

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ 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 <u>MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1987</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-0713127</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>937-226-5664</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>624410</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1987</u>		2b Employer Identification Number (EIN) <u>31-0713127</u>		2c Plan Sponsor's telephone number <u>937-226-5664</u>		2d Business code (see instructions) <u>624410</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>02/01/1987</u>											
2b Employer Identification Number (EIN) <u>31-0713127</u>											
2c Plan Sponsor's telephone number <u>937-226-5664</u>											
2d Business code (see instructions) <u>624410</u>											
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) <u>MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC.</u> <u>215 HORACE STREET</u> <u>DAYTON, OH 45402</u>											

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.	10/13/2022	DONALD R.HOENDORF
	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.

3a Plan administrator's name and address ☒ 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	828
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.....		6a(1)	527
a(2) Total number of active participants at the end of the plan year		6a(2)	486
b Retired or separated participants receiving benefits.....		6b	29
c Other retired or separated participants entitled to future benefits		6c	353
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	868
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	8
f Total. Add lines 6d and 6e		6f	876
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	876
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	89
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: 2A 2E 2G 2J 3D 3F			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC.	D Employer Identification Number (EIN) 31-0713127	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	125040	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC.</u>	D Employer Identification Number (EIN) <u>31-0713127</u>	

Part I	Asset and Liability Statement
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1 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 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
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1053221	1270992
(2) Participant contributions.....	1b(2)	19262	8379
(3) Other	1b(3)	11359	11080
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	632151	329893
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6427712	6379607
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	206679
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17802717	20816256
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	25946422 29022886
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	25764 5046
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	25764 5046
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	25920658 29017840

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1799000
	(B) Participants	2a(1)(B)	212402
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2011402
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	2113
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2114
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	760769
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	760769
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2720411
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5494696
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2272474	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2272474
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	125040	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		125040
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2397514
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3097182
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLARK, SCHAEFFER, HACKET & CO.

(2) EIN: 31-0800053

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a 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.).....

	Yes	No	Amount
4a	X		41009

	Yes	No	Amount
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	
c 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	
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		X	
e Was this plan covered by a fidelity bond?	X		700000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
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	
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	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
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		X	
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		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
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.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC.	D Employer Identification Number (EIN) 31-0713127

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-1146430		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
----------	------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



CLARK SCHAEFER HACKETT
BUSINESS ADVISORS

Miami Valley Child Development Centers, Inc. 401(k) Plan

Financial Statements and Supplemental Schedules

December 31, 2021 and 2020

with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

Plan Trustees and Plan Participants
Miami Valley Child Development Centers, Inc. 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Miami Valley Child Development Centers, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report.

We are required to be independent of Miami Valley Child Development Centers, Inc. 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Miami Valley Child Development Centers, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Miami Valley Child Development Centers, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Miami Valley Child Development Centers, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters - 2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021, the supplemental schedules of reportable transactions and delinquent participant contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Miami Valley Child Development Centers, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 13, 2022

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments at fair value:		
Participant directed:		
Money market funds	\$ 14,934	149,057
Registered investment companies	<u>5,024,121</u>	<u>4,029,307</u>
	<u>5,039,055</u>	<u>4,178,364</u>
Non-participant directed:		
Common stocks	6,379,607	6,427,712
Money market funds	314,959	483,094
Registered investment companies	<u>15,792,135</u>	<u>13,773,410</u>
	<u>22,486,701</u>	<u>20,684,216</u>
Receivables:		
Participant contributions receivable	8,379	19,262
Employer contributions receivable	1,270,992	1,053,221
Accrued investment income	11,080	11,359
Notes receivable from participants	<u>206,679</u>	<u>-</u>
	<u>1,497,130</u>	<u>1,083,842</u>
Total assets	<u>29,022,886</u>	<u>25,946,422</u>
Liabilities:		
Due to broker	<u>5,046</u>	<u>25,764</u>
Total liabilities	<u>5,046</u>	<u>25,764</u>
Net assets available for benefits	<u>\$ 29,017,840</u>	<u>25,920,658</u>

See accompanying notes to the financial statements.

