

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan METROPOLITAN LIFE INSURANCE COMPANY	1b Three-digit plan number (PN) ▶	505
	1c Effective date of plan	01/01/2022
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EAGLE RIDGE ACADEMY	2b Employer Identification Number (EIN) 73-1673656
	11111 BREN RD W MINNETONKA, MN 55343-9015	11111 BREN RD W MINNETONKA, MN 55343-9015
	2c Plan Sponsor's telephone number 952-746-7760	
	2d 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.	06/28/2023	KARI LYON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 197
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 197 6a(2) 197 6b 6c 6d 197 6e 6f 197 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4F	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

April 4, 2023

ATTENTION: KARI LYON
EAGLE RIDGE ACADEMY
11111 BREN ROAD W
MINNATONKA, MN 55343

The Employee Retirement Income Security Act of 1974 ("ERISA") requires an annual financial report on employee welfare benefit plans and pension benefit plans which cover 100 or more participants at the beginning of the plan year and are subject to ERISA. The administrator of such a plan is required to file an annual report on I.R.S./DOL Form 5500, including the accompanying Schedule A, with the Employee Benefits Security Administration.

Your Metropolitan Life Insurance Company ("MetLife") employee welfare benefit plan may be subject to ERISA's annual reporting requirements and MetLife is therefore providing you with the information needed to complete Schedule A of Form 5500. The attached report is not an actual Schedule A form and should not be attached to the Form 5500 for regulatory filing. The information should be forwarded to the person who will be completing your annual filing. The information is taken from the data MetLife maintains within its normal business records and is, to the best of MetLife's knowledge and belief, complete and accurate.

Part I, Section 2 of this report lists the compensation paid to intermediaries related to your plan. Intermediaries may include brokers, consultants, agents and third-party administrators. There are several categories of compensation that may be paid to an intermediary. For your reference, the categories of compensation are listed below.

- Base Commissions - Base commissions are generally paid to an intermediary on a monthly basis and are usually calculated as a percentage of premium. Base commissions are typically factored into the cost of the customer's plan.
- Supplemental Compensation - Supplemental compensation may be paid to qualifying intermediaries based on an intermediary's new business or total inforce premium for a specified year. It is not MetLife's practice to specifically factor supplemental compensation into the cost of customer's plan. Supplemental compensation is factored into the price structure of MetLife's institutional business products.
- Fees - Fees may include payments made to intermediaries for services such as administration, communication, enrollment, billing, eligibility, recordkeeping, printing and mailing. Fees may be directly charged to the customer's plan.
- Award - If your intermediary received an award (such as travel or a gift) from MetLife, MetLife allocated the value of the award to all plans that were considered in the qualification criteria proportionately.

Note, the non-monetary compensation amount included in the Schedule A, Fees Paid section of the enclosed report is based on the calendar year tracking of all individual gifts or items of non-monetary compensation such as dinners, tickets for shows or other entertainment events, membership dues, hotels, equal to or greater than \$10, that are given to or provided directly or indirectly to brokers, producers, and other insurance intermediaries and/or their spouses, companions or family members. This information is tracked and aggregated at the brokerage firm or company level. The total value is divided by the total number of active contracts or policies in place with that firm for that year except for items relating directly to a specific customer or customers (which are reported to the specific customer(s)). This allocation is reported on the Schedule A reports for all ERISA customers who are part of a given broker firm's book of business.

Before submitting the Schedule A with your annual report to the Employee Benefits Security Administration, in addition to the information MetLife has provided, you should enter in the Schedule the appropriate name of the plan, three-digit plan number and employer identification number in the appropriate spaces immediately preceding Part I.

You may also wish to consult with your counsel concerning any need for attaching an opinion by an independent qualified public accountant.

This letter, together with your copy of the complete annual report should be retained for at least the 6-year period required by ERISA.

* The Gross Dealer Concession is based on premiums received and represents the total compensation and fees paid by the Insurance Company to the selling firm for the coverage used to fund the plan. Your representative(s) received payments subject to selling agreements that they have with the selling firm. The remaining compensation is used by the distributor or selling firm to pay other expenses, including Management Compensation, Conference expenses, etc. The Gross Dealer Concession includes the Commission Paid which is listed separately. The Metropolitan Life Insurance Company attests that the foregoing statement is complete and accurate to the best of its knowledge, information, and belief.

If you have any questions please contact your MetLife Account Representative:

ERIKKA PHILLIPS, (813) 673-3829 or 800-ASK-4-MET and MetLife will assist you in obtaining this information.

MetLife appreciates your business.

