

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide 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 403(B) THRIFT PLAN FOR EMPLOYEES OF SUMMIT EARLY LEARNING, INC.
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1999
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) SUMMIT EARLY LEARNING, INC. 14 S 11TH ST MIFFLINBURG, PA 17844-9792
2b	Employer Identification Number (EIN) 23-1706558
2c	Plan Sponsor's telephone number 570-966-2845
2d	Business code (see instructions) 624410

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/21/2025	AMY FORESMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 353
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 238 6a(2) 247 6b 10 6c 104 6d 361 6e 0 6f 361 6g(1) 245 6g(2) 279 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2G 3D 2J 2K 2S 2T

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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **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
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF SUMMIT EARLY LEARNING, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.	D Employer Identification Number (EIN) 23-1706558	

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

(a) Name of insurance carrier MUTUAL OF AMERICA					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	017103	273	07/01/2023	06/30/2024

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	1469

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
PHILADELPHIA REGIONAL OFFICE	470 NORRISTOWN ROAD SUITE 301 BLUE BELL, PA 19422

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1469	PORTION OF INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	852320
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3922309

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

868256

c Additions: (1) Contributions deposited during the year**7c(1)**

40576

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

19997

(4) Transferred from separate account.....

7c(4)

32673

(5) Other (specify below)

7c(5)

0

(6) Total additions.....

7c(6)

93246

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

961502

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

82234

(2) Administration charge made by carrier

7e(2)

691

(3) Transferred to separate account.....

7e(3)

26257

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

109182

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

852320

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF SUMMIT EARLY LEARNING, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.	D Employer Identification Number (EIN) 23-1706558	

Part I	Service Provider Information (see instructions)
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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	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	1731	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024					
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF SUMMIT EARLY LEARNING, INC.				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.				D Employer Identification Number (EIN) 23-1706558	
Part I Information 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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA2					
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA					
c EIN-PN 13-1614399-001		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3922311	
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)	
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)	
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,	

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
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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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF SUMMIT EARLY LEARNING, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.	D Employer Identification Number (EIN) 23-1706558	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3693	4357
(2) Participant contributions	1b(2)	5297	6230
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	21148	26524
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3435267	3922309
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	847108	825796
(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	4312513	4785216
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4312513	4785216

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)	113303	
(B) Participants	2a(1)(B)	167516	
(C) Others (including rollovers)	2a(1)(C)	64077	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		344896
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	19997	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19997
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(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)		536729
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		901622

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	427114	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		427114
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	1805	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1805
j Total expenses. Add all expense amounts in column (b) and enter total	2j		428919

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		472703
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

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

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

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

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

(1) Name: **WAGNER DRESS ELSASSER & ASSOCIATES**

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

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan 403(B) THRIFT PLAN FOR EMPLOYEES OF SUMMIT EARLY LEARNING, INC.	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMIT EARLY LEARNING, INC.	D Employer Identification Number (EIN) 23-1706558	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3590259 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J300870A.

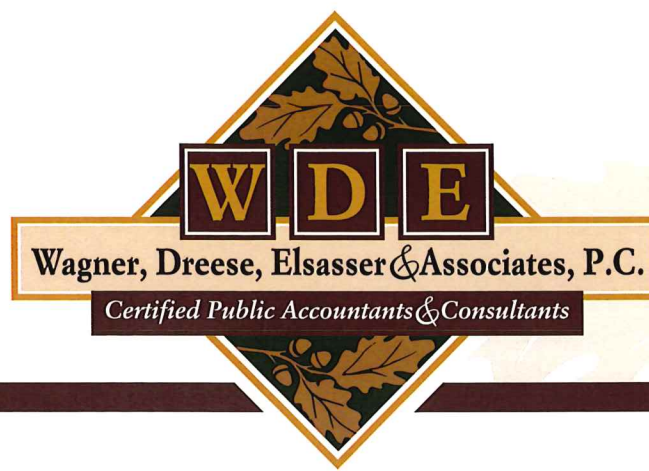
***403(b) THRIFT PLAN FOR
EMPLOYEES OF
SUMMIT EARLY LEARNING, INC.***

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

June 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the accompanying financial statements of 403(b) Thrift Plan for Employees of Summit Early Learning, Inc., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, 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 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.'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 a qualified institution as of June 30, 2024 and 2023, and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 10 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; and

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

MILTON OFFICE
247 FILBERT STREET
MILTON, PA 17847
570.742.2613

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

LEWISBURG OFFICE
1202 WEST MARKET STREET
LEWISBURG, PA 17837
570.524.0488

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 403(b) Thrift Plan for Employees of Summit Early Learning, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of June 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion -

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



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

Certified Public Accountants and Consultants

Lewisburg, Pennsylvania

December 31, 2024

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investments at Fair Value	\$ 3,922,309	\$ 3,435,267
Investment at Contract Value	825,796	847,108
Receivables		
Employer's Contributions	4,357	3,693
Participants' Contributions	6,230	5,297
Notes Receivable from Participants	<u>26,524</u>	<u>21,148</u>
Total Receivables	<u>37,111</u>	<u>30,138</u>
TOTAL ASSETS	<u>4,785,216</u>	<u>4,312,513</u>
NET ASSETS AVAILABLE FOR BENEFITS		
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,785,216</u></u>	<u><u>\$ 4,312,513</u></u>

See accompanying notes and independent auditor's report.