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2021

Additions:

Investment income:

Participant directed:

Net appreciation in fair value of investments	\$ 561,149
Interest and dividends	249,401
	<u>810,550</u>

Non-participant directed:

Net appreciation in fair value of investments	2,159,262
Interest and dividends	511,369
	<u>2,670,631</u>

Interest income on notes receivable from participants	<u>2,113</u>
	<u>3,483,294</u>

Contributions:

Participant	212,402
Employer	1,799,000
	<u>2,011,402</u>

Total additions	<u>5,494,696</u>
-----------------	------------------

Deductions:

Benefits paid to participants	2,272,474
Administrative expenses	<u>125,040</u>

Total deductions	<u>2,397,514</u>
------------------	------------------

Net change	3,097,182
------------	-----------

Net assets available for benefits:

Beginning of year	<u>25,920,658</u>
End of year	<u>\$ 29,017,840</u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN:

The following description of the Miami Valley Child Development Centers, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that covers all employees of Miami Valley Child Development Centers, Inc. (the "Sponsor") who have completed four months of service and have attained the age of 18. Effective May 1, 2021, the Plan was amended to require two months of service in order to be eligible to participate. The Plan is subject to the provisions of ERISA.

Contributions

Eligible employees may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). The Sponsor contributes a non-elective safe harbor contribution equal to 3% of Plan compensation for all eligible employees. During 2021, the Sponsor made safe harbor contributions of \$530,773. The Sponsor may also contribute matching contributions equal to a specified percentage of the employee's elective deferral contributions. During 2021, there were no matching contributions. In addition, the Sponsor may make discretionary contributions for all eligible employees. During 2021, the Sponsor made discretionary contributions of \$1,268,227.

Participant accounts

Each participant's account is credited with the participant and Sponsor contributions and Plan earnings and charged with an allocation of administrative expenses. The Plan allows for participants to invest in self-directed investments or investments managed by an independent investment manager. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions, the Sponsor safe harbor and discretionary matching contributions plus actual earnings thereon. Participants are 100% vested in their allocation of the Sponsor discretionary contributions and earnings after reaching six years of service or after turning sixty-five years old. Participants who terminate for reasons other than death, disability, or retirement, and have not satisfied the vesting requirement, forfeit the nonvested portion of their account.

Payment of benefits

Upon death, disability, attaining the age of 65, hardship, or termination of service with the Sponsor, a participant may receive a lump sum distribution of their entire vested account balance.

Notes receivable from participants

Effective May 1, 2021, the Plan was amended to allow participants to borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1% above the prime rate, as defined. Principal and interest are paid ratably through payroll deductions.

Forfeited accounts

At December 31, 2021 and 2020, the nonvested portion of terminated participant account balances totaled \$214,999 and \$390,630 respectively. These accounts are available to reduce future Company contributions. During 2021, Sponsor contributions were reduced by \$390,630 from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**Basis of accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See note 4 for discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. Principal and interest are paid ratably through payroll deductions. No allowance for credit losses have been recorded as of December 31, 2021.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent events

The Plan has evaluated subsequent events through October 13, 2022, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE:

Plan management has elected the method of compliance permitted by 29 CFR2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, PNC Bank, N.A. ("PNC"), the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, the supplemental schedule of assets (held at end of year) as of December 31, 2021, the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2021, and the information reflected on the supplemental schedule of reportable transactions for the year ended December 31, 2021.

4. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Money market funds: Money market funds are valued at the published net asset value of shares held by the Plan at year end.

