

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>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>THE LEARNING CENTER FOR THE DEAF 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>11/01/1993</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1993</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1993</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>LEARNING CENTER FOR THE DEAF</u> <u>848 CENTRAL STREET</u> <u>FRAMINGHAM, MA 01701</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">2b Employer Identification Number (EIN) <u>23-7064431</u></td> </tr> <tr> <td style="padding: 2px;">2c Plan Sponsor's telephone number <u>508-879-5110</u></td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) <u>611000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-7064431</u>	2c Plan Sponsor's telephone number <u>508-879-5110</u>	2d Business code (see instructions) <u>611000</u>	
2b Employer Identification Number (EIN) <u>23-7064431</u>					
2c Plan Sponsor's telephone number <u>508-879-5110</u>					
2d Business code (see instructions) <u>611000</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.	04/13/2023	SARAH GLENN-SMITH
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	772
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)	395
a(2) Total number of active participants at the end of the plan year		6a(2)	398
b Retired or separated participants receiving benefits.....		6b	36
c Other retired or separated participants entitled to future benefits		6c	365
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	799
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	799
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	681
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	4
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 2L 2M 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>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431	

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

(a) Name of insurance carrier
TIAA-CREF

(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
13-1624203	69345	366668	242	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	0

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

(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
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(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	1403685
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	3158805

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

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	1391508
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	46369	
	(4) Transferred from separate account.....	7c(4)	14760	
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	61129
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1452637
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	46420	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	878	
	(4) Other (specify below)	7e(4)	1654	
	▶			

(5) Total deductions	7e(5)	48952
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1403685
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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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431	

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

(a) Name of insurance carrier METROPOLITAN LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1080679		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	0

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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 ▶ **GROUP DEFERRED ANNUITIES**

b	Balance at the end of the previous year	7b	29088
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	1105
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	1105
d	Total of balance and additions (add lines 7b and 7c(6))	7d	30193
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	70
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	70
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	30123

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)	
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)	
(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)	
(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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869				

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	0

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

(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

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Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	19734
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 4960 7c(2) 7c(3) 273 7c(4) 7c(5)	7c(6)	5233
d	(6) Total additions	7d	24967
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4)	7e(5)	
	(5) Total deductions	7f	24967
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		24967

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)	
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)	
(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)	
(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 THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TIAA	730 THIRD AVENUE NEW YORK, NY 10017-3206
13-1624203	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
METROPOLITAN LIFE INSURANCE CO.	PO BOX 10356 DES MOINES, IA 50306-0295
13-5581829	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	
04-2647786	

(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

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(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)

NATIONWIDE TRUST COMPANY

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 19 37 49 59 60 63 64 99	RECORD KEEPER, CUSTODIAN	70352	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

COMMONWEALTH

04-2675571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17 37 50 70 99	BROKER DEALER OF ADVISOR	3271	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

SUMMIT FINANCIAL CORPORATION

300 BALLARDVALE STREET
PO BOX 696
WILMINGTON, MA 01887

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17 37 70 99	TPA, ADVISOR	26662	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

GLOBAL RETIREMENT PARTNERS, LLC

4340 REDWOOD HWY #B-60
SAN RAPHAEL, CA 94903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17 37 50 70 99	BROKER DEALER OF ADVISOR	5498	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>THE LEARNING CENTER FOR THE DEAF 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LEARNING CENTER FOR THE DEAF</u>	D Employer Identification Number (EIN) <u>23-7064431</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>213151</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE FIXED INTEREST ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30123</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE CALVERT VP BALANCED</u>		
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25238</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE BH WELLINGTON BALANCED</u>		
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28789</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE BH/W LARGE CAP RESEARCH</u>		
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2896</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE FRONTIER MID CAP GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE CO</u>		
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48</u>
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)**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
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	501	
(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)	68252	65171
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	241497	270122
(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)	22796760	18819844
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1420598	1433808
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	24527608	20588945

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24527608	20588945
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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)	187599	
(B) Participants	2a(1)(B)	1035387	
(C) Others (including rollovers).....	2a(1)(C)	12759	
(2) Noncash contributions.....	2a(2)		1235745
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	585	
(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)	520	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1105
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		2451311
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2451311	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2451311
(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)		
(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)		

