol> <li>Disbursed from fund to pay benefits or purchase annuities during year</li> <li>Administration charge made by carrier</li> </ol>	7e(1) 7e(2)	0	
		(3) Transferred to separate account	7e(3)	0	
		(4) Other (specify below)	7e(4)	0	
		•			
		(5) Total deductions			0

Pa	rt II	I Welfare Benefit Contract Informat If more than one contract covers the same guinformation may be combined for reporting p the entire group of such individual contracts of	oup of ei urposes i	if such con	tracts are ex	perienc	ce-rated as a unit. Whe	ere contracts	oyee organization(s), the cover individual employees,
8	Ben	efit and contract type (check all applicable boxes)							
	аſ	Health (other than dental or vision)	b 🗌 D	Dental		c	Vision	d	Life insurance
	eΪ	Temporary disability (accident and sickness)	fΠu	ong-term d	lisability	g	Supplemental unemp	oloyment <b>h</b>	Prescription drug
	- L I [	Stop loss (large deductible)		IMO contra		k	PPO contract	1	Indemnity contract
	• L		┛ []			•• ∟	]		
	m	Other (specify)							
9	Evn	erience-rated contracts:							
	•	Premiums: (1) Amount received			98	a(1)		0	
	a	(2) Increase (decrease) in amount due but unpai				a(2)		0	
		(3) Increase (decrease) in unearned premium res				a(3)		0	
		(4) Earned ((1) + (2) - (3))						9a(4)	0
	b	Benefit charges (1) Claims paid						Ò	
		(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 (							
		(A) Commissions				1)(A)		0	
		(B) Administrative service or other fees				1)(B)		0	
		(C) Other specific acquisition costs				1)(C)		0	
		(D) Other expenses				1)(D)		0	
		(E) Taxes				1)(E)		0	
		(F) Charges for risks or other contingencies				1)(F)		0	
		(G) Other retention charges			9c(	1)(G)		0	
		(H) Total retention						9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These	e amount	ts were	paid in cash	, or	credited.)	9c(2)	0
	d	Status of policyholder reserves at end of year: (	1) Amour	nt held to p	rovide bene	fits after	r retirement	. 9d(1)	0
		(2) Claim reserves						. 9d(2)	0
		(3) Other reserves						. 9d(3)	0
	е	Dividends or retroactive rate refunds due. (Do r	ot includ	le amount e	entered in <b>c</b>	<b>2)</b> .)		. 9e	0
10	No	enexperience-rated contracts:							^
	а	Total premiums or subscription charges paid to						. 10a	0
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep						. 10b	0

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Specify 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	

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

# SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

#### Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

# **Financial Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

#### **Asset and Liability Statement** Part I

Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report 1 the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
Total noninterest-bearing cash	1a	0	0
Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	240306	4162
(2) Participant contributions	1b(2)	7819	8225
(3) Other	1b(3)	0	0
General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2066691	2207317
(2) U.S. Government securities	1c(2)	0	00
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	37166	39635
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
<ul> <li>(13) Value of interest in registered investment companies (e.g., mutual funds)</li> </ul>	1c(13)	1728432	1916932
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
е		1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	4080414	4176271
	Liabilities			
g	Benefit claims payable	1g	0	2771
	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
i	Other liabilities	1j	0	0
j k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	2771
	Net Assets			
1	Net assets (subtract line 1k from line 1f)	11	4080414	4173500

## Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	100661	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		100661
b Earnings on investments:			
(1) Interest:			
<ul> <li>(A) Interest-bearing cash (including money market accounts and certificates of deposit)</li> </ul>	2b(1)(A)	93305	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1651	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		94956
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