Registered investment companies: Consists of mutual funds and exchange traded funds registered with the U.S. Securities and Exchange Commission. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds are required to publish their daily net asset value (NAV) and to transact at that price at the end of each trading day. Mutual funds held by the Plan are deemed to be actively traded. Exchange traded funds are valued at the closing price reported on the active market on which the funds are traded. Exchange traded funds can be traded throughout the day on national securities exchanges at market prices.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

Assets at Fair Value at December 31, 2021

<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common stocks	\$ 6,379,607	6,379,607	-	-
Money market funds	329,893	329,893	-	-
Registered investment companies	20,816,256	20,816,256	-	-
Total assets at fair value	<u>\$ 27,525,756</u>	<u>27,525,756</u>	<u>-</u>	<u>-</u>

Assets at Fair Value at December 31, 2020

<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common stocks	\$ 6,427,712	6,427,712	-	-
Money market funds	632,151	632,151	-	-
Registered investment companies	17,802,717	17,802,717	-	-
Total assets at fair value	<u>\$ 24,862,580</u>	<u>24,862,580</u>	<u>-</u>	<u>-</u>

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are managed by PNC Bank, N.A., the trustee of the Plan, respectively, and, therefore, these transactions qualify as party-in-interest transactions.

6. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Company contributions.

7. TAX STATUS:

The Sponsor adopted a volume submitter profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014. The IRS stated in the letter that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has since been amended. While the Sponsor has not obtained its own determination letter on the Plan, management believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements

8. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. PLAN OPERATIONS IMPACTED BY COVID-19:

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic which has impacted the financial markets and global economy. The COVID-19 pandemic is on-going and the duration and extent of the related financial impact on the Plan's net assets available for benefits and changes in net assets available is uncertain and cannot be reasonably estimated at this time.

On March 27, 2020, the U.S. Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act provided temporary relief for retirement plan sponsors and their participants with respect to distributions and participant loans. The provisions of the CARES Act were effective and operationalized immediately, prior to amending the plan document.

The Plan Administrator has adopted the distribution relief provision.

The distribution relief provision permitted qualified individuals to request a pre-approved coronavirus-related distribution, through participant self-certification of eligibility. The maximum amount that could be requested per participant was \$100,000.

The Sponsor intends to formally amend the Plan before the end of the applicable remedial amendment period to reflect such provisions.

Supplemental Schedules

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
 EIN 31-0713127, Plan 001
 Schedule H, line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
*	PNC Bank, N.A.			
	Money market funds - participant directed:			
	Vanguard Federal Money Market Fund	\$	**	14,934
	Registered investment companies - participant directed:			
	American Balanced Fund Class R6		**	61,845
	American Fund New Perspective		**	297,002
	American Funds Growth Fund Class R6		**	98,378
	American Funds Target Date Retirement Fund 2010		**	5,880
	American Funds Target Date Retirement Fund 2020		**	320,318
	American Funds Target Date Retirement Fund 2030		**	1,284,114
	American Funds Washington Mutual Investors R6		**	79,010
	American Funds Target Date Retirement Fund 2040		**	1,423,073
	American Funds Target Date Retirement Fund 2050		**	485,911
	American Funds Target Date Retirement Fund 2060		**	319,272
	Vanguard International Bond Market Fund		**	120,265
	Vanguard 500 Index Admiral Fund		**	337,736
	Vanguard Mid Cap Index Fund Admiral Shares		**	79,344
	Vanguard Small Cap Index Fund Admiral Shares		**	111,973
				5,024,121
	Common stocks - non-participant directed:			
	AIA Group Limited		16,482	17,621
	AIA Group Limited		17,346	22,459
	Allianz SE		23,529	24,506
	AMAZON COM INC (AMZN)		102,389	103,365
	Ambev S.A.		11,336	8,005
	American International Group, Inc.		43,634	57,940
	Aon PLC		2,827	6,312
	Aptiv PLC		40,927	77,691
	Arch Capital Group Ltd.		8,481	12,002
	Archer-Daniels-Midland Company		37,188	62,386
	ARES MANAGEMENT CORP		4,139	5,608
	Banco Bilbao Vizcaya Argentaria, S.A.		14,358	10,460
	BARCLAYS PLC		19,822	20,203
	Bright Horizons Family Solutions I		5,482	4,909
	Brookfield Asset Management Inc.		25,984	58,689
	Brown & Brown, Inc.		6,251	18,694
	Brown-Forman Corporation Class B		1,953	3,352
	Carlsberg A/S		14,502	21,249
	Carmax, Inc.		18,116	36,074
	COMPASS GROUP PLC-SPON ADR (CMPGY		21,547	22,816
	Conagra Brands Inc		51,110	56,723
	ConocoPhillips		36,102	64,529
	CONSTELLATION BRANDS		32,548	37,646
	Credit Acceptance Corporation		6,274	11,691
	DBS Group Holdings Ltd.		12,023	18,401
	DBS Group Holdings Ltd.		15,717	25,022
	Diageo PLC		7,236	10,126
	Discover Financial		38,857	51,309
	Dollar General Corp.		64,482	77,116
	Dollar Tree, Inc.		43,537	72,368