		(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)		-479334
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		47746
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-5175021
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-1918448
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1914191	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1914191
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	106024	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		106024
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2020215
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-3938663
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: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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		600000
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?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan THE LEARNING CENTER FOR THE DEAF 403(B) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LEARNING CENTER FOR THE DEAF	D Employer Identification Number (EIN) 23-7064431

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
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): 13-1624203 13-5581829	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
JUNE 30, 2022 AND 2021

**THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
YEARS ENDED JUNE 30, 2022 AND 2021**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
The Learning Center for the Deaf 403(b) Plan
Framingham, Massachusetts

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

We have performed audits of the accompanying financial statements of The Learning Center for the Deaf 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of June 30, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended June 30, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 certifications from qualified institutions as of June 30, 2022 and 2021 and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements, referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements, referred to above, related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Supplemental Information Required by ERISA

The supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended June 30, 2022 and Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion-

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by qualified institutions 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).


CERTIFIED PUBLIC ACCOUNTANTS

Braintree, Massachusetts
April 7, 2023

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments, at fair value:		
Money market fund and mutual funds	\$ 15,874,190	\$ 19,171,997
Variable annuity contracts	2,945,654	3,625,264
Fixed annuity contract - non-benefit responsive	541,855	541,517
Pooled separate accounts	<u>270,122</u>	<u>241,497</u>
	<u>19,631,821</u>	<u>23,580,275</u>
Investment, at contract value:		
Insurance company general contracts	<u>891,953</u>	<u>879,081</u>
Receivables:		
Notes receivable from participants	<u>65,171</u>	<u>68,252</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 20,588,945</u>	<u>\$ 24,527,608</u>

See accompanying notes to financial statements.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2022

Additions to net assets attributed to:

Investment income (loss):

Net depreciation in fair value of investments \$ (5,606,609)

Interest and dividends 2,451,311

(3,155,298)

Interest income on notes receivable from participants 1,105

Contributions:

Participant deferrals 1,035,387

Employer 187,599

Participant rollovers 12,759

1,235,745

Total additions, net (1,918,448)

Deductions from net assets attributed to:

Benefits paid to participants 1,914,191

Administrative expenses 106,024

Total deductions 2,020,215

Net decrease in net assets available for benefits (3,938,663)

Net assets available for benefits - beginning of year 24,527,608

NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR \$ 20,588,945

See accompanying notes to financial statements.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 1. DESCRIPTION OF PLAN

The following description of The Learning Center for the Deaf 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, following the provisions of the Internal Revenue Code ("IRC") section 403(b), and is sponsored and administered by The Learning Center for the Deaf (the "Organization" or the "plan sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act ("ERISA") of 1974.

Eligibility

The Plan is offered to all employees of the plan sponsor. There are no years of service or age requirements for employees to defer a portion of their compensation as a pre-tax deferral. All eligible employees are automatically enrolled in the Plan, contributing 6 percent of eligible compensation. Employees are not automatically enrolled under these terms if they select a lower or higher deferral percentage or sign a waiver.

There are no years of service or age requirements for employees to be eligible for employer discretionary matching contributions as defined by the Plan. Participants are eligible for other discretionary employer contributions upon reaching the age of 21, completion of a minimum of 1,000 salary hours within the fiscal year, completion of 2 years of service and the participant must be employed through the end of the fiscal year as defined by the Plan.

Contributions

Participants may contribute a specific dollar amount or percentage of their pretax annual compensation up to the maximum allowed by the Internal Revenue Code (the "Code"), as defined in the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan allows participants to make Roth contributions subject to certain Code limitations.

Participants who have reached age 50 prior to the current year end are eligible to make catch-up contributions to the Plan in accordance with and subject to limitations of the Plan and the Code.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("rollovers").

The Organization may make a discretionary matching contribution as defined by the Plan. For the year ended June 30, 2022, the Organization contributed 25 percent of the first 6 percent of base compensation that a participant contributed to the plan through salary deferrals.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Contributions (continued)

In addition, the Organization, at its discretion, may elect to make discretionary employer contributions on behalf of participants. For the year ended June 30, 2022, the Organization elected not to make discretionary contributions.

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions, the Organization's discretionary contributions and the earnings thereon. Vesting in the Organization's discretionary matching contribution portion of their accounts plus actual earnings thereon is based on years of service as defined by the Plan. A participant is 100 percent vested in the Organization's discretionary matching contribution portion of their accounts after 2 years of credited service.

Notwithstanding the foregoing, a participant shall be 100 percent vested in and have a non-forfeitable right to his or her account upon retirement, death or total and permanent disability while in service.

