

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>SUMMIT FUNDING, 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>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1999</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>SUMMIT FUNDING, INC.</u> <u>2135 BUTANO DRIVE</u> <u>SUITE 150</u> <u>SACRAMENTO, CA 95825</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-1780488</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>916-571-3000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>522292</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-1780488</u>	2c Plan Sponsor's telephone number <u>916-571-3000</u>	2d Business code (see instructions) <u>522292</u>	
2b Employer Identification Number (EIN) <u>91-1780488</u>					
2c Plan Sponsor's telephone number <u>916-571-3000</u>					
2d Business code (see instructions) <u>522292</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.	10/17/2022	JACK SATTERLEE
	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 (2021)
v. 210624

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	1147
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)	1040
a(2) Total number of active participants at the end of the plan year		6a(2)	1079
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	208
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1287
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1287
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1274
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	301
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: 2E 2F 2G 2J 2K 2S 2T 3D			
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>1</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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 SUMMIT FUNDING, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT FUNDING, INC.	D Employer Identification Number (EIN) 91-1780488

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL 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
42-0127290	61271	613953	0	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY DW INC 15341 S 94TH AVE STE 200
ORLANDO PARK, IL 60462-3965

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **CUSTODIAL GUARANTEED INTEREST CONTRACT**

b	Balance at the end of the previous year	7b	1514980	
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	(6) Total additions	7c(6)	0	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1514980	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		1514980
	(5) Total deductions	7e(5)	1514980	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0	

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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, 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** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE 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 SUMMIT FUNDING, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT FUNDING, INC.	D Employer Identification Number (EIN) 91-1780488	

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 CHARLES SCHWAB & CO. INC. AND AFFIL 94-1737782
(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)

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(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 50 64	NONE	53507	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	27075	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
CHARLES SCHWAB & CO INC AND AFFILIA	59	0
(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.	
SEE ATTACHMENT 14-1904657	SEE ATTACHMENT	
(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
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(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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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 <u>SUMMIT FUNDING, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SUMMIT FUNDING, INC.</u>	D Employer Identification Number (EIN) <u>91-1780488</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2010 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN <u>26-6447574-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2015 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN <u>26-6447574-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2020 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN <u>26-6447574-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2025 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN <u>26-6447574-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2030 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN <u>26-6447574-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2035 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN <u>26-6447574-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2040 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN <u>26-6447574-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2045 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2050 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2055 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY INC CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2060 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2065 CIT Z65

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE STB VAL COMMON TR FD

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 52-1309931-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1077336
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 01/01/2021 and ending 12/31/2021		
A Name of plan SUMMIT FUNDING, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT FUNDING, INC.	D Employer Identification Number (EIN) 91-1780488	

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)		
(2) Participant contributions.....	1b(2)	0	1150
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	18492
(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)		
(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)	1117278	978241
(9) Value of interest in common/collective trusts	1c(9)	29882361	1077336
(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)	14204444	50309226
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1514980	0
(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	46719063 52384445
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	46719063 52384445

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)	1316969
	(B) Participants	2a(1)(B)	8634371
	(C) Others (including rollovers).....	2a(1)(C)	644137
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	10595477
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5
	(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)	47504
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	47509
(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)	1374916
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1374916
(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)		6315
(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)		5121521
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17145738
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11214931	
(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)		11214931
f Corrective distributions (see instructions).....	2f		9447
g Certain deemed distributions of participant loans (see instructions).....	2g		175397
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	19671	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	60910	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		80581
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11480356
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5665382
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: **DAMORE, HAMRICH & SCHNEIDER, INC.**

(2) EIN: **94-2769017**

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	

	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		500000
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n	X		
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 <u>SUMMIT FUNDING, 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>SUMMIT FUNDING, INC.</u>	D Employer Identification Number (EIN) <u>91-1780488</u>

Part I	Distributions
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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	<u>0</u>
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): <u>42-0127290</u> <u>82-3967259</u> 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.)
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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
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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
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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.
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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 _____

SUMMIT FUNDING 401(K)
PROFIT SHARING PLAN

Financial Statements
Supplemental Information
and
Independent Auditor's Report
For the Year Ended December 31, 2021

Summit Funding 401(k) Profit Sharing Plan

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December 31, 2021

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
Summit Funding 401 (k) Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Summit Funding 401 (k) Profit Sharing 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Summit Funding 401 (k) Profit Sharing Plan's 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 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

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<http://www.dhscpa.com>

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Summit Funding 401 (k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Summit Funding 401 (k) Profit Sharing Plan's ability to continue as a going concern for one year after the date 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditor's 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Summit Funding 401 (k) Profit Sharing 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 Summit Funding 401 (k) Profit Sharing 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 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.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held at Year End as of December 31, 2021 and reportable transactions 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 generally accepted auditing standards. 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).



