

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
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</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>403(B) THRIFT PLAN OF SUMMIT EARLY LEARNING, INC.</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>04/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1999</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 EARLY LEARNING, INC.</u> <u>14 S 11TH ST</u> <u>MIFFLINBURG, PA 17844-9792</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-1706558</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>570-966-2845</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-1706558</u>	2c Plan Sponsor's telephone number <u>570-966-2845</u>	2d Business code (see instructions) <u>624410</u>	
2b Employer Identification Number (EIN) <u>23-1706558</u>					
2c Plan Sponsor's telephone number <u>570-966-2845</u>					
2d Business code (see instructions) <u>624410</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.	01/18/2023	SALLY MILLER
	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	215
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)	115
a(2) Total number of active participants at the end of the plan year		6a(2)	108
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	117
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	225
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	216
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 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
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan 403(B) THRIFT PLAN OF SUMMIT EARLY LEARNING, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.	D Employer Identification Number (EIN) 23-1706558

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	017103G	225	07/01/2021	06/30/2022

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
0	838

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
PHILADELPHIA REGIONAL OFFICE
BLUE BELL EXECUTIVE CAMPUS 470 NORRISTOWN ROAD SUITE 301
BLUE BELL, PA 19422-2322

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	838	PORTION OF INCENTIVE COMP. PROGRAM	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	891104
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	3356979

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **N/A**

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. Specify nature of costs ▶	6d	

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 ▶

b	Balance at the end of the previous year	7b	867417
----------	---	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	45271	
	7c(2)	0	
	7c(3)	7709	
	7c(4)	64840	
	7c(5)	0	

(6) Total additions	7c(6)	117820
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	985237
---	-----------	--------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	93144	
(2) Administration charge made by carrier	7e(2)	989	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	94133
----------------------------	--------------	-------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	891104
---	-----------	--------

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 07/01/2021 and ending 06/30/2022		
A Name of plan 403(B) THRIFT PLAN OF SUMMIT EARLY LEARNING, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.	D Employer Identification Number (EIN) 23-1706558	

Part I	Service Provider Information (see instructions)
---------------	--

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	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	PO BOX 2600 VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO VI MAIN STREET	PO BOX 5270 DENVER, CO 80217-5270

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE FUNDS

ONE COMMERCE SQUARE,
2005 MARKET STREET
PHILADELPHIA, PA 19103

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15	INSURANCE CARRIER	2010	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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)**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)**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)**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)**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)**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)**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)**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)**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)**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)

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
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan 403(B) THRIFT PLAN OF SUMMIT EARLY LEARNING, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.	D Employer Identification Number (EIN) 23-1706558	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	18364	11312
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4193311	3356979
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	849053	879792
(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	5060728	4248083

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	5060728	4248083
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	113988	
(B) Participants	2a(1)(B)	175491	
(C) Others (including rollovers).....	2a(1)(C)	35239	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		324718
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	0	
(F) Other	2b(1)(F)	7709	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7709
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-645896
(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)		
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		-313469
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	497166	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		497166
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	2010	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2010
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		499176
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-812645
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: **WAGNER DRESS ELSASSER & ASSOCIATES**

(2) EIN: **45-5012510**

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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan 403(B) THRIFT PLAN OF SUMMIT EARLY LEARNING, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.	D Employer Identification Number (EIN) 23-1706558

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3590259		
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	0

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

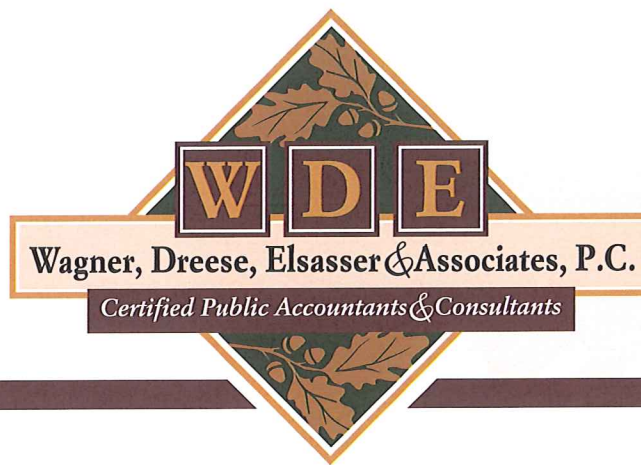
***403(b) THRIFT PLAN FOR
EMPLOYEES OF
SUMMIT EARLY LEARNING, INC.***

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

June 30, 2022 and 2021

TABLE OF CONTENTS

	Page No.
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to the Financial Statements	7
SUPPLEMENTARY INFORMATION	
Schedule H, line 4i – Schedule of Assets (Held at End of Year)	19



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
and Board of Directors
Summit Early Learning, Inc.
Mifflinburg, Pennsylvania

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

We have performed an audit of the accompanying financial statements of 403(b) Thrift Plan for Employees of Summit Early Learning, Inc., 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 June 30, 2022, 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 (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.'s 2022 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 June 30, 2022, stating that the certified investment information, as described in Note 11 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section -

- the amounts and disclosures in the accompanying 2022 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.