Payment of Benefits

Upon retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or in periodic installments. A terminated participant may elect to receive the value of his or her vested interest in the account in a lump-sum or in periodic installments if the vested balance exceeds \$5,000, or may elect to leave such amounts invested within the Plan. A participant with a vested balance of less than \$5,000 may elect to receive a lump-sum amount equal to the value of his or her vested account or may elect to rollover to an IRA with participant consent. With no consent, the Plan may automatically rollover the vested balance to an IRA in accordance with Plan provisions. The Plan may also automatically distribute to terminated participants their entire vested account balances not exceeding \$1,000 (involuntary cash-out). Upon death, a lump sum amount or substantially equal installments is paid to the participant's beneficiary.

The Plan allows for hardship withdrawals from a participant's elective deferral account in accordance with the Code and Plan provisions.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Forfeitures

Forfeited amounts will be used to reduce the Organization's contributions or pay plan expenses. At June 30, 2022 and 2021, there were no forfeitures available. Forfeitures were used to pay plan expenses in the amount of \$3,530 during the year ended June 30, 2022.

Notes Receivable from Participants

Loans to participants from the Plan are available with the Plan administrator's approval for those participants who have account balances with Nationwide Trust Company. The maximum term of a note may not exceed 5 years, unless it is for the purpose of buying, building, or substantially rehabilitating a personal residence, in which case it is not to exceed 15 years. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Participants may have only one loan outstanding at a time. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1 percent. Principal and interest is repaid through bi-weekly payroll deductions.

Plan Loans

The Plan also provides for participants to borrow through TIAA, subject to certain limitations. Plan loans are collateralized using a participant's account balance in an amount equal to the outstanding loan balance. The loan may not exceed the lesser of 50 percent of the present value of the non-forfeitable participant's account balance or \$50,000. The maximum term of a loan may not exceed 5 years, unless it is for the purpose of buying, building, or substantially rehabilitating a personal residence, in which case it is not to exceed 15 years. The loans bear interest either monthly or quarterly at a fixed rate determined at the time a loan is authorized. The notes are issued directly from the funds owned by TIAA and the note proceeds are not removed from a participant's account balance. However, a portion of a participant's TIAA account balance is reserved, or held in collateral, to cover the outstanding plan loan amount for the period of time the receivable is outstanding. Investments underlying defaulted plan loan balances are reflected in the statements of net assets available for benefits until a distribution event occurs.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared using the accrual method of accounting, in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment contracts 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 measurement attribute for the 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 would receive if they were to initiate permitted transactions under the terms of the Plan.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect amounts reported in financial statements and accompanying notes. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year such adjustments are determined.

Investment Valuation and Income Recognition

The Plan's investments are held with Nationwide Trust Company, TIAA and CREF, Fidelity Management Trust Company, and Metropolitan Life Insurance Company in various mutual funds and money market funds, a fixed annuity contract, insurance company general contracts, variable annuity contracts, and pooled separate accounts at the participant's direction.

Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Finance Committee determines the Plan's valuation policies utilizing information provided by investment advisor and trustees.

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

Fair Value Measurement

The Plan currently records, on a recurring basis, the fair value of its investments. U.S. GAAP defines fair value and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 - Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurement (continued)

Level 2 - (continued)

- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

Level 3 - Unobservable inputs based on the Plan's assessment of the assumptions that market participants would use in pricing the asset or liability.

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

The following is a description of the valuation methodology used for asset investments measured at fair value, as well as the general classification pursuant to the valuation hierarchy. There are no changes in the methodology used at June 30, 2022 and 2021.

- *Money market fund and mutual funds* – The fair value of mutual funds and money market fund are valued at the daily closing price as reported by the fund. Mutual funds and the money market fund held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds and the money market funds held by the Plan are deemed to be actively traded.
- *Variable Annuity Contracts* – Variable annuity contracts are valued at the net asset value ("NAV") of shares held at year end which is based upon the fair value of the underlying investments. The NAV is used as a practical expedient to estimate fair value. The Plan's interest in the variable annuity contracts are based on the information reported by the contract holder.
- *Fixed Annuity Contract – Non-Benefit-Responsive* – The TIAA Traditional Annuity is reported at contract value which approximates fair value. The determination is based on TIAA's credit rating and yield being comparable to similar alternative investments and the interest rate which resets annually being comparable to a ten year treasury bond.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurement (continued)

- *Pooled separate accounts* – The pooled separate accounts are valued at net asset value ("NAV") per share. The NAV, as provided by the trustees, is based on the contractual terms of the underlying investments and provides a daily rate for income accretion. The NAV is used as a practical expedient to estimate fair value. The pooled separate account's daily value is calculated based on the contract value, which is based on the provisions of the contracts. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of the certain financial instruments could result in a different fair value measurement at the reporting date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as they are incurred. No allowance for credit losses has been recorded as of June 30, 2022 and 2021.