DAMORE, HAMRIC & SCHNEIDER, INC.
Certified Public Accountants

October 17, 2022



INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of
Summit Funding 401(k) Profit Sharing Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Summit Funding 401(k) Profit Sharing Plan as of December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Principal Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2020 financial statements.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



DAMORE, HAMRIC & SCHNEIDER, INC.
Certified Public Accountants

October 17, 2022

Summit Funding 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	ASSETS	
	<u>2021</u>	<u>2020</u>
Investments:		
Mutual Funds	\$ 50,327,718	\$ 14,204,444
Stable Value Common Trust Fund	1,077,336	29,882,361
Guaranteed Insurance Contract		1,514,980
	<u>51,405,054</u>	<u>45,601,785</u>
Total Investments	\$ 51,405,054	\$ 45,601,785
Receivables:		
Notes Receivable from Participants	\$ 978,241	\$ 1,117,278
Employer Contribution Receivable	1,150	
	<u>979,391</u>	<u>1,117,278</u>
Total Receivables	\$ 979,391	\$ 1,117,278
 Total Assets and Net Assets Available for Benefits	 <u>\$ 52,384,445</u>	 <u>\$ 46,719,063</u>

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

Summit Funding 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2021

Additions:

Additions to Net Assets Attributed to:

Investment Income:

Net Appreciation in Fair Value of Investments	\$ 5,127,836
Dividends and Capital Gain Distributions	<u>1,374,916</u>
	<u>\$ 6,502,752</u>

Interest Income on Notes Receivable from Participants	<u>\$ 47,509</u>
---	------------------

Contributions:

Participants' Contributions	\$ 8,634,371
Rollover Contributions	644,137
Employer Contributions	<u>1,316,969</u>
	<u>\$ 10,595,477</u>

Total Additions	<u>\$ 17,145,738</u>
-----------------	----------------------

Deductions:

Deductions from Net Assets

Attributed to:

Benefits Paid to Participants	\$ 11,214,931
Deemed Distributions	175,397
Administrative Expenses	80,581
Corrective Distributions	<u>9,447</u>

Total Deductions	<u>\$ 11,480,356</u>
------------------	----------------------

Net Increase	\$ 5,665,382
--------------	--------------

Net Assets Available for Benefits, Beginning of Year	<u>46,719,063</u>
--	-------------------

Net Assets Available for Benefits, End of Year	<u><u>\$ 52,384,445</u></u>
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The accompanying notes are an integral part of the financial statements.

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 1 DESCRIPTION OF PLAN:

The following description of the Summit Funding 401(k) Profit Sharing Plan (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 qualified defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan contains certain characteristics of both profit sharing and 401(k) plans.

Eligibility - All employees who have worked three consecutive months are eligible to participate in the Plan and are automatically enrolled unless they choose to opt out.

Contributions - Eligible employees may contribute up to a maximum annual contribution specified by the Internal Revenue Service. The maximum employee contribution allowable was \$19,500 (\$26,000 for employees age 50 or older) for the years ended December 31, 2021 and 2020.

Summit Funding Inc. (the Company) matched 25% of employee deferrals, limited to \$2,500 for the years ended December 31, 2021 and 2020.

Participant Accounts - All contributions to the Plan are directed by the participants into investments in funds made available through a contract with the custodian. Upon termination of employment, retirement, or death, a participant or his/her beneficiary may elect to have the benefits distributed in one lump sum cash payment or in equal installments over a period of not more than their assumed life expectancy as determined at the time of distribution.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Participants vest in the remainder of their account balance based on the number of years of service. For matching contributions, a participant is fully vested after five years of vesting service. The ratio is 20% the first year of vesting service, then 20% per year thereafter until fully vested.