SELINGROVE OFFICE
1372 N. SUSQUEHANNA TRAIL
SUITE 210
SELINGROVE, PA 17870
570.743-2030

MILTON OFFICE
247 FILBERT STREET
MILTON, PA 17847
570.742.2613

1 BENTON OFFICE
4354 RED ROCK ROAD
P.O. BOX 257
BENTON, PA 17814
570.925.2018

LEWISBURG OFFICE
BROOKPARK STATION
2370 OLD TURNPIKE ROAD, SUITE 1
LEWISBURG, PA 17837
570.524.0488

- the information in the accompanying 2022 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 on the 2022 Financial Statements

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 2022 Financial Statements section of our report. We are required to be independent of 403(b) Thrift Plan for Employees of Summit Early Learning, Inc. 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 2022 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 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.'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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.'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 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.'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 2022 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.

2022 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of June 30, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

Auditor's Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of 403(b) Thrift Plan for Employees of Summit Early Learning, Inc. 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 certified by a qualified institution. In our report dated January 6, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wagner, Dreesse, Elsassner & Associates, P.C.

WAGNER, DREESE, ELSASSER & ASSOCIATES, P.C.

Certified Public Accountants and Consultants

Lewisburg, Pennsylvania

January 9, 2023

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Statements of Net Assets Available for Benefits
June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments at Fair Value	\$ 3,356,979	\$ 4,193,311
Investment at Contract Value	879,792	849,053
Notes Receivable from Participants	<u>11,312</u>	<u>18,364</u>
 TOTAL ASSETS	 <u>4,248,083</u>	 <u>5,060,728</u>
 NET ASSETS AVAILABLE FOR BENEFITS		
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 4,248,083</u></u>	 <u><u>\$ 5,060,728</u></u>

See accompanying notes and independent auditor's report.

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**
Statement of Changes in Net Assets Available for Benefits
For the Year Ended June 30, 2022

ADDITIONS (REDUCTIONS) TO NET ASSETS ATTRIBUTED TO

Investment Income	
Net Depreciation in Fair Value of Investments	\$ (645,896)
Interest	<u>7,709</u>
Net Investment Income	<u>(638,187)</u>
Contributions	
Employer	113,988
Participants'	175,491
Rollovers	<u>35,239</u>
Total Contributions	<u>324,718</u>
TOTAL ADDITIONS (REDUCTIONS)	<u>(313,469)</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits Paid to Participants	497,166
Administrative Expenses	<u>2,010</u>
TOTAL DEDUCTIONS	<u>499,176</u>
NET DECREASE	(812,645)
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of Year	<u>5,060,728</u>
NET ASSETS AVAILABLE FOR BENEFITS, End of Year	<u><u>\$ 4,248,083</u></u>

See accompanying notes and independent auditor's report.

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements
June 30, 2022 and 2021

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the 403(b) Thrift Plan for Employees of Summit Early Learning, Inc. (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a 403(b) Thrift Retirement Plan covering employees of Summit Early Learning, Inc. (the “Organization”). The Plan allows employees to contribute pre-tax dollars to retirement savings. All employees are eligible to participate in the plan and make voluntary contributions.

Employees must meet all of the following criteria to be eligible to receive the employer matching contribution: (1) employed at least one year and worked at least 1,000 hours in that year, (2) age 21 or older, and (3) participate in the plan through employee contributions.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan and determines the appropriateness of the Plan’s investment offerings, and monitors investment performance.

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement Act of 2020 that contained the largest package of retirement system reform in over a decade. Many of the provisions of the SECURE Act became effective January 1, 2020 and require significant changes to plan administration and recordkeeping.

The COVID-19 outbreak in the United States caused business disruption through mandated and voluntary closings of businesses in numerous industries. In March 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) that included numerous employee benefit plan provisions to assist plan sponsors and participants.

The Consolidated Appropriations Act of 2021 was signed into law on December 27, 2020 which includes a temporary rule that prevents partial plan terminations for qualified retirement plans in certain circumstances.