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
 EIN 31-0713127, Plan 001
 Schedule H, line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		Domino's Pizza, Inc.	10,302	21,445
		ENTAIN PLC	18,581	24,094
		ETSY INC	14,314	14,450
		First Republic Bank	4,648	9,912
		FNF Group	2,149	3,340
		Fomento Economico Mexicano, SAB	12,310	11,346
		HAIER SMART HOME CO LTD-ADR	9,198	9,718
		HDFC Bank Limited	5,456	7,873
		Hilton Worldwide Holdings	19,572	36,658
		Hyatt Hotels Corp.	6,249	7,960
		ICICI Bank Limited	6,420	14,110
		Itaú Unibanco Holding S.A.	13,100	7,455
		Julis Baer Group Ltd.	14,063	18,068
		KBC Groep NV	15,571	20,214
		KKR & Co, Inc.	17,749	48,872
		Lennar Corporation	11,902	23,348
		L'Oréal S.A.	15,616	31,489
		LOND STOCK	20,049	17,622
		Lukoil PJSC	13,369	14,188
		Markel Corporation	19,558	24,680
		METL INC.	51,354	57,553
		Moody's Corporation	3,589	11,327
		MSCI Inc.	2,556	12,254
		Nestle S.A.	12,177	19,792
		Nike, Inc.	72,828	110,002
		Nitori Holdings Co, Ltd.	9,361	8,901
		Nordea Bank ABP	14,453	18,831
		O'Reilly Automotive, Inc.	8,900	34,605
		Pernod Ricard S.A.	13,380	22,058
		Ping An Insurance	10,073	6,582
		Progressive Corp Ohio	4,901	9,239
		Reckitt Benckiser	23,325	24,308
		Ross Stores, Inc.	4,560	6,400
		Royal Dutch Shell PLC	11,332	10,664
		Schwab Charles Corp	55,476	107,900
		SONY GROUP CORPORATION	25,165	31,979
		TJX Companies Inc	105,605	129,216
		Truist Financial Corp	47,744	64,991
		Uni Charm Corp	12,016	15,584
		Unilever PLC	10,553	10,597
		US BANCORP	53,755	53,024
		Vail Resorts, Inc.	14,434	18,690
		XP INC	1,853	1,293
		Yum China Holdings, Inc.	13,327	12,310
		Zurich Ins Group, Ltd.	14,820	17,028
		Alcon Inc	9,426	13,068
		Abbott Laboratories	47,863	122,162
		Agilent Technologies	4,092	5,428
		Baxter International	57,185	62,406
		Cigna Corp	42,586	54,652
		1Spc Pharmaceutical-Unspo	11,471	9,950

