Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

Pensi	on Benefit Guaranty Corporation					Inspection		
Part I	Annual Report Identi							
For cale	ndar plan year 2013 or fiscal pla	an year beginning 07/01/2013		and ending 06/30	/2014			
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or				
		a single-employer plan;	a DFE (s	specify)				
B This	return/report is:	the first return/report;		return/report;				
_		an amended return/report;		olan year return/report (less				
		plan, check here	_		_	_		
D Chec	k box if filing under:	Form 5558;	<u> </u>	c extension;	∐ the	e DFVC program;		
		special extension (enter des	. ,					
Part		ation—enter all requested informa	ation		146	There a digit alon		
	ne of plan LLAGES CHARTER SCHOOL W	VELEARE BENEFITS PLAN			10	Three-digit plan number (PN) ▶	501	
		VEEL / INC. BEIVEL 1101 E/IIV			1c	Effective date of pla	an	
						07/01/2008		
2a Plai	n sponsor's name and address;	include room or suite number (emp	oloyer, if for a single-	-employer plan)	2b	Employer Identifica Number (EIN)	ition	
THE VII	LAGES CHARTER SCHOOL					59-3597803 [^]		
					2c	Sponsor's telephon number	ie	
						352-259-2350)	
	ONKA TERRACE LAGES, FL 32162		NKA TERRACE AGES, FL 32162		2d Business code (see		Э	
					instructions) 611000			
					011000			
Caution	: A penalty for the late or inco	omplete filing of this return/repor	rt will be assessed	unless reasonable cause	is establis	shed.		
		nalties set forth in the instructions, I						
stateme	nts and attachments, as well as	the electronic version of this return	n/report, and to the b	est of my knowledge and b	elief, it is tr	rue, correct, and com	iplete.	
SIGN								
HERE	Filed with authorized/valid elec		01/28/2015	RANDY MCDANIEL				
	Signature of plan administra	ator	Date	Enter name of individual	signing as	plan administrator		
SIGN								
HERE	Olimations of small small small		Dete	Fator a case of in dividual	_1			
	Signature of employer/plan	sponsor	Date	Enter name of individual	signing as	employer or plan sp	onsor	
SIGN								
HERE	Signature of DFE		Date	Enter name of individual	eianina ae	DEE		
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer					Preparer's	telephone number		
				(optional)			
l								

	Form 5500 (2013)	Page	2		
3a		_	Sponsor Address	3b Administrat	or's EIN
				3c Administration	or's telephone
4	If the name and/or EIN of the plan sponsor has changed since the last return/ EIN and the plan number from the last return/report:	/report filed for	this plan, enter the name,	4b EIN	
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year			5	228
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a,	6b, 6c, and 6d).		
а	Active participants			6a	259
b	Retired or separated participants receiving benefits			6b	2
С	Other retired or separated participants entitled to future benefits			6c	0
d	Subtotal. Add lines 6a, 6b, and 6c			6d	261
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits		6e	
f	Total. Add lines 6d and 6e			6f	
g	Number of participants with account balances as of the end of the plan year (complete this item)			6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only r	multiemployer p	plans complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature code. If the plan provides welfare benefits, enter the applicable welfare feature code. 4A 4B 4D 4H 4L				
9a	Plan funding arrangement (check all that apply) (1)	9b Plan ben (1)	efit arrangement (check all th	nat apply)	
	(2) Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3)) insurance contra	cts
	(3) Trust	(3)	Trust	,	
	(4) X General assets of the sponsor	(4)	X General assets of the s	sponsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	ttached, and, w	here indicated, enter the nun	nber attached. (Se	e instructions)
а	Pension Schedules	b General	Schedules		
~	(1) R (Retirement Plan Information)	(1)	H (Financial Info	rmation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) (3)	I (Financial Infor	mation – Small Pla ormation)	an)

(4)

(5)

(6)

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

G (Financial Transaction Schedules)

actuary

(3)

SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

pursuant to ERISA section 103(a)(2).					Inspection	
For calendar plan year 20	13 or fiscal pla	n year beginning 07/01/2013	and e	ending 06/30/2014		
A Name of plan THE VILLAGES CHARTE	R SCHOOL W	ELFARE BENEFITS PLAN		ree-digit un number (PN)	501	
C Plan sponsor's name as shown on line 2a of Form 5500 THE VILLAGES CHARTER SCHOOL D Employer Identification Number (EIN) 59-3597803						
			Coverage, Fees, and Con a unit in Parts II and III can be re			
1 Coverage Information:						
(a) Name of insurance ca	rrier					
THE HARTFORD LIFE A	ND ACCIDEN	T				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		contract year	
(6) [114	code	identification number	policy or contract year	(f) From	(g) To	
06-0838648	70815	043052G	260	07/01/2013	06/30/2014	
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	tal commissions paid. List in line	3 the agents, brokers, and	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid						
9740						
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persons).			
			, or other person to whom commis	ssions or fees were paid		
BALDWIN KRYSTYN SH	ERMAN PRTN	STE				
		TAIVI	PA, FL 33607-5752			
(b) Amount of sales ar	nd hase	Fe	es and other commissions paid			
commissions pa		(c) Amount	(d) Purpo	(e) Organization code		
9740					3	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(4)						
(b) Amount of sales and base Fees and other commissions paid						
commissions pa		(c) Amount	(d) Purpo	(d) Purpose		

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	(2)	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	, ,	, , ,	

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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with each carrier ma	av he treated as	s a unit for nurnoses of
		this report.	mada comitacio with cach carrel me	y be treated as	o a unit for purposes of
		ent value of plan's interest under this contract in the general account at year		4	
		ent value of plan's interest under this contract in separate accounts at year e	end	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount.	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity		
		(3) other (specify)			
		_			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) guaranteed investment (4) other	•		
		(4) 🖺 🐧			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)		
		•			
				- (2)	
		(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	= (4)		
)			
		, 			
		(F) Tatal daductions		70(5)	0
	f	(5) Total deductions Balance at the end of the current year (subtract line 7e(5) from line 7d)		7e(5) 7f	<u> </u>
	-				•

Page 4	
employer(s) or members of the same er perience-rated as a unit. Where contra I as a unit for purposes of this report.	
c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract	d ☐ Life insurance h ☐ Prescription drug l ☐ Indemnity contract

		information may be combined for reporting put the entire group of such individual contracts v	irposes if such contracts a	are experienc	e-rated as a unit. Wh	nere contrac		
8	Benefi	t and contract type (check all applicable boxes)	,,		- Parkaga			
	а	Health (other than dental or vision)	b Dental	С	Vision		d X Life insurance	
	е 🗍	Temporary disability (accident and sickness)	f X Long-term disability	y g 🗌	Supplemental unem	ployment	h Prescription drug	
	iΠ	Stop loss (large deductible)	j HMO contract	k □	PPO contract		I Indemnity contract	:
		Other (specify) ▶AD&D, DEP LIFE, VOL LIFE	· —					
9	Experie	ence-rated contracts:						
		emiums: (1) Amount received		9a(1)				
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)				
	(3) Increase (decrease) in unearned premium res	erve	9a(3)				
	(4) Earned ((1) + (2) - (3))				. 9a(4)		0
	b B	enefit charges (1) Claims paid		9b(1)				
	(2) Increase (decrease) in claim reserves		9b(2)				
	(3) Incurred claims (add (1) and (2))				. 9b(3)		0
	(4) Claims charged				. 9b(4)		
	C R	emainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs						
		(D) Other expenses	<u> </u>	9c(1)(D)			_	
		(E) Taxes		9c(1)(E)			_	
		(F) Charges for risks or other contingencies		9c(1)(F)			_	
		(G) Other retention charges				0 (4)(1)		
		(H) Total retention	_	_		9c(1)(H))	(
		2) Dividends or retroactive rate refunds. (These	<u> </u>					
		tatus of policyholder reserves at end of year: (1	'					
	(2	2) Claim reserves				. 9d(2)		
	,	3) Other reserves				. 9d(3)		
		vividends or retroactive rate refunds due. (Do no	ot include amount entered	in line 9c(2) .	.)	. 9e		
10		experience-rated contracts:						
	-	otal premiums or subscription charges paid to c				. 10a		64933
		the carrier, service, or other organization incurrent	, .		•	10b		