Contributions

The Plan allows participants to designate deferrals as Regular 401(k) deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Contributions are subject to certain statutory limitations. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan provides for an employer match of 100% of employee contributions up to 4% of salary upon eligibility.

Participants may also contribute certain rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements

June 30, 2022 and 2021

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Organization's matching contribution, (b) Plan earnings (losses), (c) and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

The custodian of the Plan is Mutual of America Life Insurance Company. All participant account balances are held by the custodian. The participant directs the investment of all contributions and earnings thereon, and may change their investment directive at any time.

Investments

Upon enrollment in the Plan, participants direct the investment of their contributions and Organization contributions into various investment options offered by the Plan.

Vesting

All contributions become the participants' at the point that the contribution is made to the Plan.

Notes Receivable from Participants

The Plan permits participant loans. The notes are secured by the balance in the participant's account. Principal and interest is paid ratably through payroll deductions. These loans are measured at their unpaid principal balance as of the end of the fiscal year.

Payment of Benefits

Benefit payments shall commence upon death, disability, attainment of normal retirement age (defined as age 65) or termination of employment. Participants generally receive distributions of their accrued benefits in the form of lump sum payments. In-service distributions are permitted upon obtaining age 59-1/2 and hardship withdrawals are also permitted under certain circumstances.

Forfeitures

The Plan has no forfeitures, as both employee and employer contributions to the Plan are immediately vested.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through January 9, 2023, which is the date the financial statements

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements
June 30, 2022 and 2021

were available to be issued.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Recently Adopted Accounting Standard

In August 2018, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2018-13, Fair Value Measurement (Topic 820) – Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement. The ASU modifies the disclosure requirements for the fair value measurements in Topic 820, including the elimination, modification to, and addition of certain disclosures. The ASU is effective for fiscal years beginning after December 15, 2019. The provisions of the ASU did not have a material impact on the Plan’s financial statement disclosures.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan’s investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan’s valuation policies utilizing information provided by the investment advisors and trustee. See Note 10 for discussion of fair value measurements.

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

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements

June 30, 2022 and 2021

Contributions

Contributions from employees are recorded as they are withheld from the participant's wages.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Expenses of auditing the Plan, 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, are paid by the Organization and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

NOTE 3 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization may terminate the Plan at any time by written notice to Mutual of America Life Insurance Company specifying the effective date of termination. Upon termination of the Plan, all funds in each affected participant's account shall remain on deposit until a method of distribution is selected.

NOTE 4 - TAX STATUS

The Plan adopted by the Organization is a prototype plan sponsored by Mutual of America Life Insurance Company. The Internal Revenue Service has determined and informed the Organization by letter dated March 31, 2017, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator and tax counsel of the Plan believe the Plan is designed and is currently 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be substantiated upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements

June 30, 2022 and 2021

NOTE 5 – RISK AND UNCERTAINTIES

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

The COVID-19 outbreak continues as of the date of this report. There are many uncertainties related to the COVID-19 global pandemic that could negatively affect the Plan's statement of net assets available for benefits and statement of changes in net assets available for benefits. The Plan's individual investments fluctuate in response to changing market conditions, therefore the effect of the COVID-19 pandemic on its investment values in subsequent periods, if any, cannot be determined.

**NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF
FORM 5500**

	<u>2022</u>	<u>2021</u>
Net Assets Available for Benefits, per the Financial Statements	\$ <u>4,248,083</u>	\$ <u>5,060,728</u>
Net Assets Available for Benefits, per Schedule H to the Form 5500	\$ <u>4,248,083</u>	\$ <u>5,060,728</u>

NOTE 7 – RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Mutual of America Life Insurance Company. Mutual of America Life Insurance Company is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment services amounted to \$2,010 and \$2,070 for the years ended June 30, 2022 and 2021, respectively. The Organization is the Plan Sponsor and Administrator and pays certain administrative costs, including accounting, legal, and consulting fees, on behalf of the Plan. In addition, participants in the Plan are permitted to borrow funds from their vested account balances.

The above party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 – NOTES RECEIVABLE FROM PARTICIPANTS

The plan permits participant loans. A portion of the account value in the Interest Accumulation Account equal to the amount of outstanding loans shall be restricted from withdrawal, transfer, or distribution (the participant loan balances are part of the total account value in the Interest Accumulation Account). If a participant defaults in the payment of the loan principal, or interest, or

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements
June 30, 2022 and 2021

both, an amount equal to the sum of the loan principal, interest, and any federal income tax withheld shall be withdrawn from the account value of the Interest Accumulation Account. As of June 30, 2022 and 2021, no allowance for credit losses has been recorded.