If a participant fails to make a payment when a loan is due under the terms of the loan, that participant will be in default. In the event of default, the loan shall become due and payable immediately, and interest will continue to accrue until the entire loan balance is repaid. The Plan will take all reasonable actions to collect the balance owed on the loan. Under certain circumstances, the loan in default could be considered a distribution from the Plan and could be considered income to the participant. In any event, failure to repay a loan will reduce the benefit to which a participant would otherwise be entitled from the Plan.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Service provider fees and fees related to the administration of notes receivable from participants, other certain transactions, and for various services providers are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reclassifications

Certain amounts included in the 2021 financial statements have been reclassified to conform to the 2022 classifications. These reclassifications do not have an effect on the prior year statement of changes in net assets available for benefits.

Subsequent Events

The Organization has evaluated all events subsequent to the statement of net assets available for benefits date of June 30, 2022, through the date which the financial statements were available to be issued, April 7, 2023, and has determined that there are no subsequent events that required disclosure under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 855 *Subsequent Events*.

NOTE 3. FAIR VALUE MEASUREMENT

	Assets at Fair Value as of June 30, 2022			
	Level 1	Level 2	Level 3	Total
Money market fund and mutual funds	\$ 15,874,190	\$ -	\$ -	\$ 15,874,190
Fixed annuity contract - non-fully-benefit-responsive	-	-	541,855	541,855
Total assets in the fair value hierarchy	<u>\$ 15,874,190</u>	<u>\$ -</u>	<u>\$ 541,855</u>	<u>\$ 16,416,045</u>
Investments measured at net asset value (a)	-	-	-	3,215,776
Total				<u>\$ 19,631,821</u>
	Assets at Fair Value as of June 30, 2021			
	Level 1	Level 2	Level 3	Total
Money market fund and mutual funds	\$ 19,171,997	\$ -	\$ -	\$ 19,171,997
Fixed annuity contract - non-fully-benefit-responsive	-	-	541,517	541,517
Total assets in the fair value hierarchy	<u>\$ 19,171,997</u>	<u>\$ -</u>	<u>\$ 541,517</u>	<u>\$ 19,713,514</u>
Investments measured at net asset value	-	-	-	3,866,761
Total				<u>\$ 23,580,275</u>

(a) In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 3. FAIR VALUE MEASUREMENT (CONTINUED)

For the years ended June 30, 2022 and 2021, there were no significant transfers of investments in or out of Level 3.

Changes in fair value of the Plan's Level 3 investments during the years ended June 30, 2022 and 2021 are as follows:

	<u>Fixed Annuity Contract Non-Benefit- Responsive</u>
Balance at June 30, 2020	\$ 542,710
Net transfers out	(16,577)
Contributions	-
Interest	19,967
Withdrawals	<u>(4,583)</u>
Balance at June 30, 2021	541,517
Net transfers out	(2,532)
Contributions	-
Interest	19,327
Withdrawals	<u>(16,457)</u>
Balance at June 30, 2022	<u>\$ 541,855</u>

NOTE 4. FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2022 and 2021. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Fair Value Estimated using Net Asset Value per Share
June 30, 2022

Investments	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Variable annuity contracts (a)	\$ 2,945,654	n/a	Daily	None
Pooled separate accounts:				
Real Estate funds (b)	213,151	n/a	Daily	60 days
Balanced funds (c)	28,789	n/a	Daily	60 days
Allocation funds (d)	25,238	n/a	Daily	60 days
Large cap growth funds (e)	2,896	n/a	Daily	60 days
Aggressive growth funds (f)	<u>48</u>	n/a	Daily	60 days
Total	<u>\$ 3,215,776</u>			

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 4. FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV
(CONTINUED)