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
 EIN 31-0713127, Plan 001
 Schedule H, line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	Cvs Health		49,171	72,934
	Chugai Pharmaceutic-Unsp		7,103	9,996
	Fresenius Medical		16,542	14,282
	Idexx Labs		4,822	15,145
	Iqvia Holdings		38,157	108,060
	Johnson &		35,528	46,702
	Koninklijke Phillips		25,757	20,157
	Lonza Group		6,426	19,873
	Merck &		43,820	54,261
	Merck Kgaa-Sponsored		14,038	27,717
	Mettler Toledo		10,175	25,458
	Roche Holding		16,692	23,416
	Roche Holding		15,154	24,449
	Shionogi &		9,891	12,524
	Smith &		20,298	19,872
	Sonova Hldg		4,255	10,129
	Sysmex Corp		6,552	15,180
	Ucb Sa		22,283	21,095
	Viatis Inc-W/I		60,615	47,639
	Zoetis Inc		30,791	106,397
	Aena Sme		16,944	14,672
	Airbus Se		15,085	19,688
	Alfa Laval		6,824	12,301
	Atlas Copco		14,076	32,368
	Bae Sysytems		19,273	18,616
	Canadian Natl		5,791	8,477
	Colfax Corp		2,773	3,172
	Compagnie De		10,640	17,801
	Copart Inc		12,246	39,876
	Costar Group		38,467	38,962
	Deutsche Post		14,960	21,018
	Dover Corp		56,173	59,202
	Epiroc Aktiebolag-Unsp		5,778	15,163
	Fanuc Corp		17,996	18,650
	Fanuc Corp		5,849	6,323
	Fastenal Co		8,997	18,770
	Heico Corp		16,817	22,362
	Honeywell Intl		49,272	48,583
	Komatsu Ltd		8,748	8,951
	Kubota Corp		9,715	13,071
	Northrop Grumman		39,048	55,738
	Raytheon Technologies		45,549	55,509
	Roper Technologies		13,927	25,085
	Schneider Electric		12,174	24,781
	Sgs S.A.		6,019	7,779
	Siemens Ag		17,690	22,170
	Stericycle Inc		45,392	53,259
	Transdigm Group		21,545	44,540
	Transunion (Tru)		8,247	16,601
	Verisk Analytics		19,134	51,922
	Verisk Analytics		5,226	14,181

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
 EIN 31-0713127, Plan 001
 Schedule H, line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		Check Point	17,720	17,950
		Wix.Com Ltd	13,881	18,146
		Adyen Nv-Unspon	11,063	28,241
		Amadeus It	23,268	23,025
		Amphenol Corp	42,472	94,632
		Ansys Inc	8,372	19,655
		Autodesk Inc	14,939	29,525
		Automatic Data	55,833	79,152
		Black Knight	14,878	25,199
		Broadcom Inc	31,599	79,184
		Cdw Corp/De	60,841	101,366
		Capgemini Se	11,348	23,393
		Cisco Systems	35,977	69,454
		Cognex Corp	3,172	3,732
		Cognizant Technology	33,816	52,700
		Dassault Systems	11,208	25,841
		Fidelity National	63,587	48,353
		Gartner Inc	5,408	14,376
		Guidewire Software	19,095	20,776
		Hitachi Ltd	11,697	18,098
		Infineon Technologies	11,748	27,232
		Mastercard Inc	65,333	139,057
		Microsoft Corp	59,091	160,425
		Microchip Technology	9,361	20,372
		Motorola Solutions	39,799	62,491
		Murata Mfg	12,544	17,955
		Oracle Corp	31,987	56,338
		Qualtrics International-CI	1,463	1,239
		Sap Se	21,938	26,901
		Sap Se	17,181	21,997
		Block Inc	1,744	4,522
		Taiwan Semiconductor	11,671	19,611
		Taiwan Semiconductor	8,983	29,235
		Tyler Technologies	28,015	36,581
		Verisign Inc	9,036	21,321
		Worldline Sa	19,241	11,844
		Linde Plc	4,437	9,700
		Perimeter Solutions	4,206	4,681
		Air Liquide	16,018	18,342
		Air Liquide	4,755	7,776
		Air Products	3,045	6,389
		Bhp Group	23,894	18,950
		Dupont De	58,954	64,543
		Fuchs Petrolub	4,089	3,265
		International Flavors	32,507	38,868
		Martin Marietta	7,285	15,418
		Novozymes A/S	5,704	9,143
		Rio Tinto	11,063	14,057
		Summit Materials	3,561	7,747
		Symrise Ag	6,511	13,605
		Vulcan Materials	16,589	30,099