The following is a summary of loan activity for the year ended June 30, 2022:

Balance at June 30, 2021	\$18,364
New Loans	4,000
Principal Payments	<u>(11,052)</u>
Balance at June 30, 2022	<u>\$11,312</u>

The following is a summary of loan activity for the year ended June 30, 2021:

Balance at June 30, 2020	\$26,302
New Loans	3,000
Principal Payments	<u>(10,938)</u>
Balance at June 30, 2021	<u>\$18,364</u>

NOTE 9– INVESTMENT AT CONTRACT VALUE

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Mutual of America Life Insurance Company. Mutual of America Life Insurance Company established an account (called Interest Accumulation Account) under the Plan. Amounts placed in the Interest Accumulation Account are credited with interest at a rate determined by Mutual of America Life Insurance Company from time to time, and Mutual of American Life Insurance Company reserves the right to change the interest rates applicable to amounts held in the Interest Accumulation Account at their discretion. The rate of interest cannot be below 1%, and no greater than 3%. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Mutual of America Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The contract value of the investment contract at June 30, 2022 and 2021 was \$879,792 and \$849,053, respectively.

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements

June 30, 2022 and 2021

NOTE 10 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature 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. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest 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 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented and there were no changes in the methods used to measure fair value at June 30, 2022 and 2021.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended June 30, 2022 and 2021 are reported in net appreciation in fair value of investments.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements
June 30, 2022 and 2021

NOTE 10 - FAIR VALUE MEASUREMENTS (CONTINUED)

June 30, 2022:	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)
Mutual of America Money Market Fund	\$ 34,920	\$ 34,920
Mutual of America All America Fund	104,632	104,632
Mutual of America Bond Fund	62,219	62,219
Mutual of America Composite Fund	48,595	48,595
Mutual of America Mid-Term Bond Fund	69,154	69,154
Mutual of America Mid-Cap Equity Index Fund	44,180	44,180
Mutual of America Equity Index Fund	327,902	327,902
Mutual of America Conservative Allocation Fund	9,825	9,825
Mutual of America Moderate Allocation Fund	76,747	76,747
Mutual of America Aggressive Allocation Fund	62,398	62,398
Mutual of America Mid-Cap Value Fund	31,013	31,013
Mutual of America Small Cap Growth Fund	131,639	131,639
Mutual of America Small Cap Value Fund	83,813	83,813
Mutual of America International Fund	11,185	11,185
Mutual of America Retirement Income Fund	34,420	34,420
Mutual of America 2015 Retirement Fund	190	190
Mutual of America 2020 Retirement Fund	431,674	431,674
Mutual of America 2025 Retirement Fund	52,682	52,682
Mutual of America 2030 Retirement Fund	256,018	256,018
Mutual of America 2035 Retirement Fund	120,658	120,658
Mutual of America 2040 Retirement Fund	68,246	68,246
Mutual of America 2045 Retirement Fund	132,562	132,562
Mutual of America 2050 Retirement Fund	116,232	116,232
Mutual of America 2055 Retirement Fund	39,882	39,882
Mutual of America 2060 Retirement Fund	5,829	5,829
Mutual of America 2065 Retirement Fund	523	523
DWS Capital Growth Fund	67,860	67,860
MFS VIT III Mid Cap Value Portfolio	910	910
American Funds IS New World Fund	2,344	2,344
American Century VP Capital Appreciation Fund	210,010	210,010
Calvert VP SRI Balanced Portfolio	36,912	36,912
Delaware VIP Small Cap Value Fund	16	16
Fidelity Investments VIP Asset Manager Portfolio	58,586	58,586
Fidelity Investments VIP Equity-Income Portfolio	91,672	91,672
Fidelity Investments VIP Contrafund Portfolio	211,307	211,307
Fidelity Investments VIP Mid Cap Portfolio	53,640	53,640
Vanguard VIF Diversified Value Portfolio	44,737	44,737
Vanguard VIF International Portfolio	57,996	57,996
Vanguard VIF Real Estate Index Portfolio	12,248	12,248
PIMCO VIT Real Return Portfolio	1,208	1,208
Invesco Oppenheimer VI Main Street Fund	56,585	56,585
T. Rowe Price Blue Chip Growth Portfolio	93,810	93,810
Total	\$ 3,356,979	\$ 3,356,979