Fair Value Estimated using Net Asset Value per Share
June 30, 2021

Investments	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Variable annuity contracts (a)	\$ 3,625,264	n/a	Daily	None
Pooled separate accounts:				
Real Estate funds (b)	175,907	n/a	Daily	60 days
Balanced funds (c)	33,566	n/a	Daily	60 days
Allocation funds (d)	28,553	n/a	Daily	60 days
Large cap growth funds (e)	3,403	n/a	Daily	60 days
Aggressive growth funds (f)	<u>68</u>	n/a	Daily	60 days
Total	<u>\$ 3,866,761</u>			

The investment strategies of the investments using the net asset value of the investment are as follows:

- (a) The variable annuity contracts invest in various bonds and common stocks seeking a long-term rate of return based on the funds description. Participant directed withdrawals may be made on any business day. Withdrawals directed by the Organization must be preceded by written notice.
- (b) The funds seeks favorable long-term returns primarily through rental income and appreciation of real estate and real estate-related investments owned by the funds.
- (c) The balanced funds seek high total return while attempting to limit investment risk and preserve capital.
- (d) The allocation funds seeks to achieve a competitive total return through an actively managed portfolio of stocks, bonds, and money market instruments that offer income and capital growth opportunity.
- (e) The large cap growth funds seek long-term growth of capital.
- (f) The aggressive growth fund seeks maximum capital appreciation.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan holds a portfolio of guaranteed fixed annuity contracts that comprise traditional investment contracts. Each contract is fully and unconditionally guaranteed by TIAA and CREF (TIAA Traditional Benefit Responsive Fund).

A portion of these contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The remaining portion of the guaranteed fixed annuity contract is non-fully benefit responsive and is therefore reported at fair value. The following represent the value of investment contracts held by the Plan:

	<u>2022</u>		<u>2021</u>
Fixed annuity contract - non-fully-benefit-responsive	\$ 541,855	\$	541,517
Fixed annuity contract - fully-benefit-responsive	\$ 891,953	\$	879,081

The investment contract issuer is obligated to repay the principal and a specific interest rate that is generated to the Plan. The crediting interest rate is based on a formula agreed upon by the issuer, but it may not be less than 2.90 percent for the fixed annuity contracts.

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

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with the participants is probable of occurring. In addition, there is no provision in the contract which provides the issuer ability to terminate the contract with the Plan and settle at an amount different from the contract value.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, TIAA and CREF, Fidelity Management Trust Company, and Metropolitan Life Insurance Company, as the custodians, have certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of June 30, 2022 and 2021, the Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of June 30, 2022, and the related investment activity and interest income on notes receivable from participants reflected in the statement of changes in net assets available for benefits for the year ended June 30, 2022.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

NOTE 7. PARTIES IN INTEREST

Certain plan investments are managed by Nationwide Trust Company, TIAA and CREF, Fidelity Management Trust Company, and Metropolitan Life Insurance Company. Nationwide Trust Company, TIAA and CREF, Fidelity Management Trust Company, and Metropolitan Life Insurance Company are custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the custodian fees are reported as administrative expenses in the statement of changes in net assets available for benefits. Notes receivable from participants are also party-in-interest transactions.

NOTE 8. PLAN TERMINATION

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

NOTE 9. TAX STATUS

The Plan has adopted a volume submitter plan which received an opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2017, stating that the volume submitter plan is designed in accordance with the applicable sections of the Code. The Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 9. TAX STATUS (CONTINUED)

U.S. GAAP requires plan management and the Plan's administrator to evaluate tax positions taken by the Plan and recognize a tax asset or liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded at June 30, 2022 and 2021, that there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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.

NOTE 11. RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

Schedule H Parts I and II of Form 5500 are in substantial agreement with the statements of net assets available for benefits as of June 30, 2022 and 2021, and the statement of changes in net assets available for benefits for the plan year ended June 30, 2022, and there are no reconciling items.