Forfeitures - Forfeitures of terminated participants' nonvested accounts are used to reduce employer contributions or administrative expenses of the Plan. There was \$270,861 and \$67,030 in forfeitures used to reduce employer contributions during 2021 and 2020, respectively. As of December 31, 2021, forfeited nonvested accounts that resulted from terminations totaled \$23,014. The unallocated forfeiture balance as of December 31, 2020 was \$3,599. As of December 31, 2020, forfeited nonvested accounts that resulted from terminations totaled \$70,629.

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 1 DESCRIPTION OF PLAN (Continued):

Investment Options - The Plan provides a variety of investment options through mutual funds offered by Principal Life Insurance Company (Principal). Participants may determine the allocation of contributions between any of the following fund options:

Vanguard Cash Rsrv Fed MMKTDM	Fidelity Free Idx 2050 Prem
T Rowe Price Stable Val CIT S	Fidelity Free Idx 2055 Prem
American Funds Smcap World R6	Fidelity Free Idx 2060 Prem
Carillon Eagle Mdcg Growth R6	Fidelity Free Idx 2065 Prem
Cohen & Steers Realty Inst Cl	Fidelity Free Idx Inc Premier
Europacific Growth R6	Fidelity International Index
Fidelity 500 Index	Fidelity Mid Cap Index
Fidelity Free Idx 2010 Prem	Fidelity Small Cap Index
Fidelity Free Idx 2015 Prem	Fidelity US Bond Index
Fidelity Free Idx 2020 Prem	Invesco Oppenheimer DEVMKTS R6
Fidelity Free Idx 2025 Prem	MFS Growth R6
Fidelity Free Idx 2030 Prem	Putnam Large Cap Value R6
Fidelity Free Idx 2035 Prem	Victory SYC est Value R6
Fidelity Free Idx 2040 Prem	Western Asset Core Plus Bond I
Fidelity Free Idx 2045 Prem	

Participants may change their investment options on a daily basis.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Distributions - In the event of retirement, disability or death, the participant's account will be distributed in a single distribution or in an annuity not to exceed the participant's life expectancy. In addition, participants may request hardship withdrawals which are defined as medical, educational and certain other expenses for which the participants have no other available funds. All withdrawals are subject to limits specified in the Plan and by the Internal Revenue Code.

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation, Income Recognition and Allocation - The Plan's investments are carried at fair value, which 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. As a practical expedient, the fair value of the stable value common trust fund is estimated using the net asset value ("NAV") per share of the fund. See Note 5 for further information on fair value.

Net appreciation or depreciation of investments is determined from fair values as of the previous plan year end or from cost if acquired during the current year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Net income from the Plan is allocated on each business day of the Plan year for which there is an established market value for the Plan assets and on which the Plan trustee conducts business (the daily valuation method).

Administrative Expenses - Certain costs of administering the Plan are paid by the Plan and include investment advisory fees. The fees for accountants, trustees and third-party administrators are paid by the Plan through forfeitures, if available, or by the Plan sponsor.

Recording of Benefits - Benefits are recorded when paid.

Newly Issued Accounting Pronouncements, Not Yet Effective – In June 2022, the FASB issued Accounting Standards Update (ASU) 2022-03, *Fair Value Measurement (Topic 820) Fair Value Measurement of Equity Securities Subject to Contractual Sale Restrictions*. The ASU was issued to clarify the guidance in Topic 820 *Fair Value Measurement* when measuring the fair value of an equity security subject to contractual restrictions that prohibit the sale of an equity security, to

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

Newly Issued Accounting Pronouncements, Not Yet Effective (Continued):

amend a related illustrative example, and to introduce new disclosure requirements for equity securities subject to contractual sale restrictions that are measured at fair value in accordance with Topic 820. For public business entities, the amendments in this Update are effective for fiscal years beginning after December 15, 2023. For all other entities, the amendments are effective for fiscal years beginning after December 15, 2024. Early adoption is permitted. The impact of the implementation of this Update to the Plan's financial statements has not been evaluated at this time.

NOTE 3 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

The Plan invests in shares of mutual funds, stocks and securities, offered and maintained by Charles Schwab Trust Bank (current recordkeeper) and Principal Financial Group (former recordkeeper). Transactions in such investments qualify as party-in-interest transactions.