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
 EIN 31-0713127, Plan 001
 Schedule H, line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		American Tower	62,084	78,098
		Cbre Group	6,708	19,315
		Equity Residential	43,641	63,260
		Howard Hughes	10,166	8,957
		Kennedy Wilson	3,332	4,036
		Sba Communications	13,493	34,234
		Yandex Inv	2,637	5,929
		Comcast Corporation	41,042	53,702
		Disney Walt	34,754	52,972
		Meta Platforms	42,772	80,388
		Liberty Broadband-A	3,676	6,436
		Liberty Broadband-C	16,938	26,098
		Liberty Formula	7,142	12,838
		Liberty Formula	463	831
		Live Nation	12,108	26,451
		Perusahaan Perseroan	9,148	10,320
		Tencent Holdings	21,258	23,495
		Verizon Communications	48,424	53,103
		Brookfield Infrastructure-	15,672	21,434
		Brookfield Renewable	6,742	5,193
		Enn Energy	6,998	8,334
		Edison Intl	59,154	56,443
		Iberdrola Sa	21,246	21,481
		Sse Plc	20,484	19,972
			<u>4,324,969</u>	<u>6,379,607</u>
	Money market funds - non-participant directed:			
*		Federated Government Obligations Fund	<u>314,959</u>	<u>314,959</u>
	Registered investment companies - non-participant directed:			
		American Beacon Managed Futures Strategy Fund	180,766	176,518
		Angel Oak Multi-Strategy Income	306,703	296,155
		Baird Intermediate Fund	1,805,959	1,856,226
		Blackrock Event Driven Equity Fund	343,815	356,064
		Dodge & Cox Income Fund	1,814,075	1,837,376
		Eaton Vance Global Macro Absolute Return I	322,200	316,546
		Fidelity Real Estate	561,339	715,996
		Invesco QQQ Trust	811,411	1,169,679
		iShares Intermediate Government Bond Fund	944,862	919,669
		iShares small cap	315,703	336,312
		iShares S&P 500 Index K	1,879,573	3,411,452
		Ishares Core MSCI	481,039	474,934
		Metropolitan West Unconstrained Bond I	758,601	743,443
		Seafarer Overseas Growth	413,174	474,717
		Touchstone Sands	350,710	476,549
		Tributary Small Company	375,702	362,853
		Vanguard FTSE All-World Ex-US Small-Cap ETF	250,019	308,778
		Western Asset Intermediate Bond I	950,369	919,896
		Wisdomtree US Quality Dividend I	485,102	638,974
			<u>13,351,122</u>	<u>15,792,135</u>

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
 EIN 31-0713127, Plan 001
 Schedule H, line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
*	Participant loans, various maturity dates through 2026 with interest rates of 4.25%		-	<u>206,679</u>
			\$	<u><u>27,732,435</u></u>

* Party-in-interest

** Assets are participant directed - cost not required to be disclosed

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
 EIN 31-0713127, Plan 001
 Schedule H, line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2021

(a)	(b)	(c)	(d)	(g)	(h) Current Value on Transaction Date	(i) Gain (Loss)
<u>Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost</u>		

Category iii - Series of Transactions in Excess of 5 Percent of Net Assets

* PNC Bank, N.A.

Federated Hermes Government Obligations Fund

Purchases	\$ 1,360,865	-	1,360,865	1,360,865	-
Sales	-	1,528,999	1,528,999	1,528,999	-

* Party-in-interest

There were no reportable category i, ii, or iv transactions for the year ended December 31, 2021.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of The Department of Labor's Regulations.

Miami Valley Child Development Centers, Inc. Profit Sharing Plan
 EIN 31-0713127, Plan 001
 Schedule H, line 4a - Schedule of Delinquent Participant Contributions
 Year Ended December 31, 2021

<u>Plan Year</u>	<u>Check here if Late Participant Loan Repayments are included</u>	<u>Participant Contributions Transferred Late to the Plan</u>	<u>Total that Constitute Nonexempt Prohibited Transactions</u>			<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
			<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	
2021	☒	\$ 41,009	\$ 41,009	-	-	-



Form 5500 annual return/Report of Employee Benefit Plan
Schedule H Line 4i – Schedule of Assets (Held at End of Year)

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.