SUPPLEMENTARY INFORMATION

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2022
EIN: 23-7064431
PLAN NUMBER: 001

(A)	(B) Identity of issue	(C) Description of investment	(D) Cost	(E) Current Value
	TIAA and CREF:			
*	CREF Stock	Variable Annuity Contract	**	\$ 888,520
*	TIAA Traditional Benefit Responsive, at contract value	Insurance Company General Account	**	854,315
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity Contract	**	541,855
*	CREF Social Choice	Variable Annuity Contract	**	276,458
*	CREF Growth Account	Variable Annuity Contract	**	274,332
*	CREF Money Market Account	Variable Annuity Contract	**	225,916
*	TIAA Real Estate Account	Pooled Separate Account	**	213,151
*	CREF Equity Index Fund	Variable Annuity Contract	**	197,015
*	TIAA Access Lifecycle 2045 Fund	Variable Annuity Contract	**	180,253
*	CREF Core Bond R1	Variable Annuity Contract	**	144,064
*	TIAA Access Lifecycle 2025 Fund	Variable Annuity Contract	**	136,003
*	TIAA Access Lifecycle 2030 Fund	Variable Annuity Contract	**	135,805
*	TIAA Access Lifecycle 2035 Fund	Variable Annuity Contract	**	119,235
*	CREF Global Equities Account	Variable Annuity Contract	**	84,235
*	TIAA Access Lifecycle 2040 Fund	Variable Annuity Contract	**	78,987
*	TIAA Access Lifecycle 2050 Fund	Variable Annuity Contract	**	67,134
*	TIAA Access Lifecycle 2020 Fund	Variable Annuity Contract	**	30,829
*	TIAA Access Sm-Cap Val T4	Variable Annuity Contract	**	29,618
*	CREF Inflation-Linked Bond	Variable Annuity Contract	**	28,359
*	TIAA Access Lifecycle 2010 Fund	Variable Annuity Contract	**	21,259
*	Plan Loan Default Fund	Insurance Company General Account	**	7,515
*	TIAA Access International Equity Fund	Variable Annuity Contract	**	7,059
*	TIAA Access Lg-Cap Val T4	Variable Annuity Contract	**	5,132
*	TIAA Access Equity Index T4	Variable Annuity Contract	**	4,547
*	TIAA Access Sm-Cap Bl Idx T4	Variable Annuity Contract	**	4,152
*	TIAA Access Real Est Secs T4	Variable Annuity Contract	**	2,144
*	TIAA Access Growth & Income Fund	Variable Annuity Contract	**	2,102
*	TIAA Access Mid-Cap Val T4	Variable Annuity Contract	**	1,831
*	TIAA Access Core Bond Plus T4	Variable Annuity Contract	**	665
				<u>4,562,490</u>
	FIDELITY			
*	Fidelity Contra Fund	Mutual Funds	**	166,212
*	Fidelity Growth & Income PT	Mutual Funds	**	54,509
*	Fidelity Balanced	Mutual Funds	**	48,875
*	Fidelity Total Market Index	Mutual Funds	**	45,639
*	Fidelity Fund	Mutual Funds	**	35,751
*	Fidelity Asset Manager 50%	Mutual Funds	**	35,712
*	Fidelity Select Healthcare	Mutual Funds	**	34,012
*	Fidelity Magellan	Mutual Funds	**	28,168
*	Fidelity Intl Index	Mutual Funds	**	18,062
*	Fidelity 500 Index	Mutual Funds	**	14,356
*	Fidelity Growth Strategies	Mutual Funds	**	13,722
*	Fidelity Freedom 2040	Mutual Funds	**	9,574
*	Fidelity Select Utilities Portfolio	Mutual Funds	**	7,541
*	Fidelity Freedom 2030	Mutual Funds	**	3,402
*	Fidelity Select Communications Services	Mutual Funds	**	2,767
*	Fidelity Select Technology	Mutual Funds	**	2,132
*	Fidelity Intermediate Bond Fund	Mutual Funds	**	867
*	Fidelity Govt Cash Reserve	Money Market Funds	**	644
*	Fidelity Government Money Market	Money Market Funds	**	501
				<u>522,446</u>

See independent auditor's report.

THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2022

EIN: 23-7064431

PLAN NUMBER: 001

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Cost	(E) Current Value
	METLIFE			
*	Metlife Fixed Fund	Insurance Company General Account	**	30,123
	Brighthouse/Wellington Balanced Portfolio	Pooled Separate Account	**	28,789
	Calvert VP SRI Balanced Portfolio	Pooled Separate Account	**	25,238
	Brighthouse/Wellington Large Cap Research Portfolio	Pooled Separate Account	**	2,896
	BlackRock Aggressive Growth Portfolio	Pooled Separate Account	**	48
				<u>87,094</u>
	NATIONWIDE			
	Vanguard Target Retirement 2045 Investor	Mutual Funds	**	2,294,074
	Vanguard Target Retirement 2050 Investor	Mutual Funds	**	2,217,093
	Vanguard Target Retirement 2030 Investor	Mutual Funds	**	2,141,866
	Vanguard Target Retirement 2025 Investor	Mutual Funds	**	1,934,067
	Vanguard Target Retirement 2035 Investor	Mutual Funds	**	1,656,033
	Vanguard Target Retirement 2040 Investor	Mutual Funds	**	1,456,558
	Vanguard Target Retirement 2020 Investor	Mutual Funds	**	725,103
	Vanguard Target Retirement 2055 Investor	Mutual Funds	**	476,435
	Fed Hrns Gov Oblgtns Prmr	Mutual Funds	**	354,850
	Vanguard 500 Index Fund Investor	Mutual Funds	**	218,197
	American Funds Fundamental Investor R6	Mutual Funds	**	206,893
	MFS Growth Fund Class R4	Mutual Funds	**	188,097
	Vanguard International Value Fund Investor	Mutual Funds	**	173,480
	Vanguard Target Retirement 2015 Investor	Mutual Funds	**	169,691
	Vanguard Target Retirement 2060 Investment	Mutual Funds	**	144,881
	MFS Mid Cap Value Fund Class R4	Mutual Funds	**	124,929
	MFS Value Fund Class R4	Mutual Funds	**	110,229
	DFA US Target Value Investor	Mutual Funds	**	92,892
	Delaware Ivy Mid Cap Growth	Mutual Funds	**	77,011
	Vanguard Intermediate- Term Treasury Fund Admiral Shares	Mutual Funds	**	74,025
	Vanguard Small Cap Index Investor Fund	Mutual Funds	**	72,923
	Allspring Small Cap Growth Inst	Mutual Funds	**	56,180
	Vanguard Mid Cap Index Fund Investor	Mutual Funds	**	52,141
	Prudential Global Real Estate Fund Class Z	Mutual Funds	**	50,071
	American Funds Washington Mutual R6	Mutual Funds	**	46,268
	Fidelity Advisor International Capital Appreciation Institutional	Mutual Funds	**	43,430
	Oppenheimer Developing Markets Fund Class Y	Mutual Funds	**	35,373
	American Funds Europacific Growth Fund R6	Mutual Funds	**	28,076
	JPMorgan Core Bond Fund Class R6	Mutual Funds	**	26,975
	Fidelity Advisor Strategic Income A	Mutual Funds	**	25,419
	BlackRock Capital Appreciation Fund	Mutual Funds	**	23,397
	American Funds Capital World Bond R6	Mutual Funds	**	18,670
	Principal High Yield Fund Institutional Class	Mutual Funds	**	12,615
	Vanguard Strategic Small Cap Equity Investor Fund	Mutual Funds	**	11,571
	Vanguard Target Retirement Income Fund Investor Shares	Mutual Funds	**	6,121
	Vanguard Total International Stock Index Fund Admiral Shares	Mutual Funds	**	4,413
	Vanguard Target Retirement 2065 Investment	Mutual Funds	**	1,182
	PIMCO Real Return Fund Institutional Class	Mutual Funds	**	515
				<u>15,351,744</u>
		Participant loans with interest rates between 4.25% and 6.25% and maturing through 2027		
*	Participant loans			<u>65,171</u>
				<u>\$ 20,588,945</u>

* Party-in-interest to the Plan.

** Cost information is not required for participant-directed investments and therefore not included.

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THE LEARNING CENTER FOR THE DEAF 403(B) PLAN
SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2022
EIN: 23-7064431
PLAN NUMBER: 001