NOTE 4 TAX STATUS:

The Plan is qualified under the provisions of the Internal Revenue Code and is not subject to federal and state income taxes. Participating employees are not subject to federal and state income taxes on employer and employee contributions, or on income accruing to their accounts, until they receive distributions from the Plan. The third-party administrator (TPA) brought the Plan under the TPA's prototype. The TPA received a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. All amendments were incorporated into the prototype. The Plan administrator and the Plan's trustee believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. As of December 31, 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan administrator believes the Plan is no longer subject to U.S. federal and state income tax examinations by tax authorities for the years prior to 2018.

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 5 FAIR VALUE MEASUREMENTS:

Summit Funding 401(k) Profit Sharing Plan adopted the accounting standard for fair value measurement (ASC 820), which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 Fair Value Measurements

Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as 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, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Fair Value Measurements

Inputs that are unobservable inputs for the asset or liability. Fair values of assets measured on a recurring basis as of December 31, 2021 and 2020 are as follows:

<u>December 31, 2021</u>	<u>Fair Value Measurements at Reporting Date Using</u>			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	\$ 50,327,718	\$ 50,327,718	\$	\$
Total Recurring Investments	\$ 50,327,718	\$ 50,327,718	\$ 0	\$ 0
Common Collective Trust Measured at NAV	1,077,336			
Total Investments	<u>\$ 51,405,054</u>			

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 5 FAIR VALUE MEASUREMENTS (Continued):

<u>December 31, 2020</u>	<u>Fair Value Measurements at Reporting Date Using</u>			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Fair Value</u>			
Mutual Funds	\$ 14,204,444	\$ 14,204,444	\$	\$
Collective Investment Trusts	29,882,361	29,882,361		
Total Recurring Investments	<u>\$ 44,086,805</u>	<u>\$ 44,086,805</u>	<u>\$ 0</u>	<u>\$ 0</u>
Insurance Contract Measured at Contract Value	<u>1,514,980</u>			
Total Investments	<u>\$ 45,601,785</u>			

The valuation methodology used for mutual funds measured at fair value uses a market approach. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The stable value common trust fund, a common collective trust which holds indirect investments in fully benefit-responsive investment contracts, is measured at NAV per unit, as determined by the trustee at year-end. The NAV is used as the practical expedient to estimate fair value. The Plan's investment in the stable value fund is not required to be classified within the fair value hierarchy since it is measured at NAV.

The common collective trust is a stable value investment trust fund managed by T. Rowe Price (the "Stable Value Fund"), which invests in a variety of investment contracts such as separate account contracts and synthetic investment contracts issued by insurance companies, banks, and other financial institutions and other short-term investments. The objectives of the Stable Value Fund are to maximize current income consistent with the maintenance of principal and to provide benefit-responsive participant withdrawals at contract value. Participants may redeem trust units on a daily basis for withdrawal or transfer of all or a portion of their investment at contract value without restriction.

Events outside the normal operation of the Stable Value Fund that cause a withdrawal from an investment contract may result in a negative market value adjustment, which can limit the ability to transact at contract value with the issuers

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 5 FAIR VALUE MEASUREMENTS (Continued):

of its investment contracts. Examples of such events include, but are not limited to, partial or complete legal termination of the Stable Value Fund or a unit holder, tax disqualification of the Stable Value Fund or a unit holder, and certain Stable Value Fund amendments if issuers' consents are not obtained. According to the Stable Value Fund's annual report, as of December 31, 2021, the occurrence of such an event is not considered to be probable.

Description	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common Collective Trust Trusts	\$ 1,077,336	n/a	Daily	12 months

Additionally, per ASC 2015-12, fully benefit-responsive investment contracts are now measured, presented, and disclosed at contract value and fair value information is no longer required. However, the investments measured at contract value are presented above to enable reconciliation with amounts presented on the statement of net assets available for benefits. There were no changes in the valuation techniques used as of December 31, 2021 and 2020.

NOTE 6 INVESTMENT CONTRACTS WITH INSURANCE COMPANY:

Principal Fixed Income Guaranteed Option is a benefit-responsive group annuity contract with a fixed rate of interest issued by Principal Life Insurance Company. The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The Principal Fixed Income Guaranteed Option is a traditional investment contract where the Plan owns only the contract itself and not the underlying assets of the investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. Under the terms of the existing contract, the Composite Crediting Rate is currently reset on a semiannual basis and will never be less than the Guaranteed Minimum Interest Rate.