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements
June 30, 2022 and 2021

NOTE 10 - FAIR VALUE MEASUREMENTS (CONTINUED)

June 30, 2021:	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical <u>Assets (Level 1)</u>
Mutual of America Money Market Fund	\$ 23,860	\$ 23,860
Mutual of America All America Fund	111,099	111,099
Mutual of America Bond Fund	78,950	78,950
Mutual of America Composite Fund	51,819	51,819
Mutual of America Mid-Term Bond Fund	66,588	66,588
Mutual of America Mid-Cap Equity Index Fund	48,296	48,296
Mutual of America Equity Index Fund	396,401	396,401
Mutual of America Conservative Allocation Fund	16,443	16,443
Mutual of America Moderate Allocation Fund	79,264	79,264
Mutual of America Aggressive Allocation Fund	65,591	65,591
Mutual of America Mid-Cap Value Fund	30,221	30,221
Mutual of America Small Cap Growth Fund	180,823	180,823
Mutual of America Small Cap Value Fund	90,082	90,082
Mutual of America International Fund	11,829	11,829
Mutual of America Retirement Income Fund	209,866	209,866
Mutual of America 2015 Retirement Fund	104	104
Mutual of America 2020 Retirement Fund	474,832	474,832
Mutual of America 2025 Retirement Fund	50,376	50,376
Mutual of America 2030 Retirement Fund	154,955	154,955
Mutual of America 2035 Retirement Fund	158,114	158,114
Mutual of America 2040 Retirement Fund	72,605	72,605
Mutual of America 2045 Retirement Fund	139,597	139,597
Mutual of America 2050 Retirement Fund	92,774	92,774
Mutual of America 2055 Retirement Fund	30,043	30,043
Mutual of America 2060 Retirement Fund	5,014	5,014
DWS Capital Growth Fund	191,841	191,841
MFS VIT III Mid Cap Value Portfolio	617	617
American Funds IS New World Fund	2,187	2,187
American Century VP Capital Appreciation Fund	306,908	306,908
Calvert VP SRI Balanced Portfolio	40,798	40,798
Delaware VIP Small Cap Value Fund	1,841	1,841
Fidelity Investments VIP Asset Manager Portfolio	120,491	120,491
Fidelity Investments VIP Equity-Income Portfolio	95,625	95,625
Fidelity Investments VIP Contrafund Portfolio	302,178	302,178
Fidelity Investments VIP Mid Cap Portfolio	61,930	61,930
Vanguard VIF Diversified Value Portfolio	25,077	25,077
Vanguard VIF International Portfolio	117,919	117,919
Vanguard VIF Real Estate Index Portfolio	8,547	8,547
PIMCO VIT Real Return Portfolio	1,066	1,066
Invesco Oppenheimer VI Main Street Fund	62,532	62,532
T. Rowe Price Blue Chip Growth Portfolio	214,208	214,208
Total	<u><u>\$ 4,193,311</u></u>	<u><u>\$ 4,193,311</u></u>

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements
June 30, 2022 and 2021

NOTE 11 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the trustee.

Investments, at Fair Value and Contract Value, for the Year Ended June 30, 2022:

Mutual of America Money Market Fund	\$ 34,920
Mutual of America Interest Accumulation Account	879,792
Mutual of America All America Fund	104,632
Mutual of America Bond Fund	62,219
Mutual of America Composite Fund	48,595
Mutual of America Mid-Term Bond Fund	69,154
Mutual of America Mid-Cap Equity Index Fund	44,180
Mutual of America Equity Index Fund	327,902
Mutual of America Conservative Allocation Fund	9,825
Mutual of America Moderate Allocation Fund	76,747
Mutual of America Aggressive Allocation Fund	62,398
Mutual of America Mid-Cap Value Fund	31,013
Mutual of America Small Cap Growth Fund	131,639
Mutual of America Small Cap Value Fund	83,813
Mutual of America International Fund	11,185
Mutual of America Retirement Income Fund	34,420
Mutual of America 2015 Retirement Fund	190
Mutual of America 2020 Retirement Fund	431,674
Mutual of America 2025 Retirement Fund	52,682
Mutual of America 2030 Retirement Fund	256,018
Mutual of America 2035 Retirement Fund	120,658
Mutual of America 2040 Retirement Fund	68,246
Mutual of America 2045 Retirement Fund	132,562
Mutual of America 2050 Retirement Fund	116,232
Mutual of America 2055 Retirement Fund	39,882
Mutual of America 2060 Retirement Fund	5,829
Mutual of America 2065 Retirement Fund	523
DWS Capital Growth Fund	67,860
MFS VIT III Mid Cap Value Portfolio	910
American Funds IS New World Fund	2,344
American Century VP Capital Appreciation Fund	210,010
Calvert VP SRI Balanced Portfolio	36,912
Delaware VIP Small Cap Value Fund	16
Fidelity Investments VIP Asset Manager Portfolio	58,586
Fidelity Investments VIP Equity-Income Portfolio	91,672
Fidelity Investments VIP Contrafund Portfolio	211,307
Fidelity Investments VIP Mid Cap Portfolio	53,640
Vanguard VIF Diversified Value Portfolio	44,737
Vanguard VIF International Portfolio	57,996
Vanguard VIF Real Estate Index Portfolio	12,248
PIMCO VIT Real Return Portfolio	1,208
Invesco Oppenheimer VI Main Street Fund	56,585
T. Rowe Price Blue Chip Growth Portfolio	93,810
Total Assets Held for Investment	<u>\$ 4,236,771</u>
Notes Receivable from Participants	<u>\$ 11,312</u>
Total Assets	<u>\$ 4,248,083</u>
Net Investment Income	<u>\$ (638,187)</u>