Schedule H (Form 5500) Page 3 (b) Total (a) Amount 2b(5)(A) 0 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... 2b(5)(B) 0 (B) Other Total unrealized appreciation of assets. (C) 2b(5)(C) n Add lines 2b(5)(A) and (B)..... 2b(6) 0 (6) Net investment gain (loss) from common/collective trusts ..... 0 2b(7) (7) Net investment gain (loss) from pooled separate accounts ..... 0 2b(8) (8) Net investment gain (loss) from master trust investment accounts ..... 2b(9) 0 (9) Net investment gain (loss) from 103-12 investment entities ..... (10) Net investment gain (loss) from registered investment 2b(10) 343498 companies (e.g., mutual funds)..... 0 2c c Other income..... 539115 d Total income. Add all income amounts in column (b) and enter total..... 2d Expenses e Benefit payment and payments to provide benefits: 442322 2e(1) (1) Directly to participants or beneficiaries, including direct rollovers ..... 2e(2) 0 (2) To insurance carriers for the provision of benefits ..... 2e(3) 0 (3) Other ..... 442322 2e(4) (4) Total benefit payments. Add lines 2e(1) through (3)..... 2f 0 f Corrective distributions (see instructions) 2g 0 Certain deemed distributions of participant loans (see instructions)..... α 2h 0 h Interest expense..... 2i(1) 0 i. Administrative expenses: (1) Professional fees ..... 2i(2) 3707 (2) Contract administrator fees ..... 2i(3) 0 (3) Investment advisory and management fees ..... 2i(4) 0 (4) Other ..... 2i(5) 3707 (5) Total administrative expenses. Add lines 2i(1) through (4)..... 2j 446029 Total expenses. Add all expense amounts in column (b) and enter total...... i Net Income and Reconciliation 93086 2k k Net income (loss). Subtract line 2i from line 2d... L Transfers of assets: 0 21(1) (1) To this plan..... 0 21(2) (2) From this plan ..... Part III Accountant's Opinion 3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached. a The attached opinion of an independent qualified public accountant for this plan is (see instructions): (1) X Ungualified (2) Qualified (3) Disclaimer (4) Adverse Yes 🗶 No **b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? **c** Enter the name and EIN of the accountant (or accounting firm) below: 203050980 (2) EIN: (1) Name: Steven Damiano, LLC **d** The opinion of an independent qualified public accountant is **not attached** because: (2) | It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50. (1) This form is filed for a CCT, PSA, or MTIA.

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Par	t IV Compliance Questions					
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4ı	m, 4n, or 5	j.	
	During the plan year:		Yes	No	Αmoι	int
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		×		0
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).	4b		×		0
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		×		0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		×		0
_		4.		~		0
е	Was this plan covered by a fidelity bond?	4e		×		0
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		×		0
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		×		0
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		×		0
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	×			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		×		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		×		
I	Has the plan failed to provide any benefit when due under the plan?	41		×		0
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		×		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		×		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year			Amou		0
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) transferred. (See instructions.)	), iden	tify the pla	an(s) to wh	nich assets or liabi	ities were
	5b(1) Name of plan(s)			5b(2) EIN	l(s)	<b>5b(3)</b> PN(s)
	· · · · · · ·					
• • • • • • • • • • • • • • • • • • • •						

### Harmony Hill School Tax Sheltered Annuity Plan EIN # 05-0369168 Plan 001 Schedule of Assets Held End Of Year Form 5500 Schedule H Line 4i