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 6 INVESTMENT CONTRACTS WITH INSURANCE COMPANY (Continued):

The Guaranteed Minimum Interest Rate is determined by taking the average of 5-year constant Maturity Treasury Rates and reducing the average by 1.25% and rounding to the nearest 0.05%.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events include premature termination of the contracts, Plan termination or merger, changes to the Plan's prohibition on competing investment options, or bankruptcy of the plan sponsor. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The crediting interest rate is based on the Guaranteed Minimum Interest Rate with a minimum rate of 1% and maximum rate of 3%. The contract has a surrender charge of 5% that may be assessed on all transfers by the plan sponsor more than 10% of the accumulated transfer percentage if the plan terminates its interest in the contract.

The Principal Fixed Income Guaranteed Option as of December 31, 2021 and 2020 was \$0 and \$1,514,980, respectively. The Principal Fixed Income Guaranteed Option balance was transferred to the T. Rowe Price Stable Value Fund on September 9, 2021.

NOTE 7 PLAN TERMINATION:

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

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 8 INFORMATION PREPARED AND CERTIFIED BY RECORDKEEPERS:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Charles Schwab Trust Bank, the current recordkeeper.

Investment	Fair Value 2021
T Rowe Price Stable Val CIT S	\$ 1,077,336
Fidelity Free Idx 2030 Prem	5,254,885
Fidelity Free Idx 2040 Prem	5,134,136
Fidelity 500 Index	4,898,760
Fidelity Free Idx 2035 Prem	4,432,724
Fidelity Free Idx 2045 Prem	4,289,658
Fidelity Free Idx 2050 Prem	3,870,467
Fidelity Free Idx 2025 Prem	3,619,786
Fidelity Free Idx 2055 Prem	3,174,623
MFS Growth R6	3,069,948
Putnam Large Cap Value R6	1,457,317
Fidelity Small Cap Index	1,397,824
Western Asset Core Plus Bond I	1,221,664
Europacific Growth R6	1,209,179
Fidelity Free Idx 2020 Prem	1,191,142
Victory SYC est Value R6	1,025,420
Fidelity Mid Cap Index	1,023,492
Fidelity Free Idx 2060 Prem	937,185
American Funds Smcap World R6	870,535
Fidelity International Index	457,554
Carillon Eagle Mdcg Growth R6	441,361
Cohen & Steers Realty Inst Cl	301,444
Fidelity US Bond Index	255,414
Fidelity Free Idx 2065 Prem	247,015
Fidelity Free Idx 2015 Prem	210,124
Invesco Oppenheimer DEVMKTS R6	203,408
Fidelity Free Idx Inc Premier	94,198
Fidelity Free Idx 2010 Prem	19,963
Vanguard Cash Rsrv Fed MMKTDM	18,492
	<u>\$ 51,405,054</u>
Gain on Assets Held	\$ 6,502,752

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 8 INFORMATION PREPARED AND CERTIFIED BY RECORDKEEPERS (Continued):

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Principal, the former recordkeeper.

Investment	Fair Value 2020
Princ LifeTime Hybrid 2030 CIT R4	\$ 4,963,397
Princ LifeTime Hybrid 2035 CIT R4	4,099,678
Princ LifeTime Hybrid 2040 CIT R4	4,129,606
Princ LifeTime Hybrid 2025 CIT R4	4,250,495
Princ LifeTime Hybrid 2045 CIT R4	3,559,903
Princ LifeTime Hybrid 2050 CIT R4	3,514,642
Prin Largecap S&P 500 Idx R4 Fund	3,682,274
Princ LifeTime Hybrid 2055 CIT R4	2,593,119
Clearbridge Lg Cap Gr R Fd	2,453,839
Princ LifeTime Hybrid 2020 CIT R4	1,651,930
Western Asset Cr Pls Bond R Fd	1,010,512
Prin Smcap S&P 600 Idx R4 Fund	918,455
AM FDS Inv Co of Amer R3 Fund	999,085
AM FDS New Persp R3 Fd	901,806
AM FDS Smallcap World R3 Fd	710,688
JP Morgan Midcap Value R2 fund	457,740
Prin Midcap S&P 400 Idx R4 Fund	438,955
AM FDS Europacific Grth R3 Fd	376,730
Princ LifeTime Hybrid 2060 CIT R4	758,581
Oppen Developing Mkts A Fund	371,889
Lord Abbett High Yield R2 Fund	329,280
Hartford Midcap R3 Fund	379,828
Thornburg Intl Value R3 Fund	308,471
Prin Real Estate Secs R4 Fund	220,457
Princ LifeTime Hybrid 2015 CIT R4	228,212
Invesco Intl Growth R Fund	220,416
Nuveen Sm Cap Value R3 Fd	142,128
Prin Div Real Asset Fund (A)	142,651
Templeton Glbl Bond R Fd	86,107
Princ LifeTime Hybrid Inc CIT R4	61,140
Pimco Com Real Return Str R Fund	53,132
Princ LifeTime Hybrid 2010 CIT R4	7,645
Princ LifeTime Hybrid 2065 CIT R4	64,014
	<u>\$ 44,086,805</u>
Investments at Contract Value:	
Prin Fixed Inc Guar Option	<u>1,514,980</u>
Balance at Year End	<u><u>\$ 45,601,785</u></u>
Gain on Assets Held	\$ 5,928,124