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements
June 30, 2022 and 2021

NOTE 11 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the trustee.

Investments, at Fair Value and Contract Value, for the Year Ended June 30, 2021:

Mutual of America Money Market Fund	\$ 23,860
Mutual of America Interest Accumulation Account	849,053
Mutual of America All America Fund	111,099
Mutual of America Bond Fund	78,950
Mutual of America Composite Fund	51,819
Mutual of America Mid-Term Bond Fund	66,588
Mutual of America Mid-Cap Equity Index Fund	48,296
Mutual of America Equity Index Fund	396,401
Mutual of America Conservative Allocation Fund	16,443
Mutual of America Moderate Allocation Fund	79,264
Mutual of America Aggressive Allocation Fund	65,591
Mutual of America Mid-Cap Value Fund	30,221
Mutual of America Small Cap Growth Fund	180,823
Mutual of America Small Cap Value Fund	90,082
Mutual of America International Fund	11,829
Mutual of America Retirement Income Fund	209,866
Mutual of America 2015 Retirement Fund	104
Mutual of America 2020 Retirement Fund	474,832
Mutual of America 2025 Retirement Fund	50,376
Mutual of America 2030 Retirement Fund	154,955
Mutual of America 2035 Retirement Fund	158,114
Mutual of America 2040 Retirement Fund	72,605
Mutual of America 2045 Retirement Fund	139,597
Mutual of America 2050 Retirement Fund	92,774
Mutual of America 2055 Retirement Fund	30,043
Mutual of America 2060 Retirement Fund	5,014
DWS Capital Growth Fund	191,841
MFS VIT III Mid Cap Value Portfolio	617
American Funds IS New World Fund	2,187
American Century VP Capital Appreciation Fund	306,908
Calvert VP SRI Balanced Portfolio	40,798
Delaware VIP Small Cap Value Fund	1,841
Fidelity Investments VIP Asset Manager Portfolio	120,491
Fidelity Investments VIP Equity-Income Portfolio	95,625
Fidelity Investments VIP Contrafund Portfolio	302,178
Fidelity Investments VIP Mid Cap Portfolio	61,930
Vanguard VIF Diversified Value Portfolio	25,077
Vanguard VIF International Portfolio	117,919
Vanguard VIF Real Estate Index Portfolio	8,547
PIMCO VIT Real Return Portfolio	1,066
Invesco Oppenheimer VI Main Street Fund	62,532
T. Rowe Price Blue Chip Growth Portfolio	214,208
Total Assets Held for Investment	<u>\$ 5,042,364</u>
Notes Receivable from Participants	<u>\$ 18,364</u>
Total Assets	<u>\$ 5,060,728</u>
Net Investment Income	<u>\$ 981,866</u>

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**

Notes to the Financial Statements

June 30, 2022 and 2021

NOTE 12 – SUBSEQUENT EVENTS

For the year ended June 30, 2022, management has evaluated subsequent events for potential recognition and disclosure through January 9, 2023, the date the financial statements were available to be issued.

During December 2022, the Plan was amended to change the maximum number of loans that a participant may have outstanding under the Plan at one time to five. The effective date of the amendment was October 1, 2022.