(b) Identity of Issue	(c) Description of Investment	(e) Current Value	
······································		VBIDE	
Mutual Funds:			
American Century VP Balanced	Regulated Investment Company	\$ 6,266	
American Century VP Income Growth	Regulated Investment Company	3,371	
American Century VP MidCap Value	Regulated Investment Company	10,358	
American Funds Growth Income Fund	Regulated Investment Company	12,629	
American Funds Growth Fund	Regulated Investment Company	42,531	
Blackrock Legacy Large Cap Growth	Regulated Investment Company	43,046	
Barclays Capital Aggregate Bond Index	Regulated Investment Company	448	
Blackrock Aggressive Growth	Regulated Investment Company	22,744	
Blackrock Bond Income	Regulated Investment Company	47,807	
Blackrock Diversified	Regulated Investment Company	155,112	
Blackrock High Yield	Regulated Investment Company	31,637	
Blackrock Large Cap Value Fund	Regulated Investment Company	13,343	
Clarion Global Real Estate Fund	<b>Regulated Investment Company</b>	24,152	
Dreyefus Investment Small Cap Investment Fund	Regulated Investment Company	1,799	
Dreyfus Social Responsibility Growth	Regulated Investment Company	39,160	
Dreyfus Stock Index Initial	Regulated Investment Company	28,854	
Dreyfus VIF Appreciation Initial	Regulated Investment Company	13,478	
Dreyfus VIP Appreciation Small Cap Fund	Regulated investment Company	1,132	
Dreyfus VIP Opportunity Small Cap Fund	Regulated Investment Company	12,963	
Fidelity VIP Growth Initial	Regulated Investment Company	90,064	
Fidelity VIP Mid Cap Portfolio	Regulated Investment Company	28,380	
Fidelity Contrafund	Regulated Investment Company	47,566	
Fidelity VIP Asset Manager	Regulated Investment Company	75,731	
Fidelity VIP Equity Income Fund	Regulated Investment Company	48,592	
Fidelity VIP Freedom 2030 Fund	Regulated Investment Company	71,779	
Fidelity VIP Investment Grade Bond Fund	Regulated Investment Company	3,682	
Fidelity VIP Mid Cap Fund	Regulated Investment Company	41,242	
Fidelity Overseas Initial	Regulated Investment Company	11,824	
Franklin Templeton Foreign 5 Fund	Regulated Investment Company	1,220	
Franklin Templeton Global Fund	Regulated Investment Company	39,052	
Fund 16B	Regulated Investment Company	28,807	
Fund 16D	Regulated Investment Company	10,915	
Harris Oakmark International Portfolio	Regulated Investment Company	1,708	
Invesco Small Cap Growth Fund	Regulated Investment Company	7,341	
Janus Forty Portfolio	Regulated Investment Company	12,430	
Janus Aspen Enterprise	Regulated Investment Company	1,653	
Janus Aspen Series Overseas	Regulated Investment Company	2,489	
Janus Aspen Global Tech Service 1	Regulated Investment Company	4,598	
Janus Aspen Overseas Service 2	Regulated Investment Company	10,115	
Lazard Mid Cap Portfolio	Regulated Investment Company	8,624	
Legg Mason Clearbridge Aggregate Growth Fund	Regulated Investment Company	2,780	
Legg Mason Clearbridge Variable Large Cap Growth Fund	Regulated Investment Company	12,245	
Legg Mason Investment Conservative Variable Small Cap	Regulated Investment Company	2,982	
Legg Mason Clearbridge Variable Fund	Regulated Investment Company	1,413	
Met Conservative-Moderate Allocation Portfolio	Regulated Investment Company	72,100	
Met Moderate-Aggressive Allocation Portfolio	Regulated Investment Company	18,573	

The accompanying notes are an integral part of these financial statements.