Summit Funding 401(k) Profit Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2021

NOTE 9 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 value 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.

NOTE 10 CHANGE IN CUSTODIAN AND RECORDKEEPER:

Effective April 1, 2021, the Plan Sponsor changed its Third-Party Plan recordkeeper from Principal Life Insurance Company to Charles Schwab Trust Bank. All Plan assets were transferred on March 31, 2021, except the Principal Fixed Income Guaranteed Option which was transferred to the T. Rowe Price Stable Value Fund on September 9, 2021. The transfer resulted in a change in the Plan's investment funds of similar characteristics. See Note 1 and 8 for further details of the Plan's investment options.

NOTE 11 SUBSEQUENT EVENTS:

No other subsequent events were identified by management through October 17, 2022, the date these financial statements were issued.

SUPPLEMENTAL SCHEDULES PROVIDED PURSUANT TO THE RULES AND REGULATIONS OF THE
DEPARTMENT OF LABOR

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2021

Summit Funding, Inc. 401(k) Profit Sharing Plan
December 31, 2021EIN# **91-1780488**
Plan Number # 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Common Collective Trust Fund		T Rowe Price Stable Val CIT S		\$ 1,077,336
* Registered Investment Company		Fidelity Free Idx 2030 Prem		5,254,885
* Registered Investment Company		Fidelity Free Idx 2040 Prem		5,134,136
* Registered Investment Company		Fidelity 500 Index		4,898,760
* Registered Investment Company		Fidelity Free Idx 2035 Prem		4,432,724
* Registered Investment Company		Fidelity Free Idx 2045 Prem		4,289,658
* Registered Investment Company		Fidelity Free Idx 2050 Prem		3,870,467
* Registered Investment Company		Fidelity Free Idx 2025 Prem		3,619,786
* Registered Investment Company		Fidelity Free Idx 2055 Prem		3,174,623
* Registered Investment Company		MFS Growth R6		3,069,948
* Registered Investment Company		Putnam Large Cap Value R6		1,457,317
* Registered Investment Company		Fidelity Small Cap Index		1,397,824
* Registered Investment Company		Western Asset Core Plus Bond I		1,221,664
* Registered Investment Company		Europacific Growth R6		1,209,179
* Registered Investment Company		Fidelity Free Idx 2020 Prem		1,191,142
* Registered Investment Company		Victory SYC est Value R6		1,025,420
* Registered Investment Company		Fidelity Mid Cap Index		1,023,492
* Registered Investment Company		Fidelity Free Idx 2060 Prem		937,185
* Registered Investment Company		American Funds Smcap World R6		870,535
* Registered Investment Company		Fidelity International Index		457,554
* Registered Investment Company		Carillon Eagle Mdcap Growth R6		441,361
* Registered Investment Company		Cohen & Steers Realty Inst Cl		301,444
* Registered Investment Company		Fidelity US Bond Index		255,414
* Registered Investment Company		Fidelity Free Idx 2065 Prem		247,015
* Registered Investment Company		Fidelity Free Idx 2015 Prem		210,124
* Registered Investment Company		Invesco Oppenheimer DEVMKTS R6		203,408
* Registered Investment Company		Fidelity Free Idx Inc Premier		94,198
* Registered Investment Company		Fidelity Free Idx 2010 Prem		19,963
* Money Market / Cash Equivalent		Vanguard Cash Rsrv Fed MMKTDM		18,492
Notes Receivable from Participants				
Notes with interest rate of 4.25% through 6.50% and maturing in various years through 2051				978,241
Total Assets Held for Investment Purposes				<u>\$ 52,383,295</u>