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

SUPPLEMENTARY INFORMATION

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
403(b) THRIFT PLAN FOR EMPLOYEES OF SUMMIT EARLY LEARNING, INC.
EIN: 23-1706558
Plan Number: 001
Plan Year: 07/01/2021 to 6/30/2022

(A)	(B)	(C)	(D)	(E)
Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value	
* Mutual of America Life Insurance Company	Mutual of America Money Market Fund	\$ 0	\$ 34,920	
* Mutual of America Life Insurance Company	Mutual of America All America Fund	\$ 0	\$ 104,632	
* Mutual of America Life Insurance Company	Mutual of America Bond Fund	\$ 0	\$ 62,219	
* Mutual of America Life Insurance Company	Mutual of America Composite Fund	\$ 0	\$ 48,595	
* Mutual of America Life Insurance Company	Mutual of America Mid-Term Bond Fund	\$ 0	\$ 69,154	
* Mutual of America Life Insurance Company	Mutual of America Mid-Cap Equity Index Fund	\$ 0	\$ 44,180	
* Mutual of America Life Insurance Company	Mutual of America Equity Index Fund	\$ 0	\$ 327,902	
* Mutual of America Life Insurance Company	Mutual of America Conservative Allocation Fund	\$ 0	\$ 9,825	
* Mutual of America Life Insurance Company	Mutual of America Moderate Allocation Fund	\$ 0	\$ 76,747	
* Mutual of America Life Insurance Company	Mutual of America Aggressive Allocation Fund	\$ 0	\$ 62,398	
* Mutual of America Life Insurance Company	Mutual of America Mid-Cap Value Fund	\$ 0	\$ 31,013	
* Mutual of America Life Insurance Company	Mutual of America Small Cap Growth Fund	\$ 0	\$ 131,639	
* Mutual of America Life Insurance Company	Mutual of America Small Cap Value Fund	\$ 0	\$ 83,813	
* Mutual of America Life Insurance Company	Mutual of America International Fund	\$ 0	\$ 11,185	
* Mutual of America Life Insurance Company	Mutual of America Retirement Income Fund	\$ 0	\$ 34,420	
* Mutual of America Life Insurance Company	Mutual of America 2015 Retirement Fund	\$ 0	\$ 190	
* Mutual of America Life Insurance Company	Mutual of America 2020 Retirement Fund	\$ 0	\$ 431,674	
* Mutual of America Life Insurance Company	Mutual of America 2025 Retirement Fund	\$ 0	\$ 52,682	
* Mutual of America Life Insurance Company	Mutual of America 2030 Retirement Fund	\$ 0	\$ 256,018	
* Mutual of America Life Insurance Company	Mutual of America 2035 Retirement Fund	\$ 0	\$ 120,658	
* Mutual of America Life Insurance Company	Mutual of America 2040 Retirement Fund	\$ 0	\$ 68,246	
* Mutual of America Life Insurance Company	Mutual of America 2045 Retirement Fund	\$ 0	\$ 132,562	
* Mutual of America Life Insurance Company	Mutual of America 2050 Retirement Fund	\$ 0	\$ 116,232	
* Mutual of America Life Insurance Company	Mutual of America 2055 Retirement Fund	\$ 0	\$ 39,882	
* Mutual of America Life Insurance Company	Mutual of America 2060 Retirement Fund	\$ 0	\$ 5,829	
* Mutual of America Life Insurance Company	Mutual of America 2065 Retirement Fund	\$ 0	\$ 523	
* Mutual of America Life Insurance Company	DWS Capital Growth Fund	\$ 0	\$ 67,860	
* Mutual of America Life Insurance Company	MFS VII III Mid Cap Value Portfolio	\$ 0	\$ 910	
* Mutual of America Life Insurance Company	American Funds IS New World Fund	\$ 0	\$ 2,344	
* Mutual of America Life Insurance Company	American Century VP Capital Appreciation Fund	\$ 0	\$ 210,010	
* Mutual of America Life Insurance Company	Calvert VP SRI Balanced Portfolio	\$ 0	\$ 36,912	
* Mutual of America Life Insurance Company	Delaware VIP Small Cap Value Fund	\$ 0	\$ 16	
* Mutual of America Life Insurance Company	Fidelity Investments VIP Asset Manager Portfolio	\$ 0	\$ 58,586	
* Mutual of America Life Insurance Company	Fidelity Investments VIP Equity-Income Portfolio	\$ 0	\$ 91,672	
* Mutual of America Life Insurance Company	Fidelity Investments VIP Contrafund Portfolio	\$ 0	\$ 211,307	
* Mutual of America Life Insurance Company	Fidelity Investments VIP Mid Cap Portfolio	\$ 0	\$ 53,640	
* Mutual of America Life Insurance Company	Vanguard VIF Diversified Value Portfolio	\$ 0	\$ 44,737	
* Mutual of America Life Insurance Company	Vanguard VIF International Portfolio	\$ 0	\$ 57,996	
* Mutual of America Life Insurance Company	Vanguard VIF Real Estate Index Portfolio	\$ 0	\$ 12,248	
* Mutual of America Life Insurance Company	PIMCO VIT Real Return Portfolio	\$ 0	\$ 1,208	
* Mutual of America Life Insurance Company	Invesco Oppenheimer VI Main Street Fund	\$ 0	\$ 56,585	
* Mutual of America Life Insurance Company	T. Rowe Price Blue Chip Growth Portfolio	\$ 0	\$ 93,810	
* Mutual of America Life Insurance Company	Mutual of America Interest Accumulation Account	\$ 0	\$ 879,792	
* Participant Loans	Notes Receivable from Participants, Interest at 3.25%	\$ 0	\$ 11,312	