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

Specify nature of costs >

Schedule A (Form 5500) 2013

Part III

Welfare Benefit Contract Information

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

pursuant to ERISA section 103(a)(2).							
For calendar plan year 20	13 or fiscal pla	n year beginning 07/01/201:	3	and en	ding 06	3/30/2014	
A Name of plan THE VILLAGES CHARTE	R SCHOOL W	ELFARE BENEFITS PLAN		B Three plan	e-digit number (P	N) •	501
C Plan sponsor's name a THE VILLAGES CHARTE		e 2a of Form 5500		D Emplo 59-359		cation Number (EIN)
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca	rrier						
AMERITAS LIFE INSURA	ANCE CORPO	RATION					
	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
47-0098400	61301	010-038215	46	64	07/01/20)13	06/30/2014
2 Insurance fee and com descending order of the		ation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in
(a) Total a	amount of com			(b) To	tal amount	of fees paid	
	10874 2766						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all	persons).			
		and address of the agent, broke		m commiss	ions or fees	were paid	
BALDWIN KRYSTYN SH	ERMAN PRTN	STE	0 W BOY SCOUT BLVD E 200 MPA, FL 33607-5752				
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose			(e) Organization code
10874 2766			FEES PAID				3
(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 pa		(c) Amount		(d) Purpose	9		(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, stone	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	(2)	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with each carrier ma	av he treated as	s a unit for nurnoses of
		this report.	mada comitacio with cach carrel me	y be treated as	o a unit for purposes of
		ent value of plan's interest under this contract in the general account at year		4	
		ent value of plan's interest under this contract in separate accounts at year e	end	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount.	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity		
		(3) other (specify)			
		_			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) guaranteed investment (4) other	•		
		(4) 🖺 🐧			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)		
		•			
				- (2)	
		(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	= (4)		
)			
		•			
		(C) Tatal daductions		70(5)	0
	f	(5) Total deductions Balance at the end of the current year (subtract line 7e(5) from line 7d)		7e(5) 7f	<u> </u>
	-				•

Page	4

Schedule A	(Form	5500)	2013

	rt II	If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	oup of employees of the surposes if such contracts	are experiend	ce-rated as a unit. Wh	ere contrac		
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b X Dental	C	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disability	ty g	Supplemental unemp	ployment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)	_	_	_		_	
	L							
9	Ехре	erience-rated contracts:						
	a I	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	j	9a(2)				
		(3) Increase (decrease) in unearned premium res	erve	9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	b	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)			_	
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)			_	
		(E) Taxes		- (1)(-)			_	
		(F) Charges for risks or other contingencies		0 (4)(0)			_	
		(G) Other retention charges				T		
		(H) Total retention	_			9c(1)(H))	0
		(2) Dividends or retroactive rate refunds. (These		<u></u>				
	d	Status of policyholder reserves at end of year: (1				9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
		Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e		
10	No	nexperience-rated contracts:						
	a	Total premiums or subscription charges paid to o				10a	1	93207
	b	If the carrier, service, or other organization incurr	• •		•	10b		
	۰.	retention of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report amo	Juril	100		
	Sμ	pecify nature of costs						

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

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

			ERISA section 103(a)(2).	ation	Inspection
For calendar plan year 20	13 or fiscal pla	an year beginning 07/01/2013	and e	nding 06/30/2014	
A Name of plan THE VILLAGES CHARTE	R SCHOOL W	/ELFARE BENEFITS PLAN		ee-digit n number (PN)	501
C Plan sponsor's name a THE VILLAGES CHARTE		ne 2a of Form 5500		loyer Identification Numbe 597803	er (EIN)
			Coverage, Fees, and Coms a unit in Parts II and III can be rep		
1 Coverage Information:					
(a) Name of insurance ca	rrier				
SUN LIFE ASSURANCE	COMPANY O	F CANADA			
(1) FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or	contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
38-1082080	80802	235724	259	259 04/01/2014	
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	otal commissions paid. List in line 3	3 the agents, brokers, and	I other persons in
(a) Total a	amount of com	nmissions paid	(b) T	Total amount of fees paid	
		3201			0
3 Persons receiving com			s as needed to report all persons).		
BALDWIN KRYSTYN SH			r, or other person to whom commis O W BOY SCOUT BLVD	sions or fees were paid	
		STE	200 1PA, FL 33607-5727		
(b) Amount of sales ar	nd base	Fe	ees and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	se	(e) Organization code
	3201				3
	(a) Name	and address of the agent, broke	r, or other person to whom commis	sions or fees were paid	
	(4)	and address of the agent, shows	,, or ourse person to mism commis	ordina di 1000 mere para	
(b) Amount of sales ar	nd base		ees and other commissions paid		
commissions pa	id	(c) Amount	(d) Purpos	se	(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)	and and address of the agent, stone	.,				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / tinodit	(a) 1 dipose	0000			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(O) / timodine	(a) 1 diposes	0000			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
	_					
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(o) / unoun	(4)	3345			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
		Fees and other commissions paid	() 0			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(1)	(2)				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid			
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	, ,	, , ,				