* Party-in Interest

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2021

Summit Funding, Inc. 401(k) Profit Sharing Plan
December 31, 2021

EIN# **91-1780488**
Plan Number # 001

(a) Identify of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
* Schwab	T Rowe Price Stable Val Cit S	\$ 1,724,924	\$ -	\$ -	\$ -	\$ 1,724,924	\$ 1,724,924	\$ -
* Schwab	T Rowe Price Stable Val Cit S		653,903			652,690	653,903	1,213
* Schwab	Europacific Growth R6	1,946,894				1,946,894	1,946,894	
* Schwab	Europacific Growth R6		646,496			638,140	646,496	8,356
* Schwab	Fidelity 500 Index	6,107,137				6,107,137	6,107,137	
* Schwab	Fidelity 500 Index		1,924,899			1,785,535	1,924,899	139,364
* Schwab	Fidelity Free Idx 2025 Prem	4,382,020				4,382,020	4,382,020	
* Schwab	Fidelity Free Idx 2025 Prem		946,582			904,076	946,582	42,506
* Schwab	Fidelity Free Idx 2030 Prem	5,490,908				5,490,908	5,490,908	
* Schwab	Fidelity Free Idx 2030 Prem		503,381			479,679	503,381	23,702
* Schwab	Fidelity Free Idx 2035 Prem	5,456,780				5,456,780	5,456,780	
* Schwab	Fidelity Free Idx 2035 Prem		1,307,401			1,262,593	1,307,401	44,808
* Schwab	Fidelity Free Idx 2040 Prem	5,631,415				5,631,415	5,631,415	
* Schwab	Fidelity Free Idx 2040 Prem		866,982			821,126	866,982	45,856
* Schwab	Fidelity Free Idx 2045 Prem	4,714,276				4,714,276	4,714,276	
* Schwab	Fidelity Free Idx 2045 Prem		732,535			693,571	732,535	38,964
* Schwab	Fidelity Free Idx 2050 Prem	4,744,475				4,744,475	4,744,475	
* Schwab	Fidelity Free Idx 2050 Prem		1,177,772			1,114,625	1,177,772	63,147
* Schwab	Fidelity Free Idx 2055 Prem	3,671,877				3,671,877	3,671,877	
* Schwab	Fidelity Free Idx 2055 Prem		722,107			684,635	722,107	37,472
* Schwab	Fidelity Free Idx 2060 Prem	1,182,588				1,182,588	1,182,588	

Transactions or a series of transactions in excess of 5% of the current value of the Plan's assets as of the beginning of the Plan year as defined in Section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

* Party in Interest

Schedule H, line 4j - Schedule of Reportable Transactions

Name of plan: Summit Funding, Inc. 401(k) Plan
EIN: 91-1780488
PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current Value of asset on transaction date	(i) Net gain or (loss)
SCHWAB	T ROWE PRICE STABLE VAL CIT S	1,724,924		0	0	1,724,924	1,724,924	0
SCHWAB	T ROWE PRICE STABLE VAL CIT S		653,903	0	0	652,690	653,903	1,213
SCHWAB	EUROPACIFIC GROWTH R6	1,946,894		0	0	1,946,894	1,946,894	0
SCHWAB	EUROPACIFIC GROWTH R6		646,496	0	0	638,140	646,496	8,355
SCHWAB	FIDELITY 500 INDEX	6,107,137		0	0	6,107,137	6,107,137	0
SCHWAB	FIDELITY 500 INDEX		1,924,899	0	0	1,785,535	1,924,899	139,365
SCHWAB	FIDELITY FREE IDX 2025 PREM	4,382,020		0	0	4,382,020	4,382,020	0
SCHWAB	FIDELITY FREE IDX 2025 PREM		946,582	0	0	904,076	946,582	42,507
SCHWAB	FIDELITY FREE IDX 2030 PREM	5,490,908		0	0	5,490,908	5,490,908	0
SCHWAB	FIDELITY FREE IDX 2030 PREM		503,381	0	0	479,679	503,381	23,702
SCHWAB	FIDELITY FREE IDX 2035 PREM	5,456,780		0	0	5,456,780	5,456,780	0
SCHWAB	FIDELITY FREE IDX 2035 PREM		1,307,401	0	0	1,262,593	1,307,401	44,808
SCHWAB	FIDELITY FREE IDX 2040 PREM	5,631,415		0	0	5,631,415	5,631,415	0
SCHWAB	FIDELITY FREE IDX 2040 PREM		866,982	0	0	821,126	866,982	45,856
SCHWAB	FIDELITY FREE IDX 2045 PREM	4,714,276		0	0	4,714,276	4,714,276	0
SCHWAB	FIDELITY FREE IDX 2045 PREM		732,535	0	0	693,571	732,535	38,964
SCHWAB	FIDELITY FREE IDX 2050 PREM	4,744,475		0	0	4,744,475	4,744,475	0
SCHWAB	FIDELITY FREE IDX 2050 PREM		1,177,772	0	0	1,114,625	1,177,772	63,146
SCHWAB	FIDELITY FREE IDX 2055 PREM	3,671,877		0	0	3,671,877	3,671,877	0
SCHWAB	FIDELITY FREE IDX 2055 PREM		722,107	0	0	684,635	722,107	37,473
SCHWAB	FIDELITY FREE IDX 2060 PREM	1,182,588		0	0	1,182,588	1,182,588	0