(b)	(c) Description	(e) Current
Identity of Issue	of Investment	Value
MetLife Aggressive Strategy	Regulated Investment Company	12,262
MetLife Conservative Allocation Portfilio	Regulated Investment Company	39,547
MetLife Moderate Allocation Portfolio	Regulated Investment Company	156,801
MetLife Stock Index Portfolio	Regulated Investment Company	24,645
MFS Total Return Portfolio Class F	Regulated Investment Company	14,119
MFS Value Portfolio	Regulated Investment Company	10,638
Universal Institution Fund Emerging Markets	Regulated Investment Company	698
American Century Nationwide Variable Investment Trust	Regulated Investment Company	1,065
Nationwide American Century Growth 1	Regulated Investment Company	7,223
Nationwide American Nationwide Variable Investment Trust Multi Cap Value Fund	Regulated Investment Company	44
Nationwide Variable Investment Trust Destination Moderage-Aggressive	Regulated Investment Company	3,012
Nationwide Variable Investment Trust Emerging Markets III	Regulated Investment Company	633
Nationwide Variable Investment Trust Government Bond I	Regulated Investment Company	30,059
Nationwide Variable Investment Trust International Equity III	Regulated Investment Company	31,420
Nationwide Variable Investment Trust International Index VIII	Regulated Investment Company	373
Nationwide Variable Investment Trust Investment Destination Moderate I	Regulated Investment Company	11,884
Nationwide Variable Investment Trust Investment Destination Moderate I	Regulated Investment Company	8,768
Nationwide Variable Investment Trust Investment Destination Moderate-Aggressive	Regulated Investment Company	1,021
Nationwide Variable Investment Trust Large Cap Growth I	Regulated Investment Company	71,633
Nationwide Variable Investment Trust Multi Manager Large Cap	Regulated Investment Company	1,289
Nationwide Variable Investment Trust Multi Manager Mid Cap	Regulated Investment Company	4,419
Nationwide Variable Investment Trust Multi Manager Small	Regulated Investment Company	2,875
Nationwide Variable Investment Trust Multi Manager Small Cap Value	<b>Regulated Investment Company</b>	82
Nationwide Variable Investment Trust Multi Manager Mid Cap Value	Regulated Investment Company	6,263
Nationwide Variable Investment Trust Fund I	<b>Regulated Investment Company</b>	4,842
Nationwide Variable Investment Trust Real Estate Fund	Regulated Investment Company	5,548
Oppenheimer Capital Appreciation	Regulated Investment Company	47,172
Oppenheimer Core Bond Value	Regulated Investment Company	52
Oppenheimer Global Securities Fund	Regulated Investment Company	3,650
Oppenheimer Global Securities Fund NSS	Regulated Investment Company	94
Oppenheimer Small Mid Cap Value Fund	Regulated Investment Company	40,032
Oppenheimer Small Mid Cap Growth Fund	Regulated Investment Company	4,366
Oppenheimer Global Equity Fund	Regulated Investment Company	6,529
Pimco Inflation Protection Fund	Regulated Investment Company	667
Pimco Total Return Portfolio	Regulated Investment Company	31,241
Pioneer Fund Portfolio	Regulated Investment Company	3,523
Pioneer Strategic Income	Regulated Investment Company	37,465
Russel 2000 Index	Regulated Investment Company	3,884
T. Rowe Price Large Cap Portfolio	Regulated Investment Company	34
T. Rowe Price Large Cap Growth Portfolio	Regulated Investment Company	1,439
T. Rowe Price Large Cap Value	Regulated Investment Company	31,500
T. Rowe Price Small Cap Growth	Regulated Investment Company	41,940
Templeton Foreign Security Fund	Regulated Investment Company	10,288
Templeton Developing Markets	Regulated Investment Company	21,624
Third Ave Small Cap Value Portfolio Fund	Regulated Investment Company	1,934
Western Asset Management US Government Portfolio	<b>Regulated Investment Company</b>	9,070
Wells Fargo Advisors VT Small Cap Growth 2	<b>Regulated Investment Company</b>	528
Sub-Total Mutual Funds		1,916,932

The accompanying notes are an integral part of these financial statements. 9

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(b)	(c) Description	(e) Current
Identity of Issue	of Investment	Value
Interest Bearing Cash:		
Blackrock Money Market Portfolio	Regulated Investment Company	30,963
Fixed Income Account	Regulated Investment Company	1,847,298
Nationwide Variable Insurance Trust Money Market	Regulated Investment Company	51,106
T-Flex	Regulated Investment Company	277,950
Sub-Total Interest Bearing Cash		2,207,317
Participant Loans	5.00%	39,635
Total Assets Held - End of Year		\$ 4,163,884

The accompanying notes are an integral part of these financial statements.