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

- ▶ **File as an attachment to Form 5500**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022**This Form is Open to
Public Inspection.**For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** , and ending **12/31/2022**

A Name of plan	B Three digit plan number ▶
C Plan sponsor's name as shown on line 2a of Form 5500 EAGLE RIDGE ACADEMY	D Employer Identification Number

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 can be reported on a single Schedule A

1 Coverage:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	5357416	197	01/01/2022	12/31/2022

- 2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part 1.

Totals *

Total amount of commissions paid	Total Fees Paid / amount
18,392	7,016

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. V7.2 Schedule A (Form 5500) 2022

Part II

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid						
Name: BOON CHAPMAN BENEFIT ADMINISTRATORS						
Address: PO BOX 9201			City: AUSTIN		ST: TX	ZIP: 78766-9201
Commissions Paid			Fees Paid			Organization
Coverage	Amount	Purpose	Coverage	Amount	Purpose	code
Multiple	11,589	Base Commissions	Multiple	2,451	TPA Admin Fees	05
Temporary Disability	2,740	Base Commissions	Temporary Disability	685	TPA Admin Fees	
Long Term Disability	2,163	Base Commissions	Long Term Disability	541	TPA Admin Fees	
Vision	1,183	Base Commissions	Vision	395	TPA Admin Fees	
	17,675	Sub-total		4,072	Sub-total	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid						
Name: NORTH RISK PARTNERS LLC						
Address: 622 ROOSEVELT RD STE 240			City: SAINT CLOUD		ST: MN	ZIP: 56301-6363
Commissions Paid			Fees Paid			Organization
Coverage	Amount	Purpose	Coverage	Amount	Purpose	code
Dental	578	Base Commissions	Dental	1,252	Supplemental Compensation	03
Vision	54	Base Commissions	Vision	116	Supplemental Compensation	
LIFE	32	Base Commissions	LIFE	67	Supplemental Compensation	
Temporary Disability	24	Base Commissions	Temporary Disability	59	Supplemental Compensation	
Long Term Disability	24	Base Commissions	Long Term Disability	55	Supplemental Compensation	
AD&D	5	Base Commissions	AD&D	12	Supplemental Compensation	
	717	Sub-total		1,561	Sub-total	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name: GIS BENEFITS INC

Address: 422 WAUPONSEE ST

City: MORRIS

ST: IL

ZIP: 60450-2215

Commissions Paid			Fees Paid			Organization code
Coverage	Amount	Purpose	Coverage	Amount	Purpose	
			Dental	653	Supplemental Compensation	03
			Temporary Disability	274	Supplemental Compensation	
			Long Term Disability	216	Supplemental Compensation	
			LIFE	137	Supplemental Compensation	
			Vision	79	Supplemental Compensation	
			AD&D	24	Supplemental Compensation	
	0	Sub-total		1,383	Sub-total	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. 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.

8 Benefit and contract type (check all applicable boxes)

a	<input type="checkbox"/>	Health (other than dental or vision)	b	<input checked="" type="checkbox"/>	Dental	c	<input checked="" type="checkbox"/>	Vision	d	<input checked="" type="checkbox"/>	Life Insurance
e	<input checked="" type="checkbox"/>	Temporary disability (accident & sickness)	f	<input checked="" type="checkbox"/>	Long-term disability	g	<input type="checkbox"/>	Supplemental unemployment	h	<input type="checkbox"/>	Prescription drug
i	<input type="checkbox"/>	Stop Loss (large deductible)	j	<input type="checkbox"/>	HMO contract	k	<input type="checkbox"/>	PPO contract	l	<input type="checkbox"/>	Indemnity contract
m	<input checked="" type="checkbox"/>	Other (specify) ► ADD									

9 Experience-rated contracts **N/A**

10 Nonexperience-rated contracts

Coverage	Amount
Dental	65,347
Temporary Disability	13,701
Long Term Disability	10,815
LIFE	8,486
Vision	7,892
AD&D	1,360
a Total premiums or subscription charges paid to carrier	107,601
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
Specify nature of costs below ►	

Footnote(s)

The commissions and fees reported on page 2 have been aggregated at a total coverage level. The approximate number of persons covered as shown on the first page of the Schedule A is MetLife's estimated view of participants, spouses and dependents at the end of the policy period. This estimation should be used for reporting purposes only.

If the plan named in Item A on the first page of Schedule A (the "Plan") retains the services of a broker, consultant, agent or third-party administrator (each an "Intermediary") for the Plan, MetLife may in addition to paying base commission provide additional compensation to the Intermediary under various preferred broker and other compensation programs and expense reimbursement. Under such programs, an Intermediary may qualify for additional compensation that may or may not be directly charged to the Plan. Such compensation may not be included in the amount listed in Item 2 on the first page of Schedule A. Please contact MetLife if you would like additional information or details.