Summit Funding 401k Profit Sharing Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2021

EIN: 91-1780488
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)		
Fund Family/Provider	EIN	Formula
Cohen & Steers	14-1904657	Rate of 0.05% of average daily balance of asset(s)
Legg Mason	Not Available	Rate of 0.05% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR:	Summit Funding, Inc.
NAME OF PLAN:	Summit Funding, Inc. 401(k) Plan
EIN:	91-1780488
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 6.5%)		978,241
	VANGUARD CASH RSRV FED MMKTADM	Money Market / Cash Equivalent		18,492
	T ROWE PRICE STABLE VAL CIT S	Common Collective Trust Fund		1,077,336
	AMERICAN FUNDS SMCAP WORLD R6	Registered Investment Company		870,535
	CARILLON EAGLE MDCP GROWTH R6	Registered Investment Company		441,361
	COHEN & STEERS REALTY INST CL	Registered Investment Company		301,443
	EUROPACIFIC GROWTH R6	Registered Investment Company		1,209,179
	FIDELITY 500 INDEX	Registered Investment Company		4,898,760
	FIDELITY FREE IDX 2010 PREM	Registered Investment Company		19,962
	FIDELITY FREE IDX 2015 PREM	Registered Investment Company		210,124
	FIDELITY FREE IDX 2020 PREM	Registered Investment Company		1,191,142
	FIDELITY FREE IDX 2025 PREM	Registered Investment Company		3,619,786
	FIDELITY FREE IDX 2030 PREM	Registered Investment Company		5,254,886
	FIDELITY FREE IDX 2035 PREM	Registered Investment Company		4,432,724
	FIDELITY FREE IDX 2040 PREM	Registered Investment Company		5,134,137
	FIDELITY FREE IDX 2045 PREM	Registered Investment Company		4,289,658
	FIDELITY FREE IDX 2050 PREM	Registered Investment Company		3,870,467
	FIDELITY FREE IDX 2055 PREM	Registered Investment Company		3,174,623
	FIDELITY FREE IDX 2060 PREM	Registered Investment Company		937,185
	FIDELITY FREE IDX 2065 PREM	Registered Investment Company		247,015
	FIDELITY FREE IDX INC PREMIER	Registered Investment Company		94,198
	FIDELITY INTERNATIONAL INDEX	Registered Investment Company		457,554
	FIDELITY MID CAP INDEX	Registered Investment Company		1,023,492
	FIDELITY SMALL CAP INDEX	Registered Investment Company		1,397,824
	FIDELITY US BOND INDEX	Registered Investment Company		255,414
	INVESCO OPPENHEIMER DEVMKTS R6	Registered Investment Company		203,408
	MFS GROWTH R6	Registered Investment Company		3,069,948
	PUTNAM LARGE CAP VALUE R6	Registered Investment Company		1,457,317
	VICTORY SYC EST VALUE R6	Registered Investment Company		1,025,420
	WESTERN ASSET CORE PLUS BOND I	Registered Investment Company		1,221,664

* Party-in-interest