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Pa	rt I	Investment and Annuity Contract Information				
га		Where individual contracts are provided, the entire group of such individual this report.	idual contrac	cts with each carrier may	be treated	d as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
		rent value of plan's interest under this contract in separate accounts at year e			5	
_		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	_	Manufacture and translation of the Control of the C		h N 🗖		
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7		tracts With Unallocated Funds (Do not include portions of these contracts ma		'		
	а			ion guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
					1	
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits				
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
)				
					7-/5\	
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	0

Schedule A (Form 5500) 2013		Page 4	
Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the sam urposes if such contracts are	experience-rated as a unit. Where contra	. , .
and contract type (check all applicable boxes))		
lealth (other than dental or vision)	b Dental	c Vision	d X Life insurance
emporary disability (accident and sickness)	f X Long-term disability	g Supplemental unemployment	h Prescription drug
top loss (large deductible)	j HMO contract	k ☐ PPO contract	I Indemnity contract
Man (and att) ADOD DEDUCE ODTIVE	_		

i	Stop loss (large deductible) j HMO c	ontract k	PPO contract	I	Indemnity contract
m	Other (specify) ▶AD&D, DEP LIFE, OPT LIFE		_		_
0 5	and an an anti-order				
	perience-rated contracts:	0.(1)			
а	Premiums: (1) Amount received				
	(2) Increase (decrease) in amount due but unpaid				
	(3) Increase (decrease) in unearned premium reserve			2.40	
_	(4) Earned ((1) + (2) - (3))			9a(4)	0
b	3 () = = = = = = = = = = = = = = = = = =				
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))			9b(3)	0
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (on an accrual b	oasis)			
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention			9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were	e paid in cash, or	credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held	to provide benefits after	retirement	9d(1)	
	(2) Claim reserves			9d(2)	
	(3) Other reserves			9d(3)	
е	Dividends or retroactive rate refunds due. (Do not include amo	ount entered in line 9c(2)	.)	9e	
10 N	lonexperience-rated contracts:	, ,			
а	Total premiums or subscription charges paid to carrier			10a	17165
b					
	retention of the contract or policy other than reported in Part I	line 2 above report amo	ount	10b	

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

Specify nature of costs

8 Benefit and contract type (check all applicable boxes) **a** Health (other than dental or vision)

Part III

9

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

pursuant to ERISA section 103(a)(2).					Inspection		
For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014							
A Name of plan THE VILLAGES CHARTER SCHOOL WELFARE BENEFITS PLAN				B Three- plan r	-digit number (PN) •	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE VILLAGES CHARTER SCHOOL D Employer Identification Number (E 59-3597803					(EIN)		
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:						<u>.g</u>	· ·
(a) Name of insurance ca	rrier						
AMERICAN HERITAGE	LIFE INSURAN	ICE COMPANY					
(I.) FINI	(c) NAIC	(d) Contract or	(e) Approximate num	_		Policy or contract year	
(b) EIN	code	identification number	persons covered at e		(f)	From	(g) To
59-0781901	60534	V4635	11		07/01/201	13	06/30/2014
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total a	amount of com			(b) Tota	al amount c	of fees paid	
2439 0							
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).							
DAI DIAINI KRVETVNI CH		and address of the agent, broke	r, or other person to whom OWBOY SCOUT BLVD	commissio	ons or fees	were paid	
BALDWIN KRYSTYN SHERMAN PRTNRS LLC 4010 W BOY SCOUT BLVD STE 200 TAMPA, FL 33607							
(b) Amount of sales ar	nd base	Fe	es and other commissions	paid			
commissions paid (c) Amount		(c) Amount	(d) Purpose			(e) Organization code	
2439							3
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose			(a) Organization code				
commissions pa	lu	(c) Amount	(α	ruipose			(e) Organization code