(A)	(B) Identity of issue	(C) Description of investment	(D) Cost	(E) Current Value
	TIAA and CREF:			
*	CREF Stock	Variable Annuity Contract	**	\$ 888,520
*	TIAA Traditional Benefit Responsive, at contract value	Insurance Company General Account	**	854,315
*	TIAA Traditional Non Benefit Responsive	Fixed Annuity Contract	**	541,855
*	CREF Social Choice	Variable Annuity Contract	**	276,458
*	CREF Growth Account	Variable Annuity Contract	**	274,332
*	CREF Money Market Account	Variable Annuity Contract	**	225,916
*	TIAA Real Estate Account	Pooled Separate Account	**	213,151
*	CREF Equity Index Fund	Variable Annuity Contract	**	197,015
*	TIAA Access Lifecycle 2045 Fund	Variable Annuity Contract	**	180,253
*	CREF Core Bond R1	Variable Annuity Contract	**	144,064
*	TIAA Access Lifecycle 2025 Fund	Variable Annuity Contract	**	136,003
*	TIAA Access Lifecycle 2030 Fund	Variable Annuity Contract	**	135,805
*	TIAA Access Lifecycle 2035 Fund	Variable Annuity Contract	**	119,235
*	CREF Global Equities Account	Variable Annuity Contract	**	84,235
*	TIAA Access Lifecycle 2040 Fund	Variable Annuity Contract	**	78,987
*	TIAA Access Lifecycle 2050 Fund	Variable Annuity Contract	**	67,134
*	TIAA Access Lifecycle 2020 Fund	Variable Annuity Contract	**	30,829
*	TIAA Access Sm-Cap Val T4	Variable Annuity Contract	**	29,618
*	CREF Inflation-Linked Bond	Variable Annuity Contract	**	28,359
*	TIAA Access Lifecycle 2010 Fund	Variable Annuity Contract	**	21,259
*	Plan Loan Default Fund	Insurance Company General Account	**	7,515
*	TIAA Access International Equity Fund	Variable Annuity Contract	**	7,059
*	TIAA Access Lg-Cap Val T4	Variable Annuity Contract	**	5,132
*	TIAA Access Equity Index T4	Variable Annuity Contract	**	4,547
*	TIAA Access Sm-Cap Bl Idx T4	Variable Annuity Contract	**	4,152
*	TIAA Access Real Est Secs T4	Variable Annuity Contract	**	2,144
*	TIAA Access Growth & Income Fund	Variable Annuity Contract	**	2,102
*	TIAA Access Mid-Cap Val T4	Variable Annuity Contract	**	1,831
*	TIAA Access Core Bond Plus T4	Variable Annuity Contract	**	665
				<u>4,562,490</u>
	FIDELITY			
*	Fidelity Contra Fund	Mutual Funds	**	166,212
*	Fidelity Growth & Income PT	Mutual Funds	**	54,509
*	Fidelity Balanced	Mutual Funds	**	48,875
*	Fidelity Total Market Index	Mutual Funds	**	45,639
*	Fidelity Fund	Mutual Funds	**	35,751
*	Fidelity Asset Manager 50%	Mutual Funds	**	35,712
*	Fidelity Select Healthcare	Mutual Funds	**	34,012
*	Fidelity Magellan	Mutual Funds	**	28,168
*	Fidelity Intl Index	Mutual Funds	**	18,062
*	Fidelity 500 Index	Mutual Funds	**	14,356
*	Fidelity Growth Strategies	Mutual Funds	**	13,722
*	Fidelity Freedom 2040	Mutual Funds	**	9,574
*	Fidelity Select Utilities Portfolio	Mutual Funds	**	7,541
*	Fidelity Freedom 2030	Mutual Funds	**	3,402
*	Fidelity Select Communications Services	Mutual Funds	**	2,767
*	Fidelity Select Technology	Mutual Funds	**	2,132
*	Fidelity Intermediate Bond Fund	Mutual Funds	**	867
*	Fidelity Govt Cash Reserve	Money Market Funds	**	644
*	Fidelity Government Money Market	Money Market Funds	**	501
				<u>522,446</u>

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JUNE 30, 2022
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PLAN NUMBER: 001

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Cost	(E) Current Value
	METLIFE			
*	Metlife Fixed Fund	Insurance Company General Account	**	30,123
	Brighthouse/Wellington Balanced Portfolio	Pooled Separate Account	**	28,789
	Calvert VP SRI Balanced Portfolio	Pooled Separate Account	**	25,238
	Brighthouse/Wellington Large Cap Research Portfolio	Pooled Separate Account	**	2,896
	BlackRock Aggressive Growth Portfolio	Pooled Separate Account	**	48
				<u>87,094</u>
	NATIONWIDE			
	Vanguard Target Retirement 2045 Investor	Mutual Funds	**	2,294,074
	Vanguard Target Retirement 2050 Investor	Mutual Funds	**	2,217,093
	Vanguard Target Retirement 2030 Investor	Mutual Funds	**	2,141,866
	Vanguard Target Retirement 2025 Investor	Mutual Funds	**	1,934,067
	Vanguard Target Retirement 2035 Investor	Mutual Funds	**	1,656,033
	Vanguard Target Retirement 2040 Investor	Mutual Funds	**	1,456,558
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