* Represents a party-in-interest.

Attachment to July 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF
Plan Sponsor's Name SUMMIT EARLY LEARNING, INC.

EIN: 23-1706558
PN: 001

(a)	(b) identity of issuer, 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
*	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT		879,792
*	Mutual of America	GROUP ANNUITY CONTRACT Aggressive Allocation Fund		62,398
*	Mutual of America	GROUP ANNUITY CONTRACT Conservative Allocation Fund		9,825
*	Mutual of America	GROUP ANNUITY CONTRACT Moderate Allocation Fund		76,747
*	Mutual of America	GROUP ANNUITY CONTRACT Bond Fund		62,219
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth		93,810
*	Mutual of America	GROUP ANNUITY CONTRACT Composite Fund		48,595
*	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Port.		36,912
*	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value S		16
*	Mutual of America	GROUP ANNUITY CONTRACT Equity Index Fund		327,902
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid-Cap		53,640
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager		58,586
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund		211,307
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity Income		91,672
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds IS New World		2,344
*	Mutual of America	GROUP ANNUITY CONTRACT Money Market Fund		34,921
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Term Bond Fund		69,154
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Cap Equity Index Fund		44,180
*	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Port		910

Attachment to July 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF

EIN: 23-1706558

Plan Sponsor's Name SUMMIT EARLY LEARNING, INC.

PN: 001

(a)	(b) identity of issuer, 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
*	Mutual of America	GROUP ANNUITY CONTRACT Mid Cap Value Fund		31,013
*	Mutual of America	GROUP ANNUITY CONTRACT International Fund		11,185
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco VI Main St		56,585
*	Mutual of America	GROUP ANNUITY CONTRACT Retirement Income Fund		34,420
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index		12,248
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Port.		1,208
*	Mutual of America	GROUP ANNUITY CONTRACT 2015 Retirement Fund		190
*	Mutual of America	GROUP ANNUITY CONTRACT 2020 Retirement Fund		431,674
*	Mutual of America	GROUP ANNUITY CONTRACT 2025 Retirement Fund		52,682
*	Mutual of America	GROUP ANNUITY CONTRACT 2030 Retirement Fund		256,018
*	Mutual of America	GROUP ANNUITY CONTRACT 2035 Retirement Fund		120,658
*	Mutual of America	GROUP ANNUITY CONTRACT 2040 Retirement Fund		68,246
*	Mutual of America	GROUP ANNUITY CONTRACT 2045 Retirement Fund		132,562
*	Mutual of America	GROUP ANNUITY CONTRACT 2050 Retirement Fund		116,232
*	Mutual of America	GROUP ANNUITY CONTRACT 2055 Retirement Fund		39,882
*	Mutual of America	GROUP ANNUITY CONTRACT 2060 Retirement Fund		5,829
*	Mutual of America	GROUP ANNUITY CONTRACT 2065 Retirement Fund		523
*	Mutual of America	GROUP ANNUITY CONTRACT All America Fund		104,632
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		67,860

Attachment to July 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF **EIN:** 23-1706558
Plan Sponsor's Name SUMMIT EARLY LEARNING, INC. **PN:** 001

(a)	(b) identity of issuer, 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
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Growth Fund		131,639
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Value Fund		83,813
*	Mutual of America	GROUP ANNUITY CONTRACT American Century VP Cap Apprec		210,010
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value		44,737
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International		57,996
*	PARTICIPANT LOANS	Represents outstanding Participant Loan Balance		11,312