Schedule A (Form 5500)) 2013	Page 2 - 1					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(4)	and and address of the agent, aren	.,	5.5 pa.u				
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	(o) / unount	(a) i dipose	0000				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid				
			•				
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	(o) y amount	(a) i uipecc	0000				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid				
	-						
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
oooo.oo pa.a	(c)/ amount	(0)	3333				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid				
(In) Amount of only and have		Fees and other commissions paid	(-) One exist at				
(b) Amount of sales and base 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 calca and base		Fees and other commissions paid	(a) Organization				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
•							

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Da	rt I	Investment and Annuity Contract Information			
га		Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier may be treat	ed as a unit for purposes of
4	Curr	rent 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				
_		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		. 60	
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin			
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma		'	
	а		ate participation	on guarantee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- : : -		_
		(3) Interest credited during the year			_
		(4) Transferred from separate account			_
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			0
	е	Deductions:		<u>.</u>	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(E) Total deductions		7-/5\	
	f	(5) Total deductions			0
		Dalance at the end of the current year (Subtract line re(3) from line rd)	<u></u>		U

schedule A (Form 5500) 2013		Page 4		
Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting g the entire group of such individual contracts	roup of employees of the sa ourposes if such contracts a	re experience-rate	d as a unit. Where contra	
and contract type (check all applicable boxes)			
ealth (other than dental or vision)	b Dental	C Visio	n	d Life insurance
emporary disability (accident and sickness)	f Long-term disability	, g Supp	elemental unemployment	h Prescription drug
top loss (large deductible)	j HMO contract	k∏ PPO	contract	I Indemnity contract
ther (specify) WORKSITE BENEFITS	_	_		_
ce-rated contracts:				
niums: (1) Amount received		9a(1)		
ncrease (decrease) in amount due but unpa	id			
ncrease (decrease) in unearned premium re	serve	9a(3)		
Earned ((1) + (2) - (3))			9a(4)	
nefit charges (1) Claims paid				
ncrease (decrease) in claim reserves		9b(2)		
ncurred claims (add (1) and (2))			9b(3)	
Claims charged				
mainder of premium: (1) Retention charges (on an accrual basis)			
, , ,				

Temporary disability (accident and sickness) Long-term disability Stop loss (large deductible) j HMO contract m X Other (specify) ▶WORKSITE BENEFITS Experience-rated contracts: a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid..... (3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3))..... Benefit charges (1) Claims paid (2) Increase (decrease) in claim reserves..... (3) Incurred claims (add (1) and (2)) (4) Claims charged Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions 9c(1)(A) (B) Administrative service or other fees..... 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies..... 9c(1)(F) (H) Total retention..... 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)..... 9c(2)d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves..... Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)..... 9e **10** Nonexperience-rated contracts: 10a Total premiums or subscription charges paid to carrier 6104 If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or 10b retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... 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	X No	

8 Benefit and contract type (check all applicable boxes) **a** X Health (other than dental or vision)

Part III

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

Addendum to 5500 Filing

Date: 01/26/2015

Plan Sponsor Name: The Villages Charter School.

EIN: 59-3597803

PLN: 501

Plan Year Ending: 06/30/2014

Comments:

This filing is being submitted with the following remarks:

- Health plan is self-insured under an ASO stop-loss arrangement and financed by cafeteria plan deductions, and, therefore, administrative expenses of these plans are exempt from ERISA filing requirements per 29 CFR 2520.104-44 and DOL TR 92-01;
- 2. Ameritas Schedule A now includes vision coverage for 2013, whereas last year, it only had dental coverage for 2012;
- 3. Plan Sponsor does have a Wrap plan in place to substantiate consolidating all coverages into one single filing which was incepted as of July 1, 2008 and later restated as of January 1, 2015. Consequently, the Plan Sponsor has incurred a plan name change for PLN 501 from the accident and health plan to the welfare benefits plan beginning with this filing;
- 4. There are worksite benefits insuring 11 employees; however, these benefits are shown since they are strictly voluntary and are listed in the Wrap arrangement.

Thank you for your attention to this matter.

Form M-1 Compliance Information

Plan Name: THE VILLAGES CHARTER SCHOOL WELFARE BENEFITS PLAN

Plan Number: 501

Plan Year Begin Date: <u>07/01/2013</u> Plan Year End Date: 06/30/2014

This plan is not a Multiple Employer Welfare Arrangement (MEWA) and is not considered to be an Entity Claiming Exception (ECEs). Therefore, the plan is not subject to file the Form M-1.