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**
Statement of Changes in Net Assets Available for Benefits
For the Year Ended June 30, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment Income	
Net Appreciation in Fair Value of Investments	\$ 536,729
Interest	<u>19,997</u>
Net Investment Income	<u>556,726</u>
Contributions	
Employer	113,303
Participants'	167,516
Rollovers	<u>64,077</u>
Total Contributions	<u>344,896</u>
TOTAL ADDITIONS	<u>901,622</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits Paid to Participants	427,114
Administrative Expenses	<u>1,805</u>
TOTAL DEDUCTIONS	<u>428,919</u>
NET INCREASE	472,703
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of Year	<u>4,312,513</u>
NET ASSETS AVAILABLE FOR BENEFITS, End of Year	<u><u>\$ 4,785,216</u></u>

See accompanying notes and independent auditor's report.

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

Notes to the Financial Statements
June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

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

General

The Plan is a 403(b) Thrift Retirement Plan covering employees of Summit Early Learning, Inc. (the “Organization”). The Plan allows employees to contribute pre-tax dollars to retirement savings. All employees are eligible to participate in the plan and make voluntary contributions. The Board of Trustees is responsible for oversight of the Plan and determines the appropriateness of the Plan’s investment offerings, and monitors investment performance.

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

On December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023, which includes the package of retirement provisions referred to as “SECURE 2.0”. These provisions continue the themes and reforms that began with the 2019 SECURE Act, focusing on getting more participants into the retirement system, finding ways for them to accumulate more assets, and then ensuring they get connected with those assets when retirement comes.

Many of the provisions of the SECURE 2.0 are effective on January 1, 2023, and beyond and will require significant changes to plan administration and recordkeeping.

The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Assets of the Plan are allocated to participant accounts based on specific contributions made by each participant and respective matches made by the Organization. Investment income (loss) is credited to each account based on appreciation (depreciation) of specific assets held in each participant account and any earnings thereon.

Plan Contributions

The Plan allows participants to designate deferrals as Regular 401(k) deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Contributions are subject to certain statutory limitations. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 1% of eligible compensation. The Plan provides for an employer match of 100% of employee contributions up to 4% of salary upon eligibility.

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

Notes to the Financial Statements
June 30, 2024 and 2023

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

Participant Accounts

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

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

Investment Options

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

Vesting

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

Notes Receivable from Participants

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% of their vested account balance. Each participant may have a maximum of five loans outstanding at any time. The notes are secured by the balance in the participant's account. Principal and interest is paid ratably through biweekly payroll deductions.

Payment of Benefits

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

Forfeitures

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

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**
Notes to the Financial Statements
June 30, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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

Use of Accounting Estimates

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

Investment Valuation and Income Recognition

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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 9 for discussion of fair value measurements.

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.

The change in net unrealized appreciation/depreciation of investments held from the beginning of the plan year to the end of the plan year is included with realized gains/losses as net investment income/loss reported in the accompanying statement of changes in net assets available for benefits.

Contributions

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**
Notes to the Financial Statements
June 30, 2024 and 2023

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of June 30, 2024 and 2023, no allowance for credit losses has been recorded.

The following is a summary of loan activity for the year ended June 30, 2023:

Balance at June 30, 2023	\$21,148
New Loans	17,770
Principal Payments	<u>(12,394)</u>
Balance at June 30, 2024	<u>\$26,524</u>

The following is a summary of loan activity for the year ended June 30, 2023:

Balance at June 30, 2022	\$11,312
New Loans	17,800
Principal Payments	<u>(7,964)</u>
Balance at June 30, 2023	<u>\$21,148</u>

Administrative Expenses

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

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through December 31, 2024, which is the date the financial statements were available to be issued.

NOTE 3 – PLAN TERMINATION

Although it has not expressed any intent 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. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

NOTE 4 - TAX STATUS

The Plan adopted by the Organization is a prototype plan sponsored by Mutual of America Life Insurance Company. The Internal Revenue Service has determined and informed the Organization by letter dated March 31, 2017, that the Plan is designed in accordance with applicable sections of

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

Notes to the Financial Statements
June 30, 2024 and 2023

the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator and tax counsel of the Plan believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be substantiated upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 – RISK AND UNCERTAINTIES

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

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits, per the Financial Statements	\$ <u>4,785,216</u>	\$ <u>4,312,513</u>
Net Assets Available for Benefits, per Schedule H to the Form 5500	\$ <u>4,785,216</u>	\$ <u>4,312,513</u>

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

Certain Plan investments are shares of mutual funds managed by Mutual of America Life Insurance Company. Mutual of America Life Insurance Company is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment services amounted to \$1,805 and \$372 for the years ended June 30, 2024 and 2023, respectively. The Organization is the Plan Sponsor and Administrator and pays certain administrative costs, including accounting, legal, and consulting fees, on behalf of the Plan. In addition, participants in the Plan are permitted to borrow funds from their vested account balances.

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

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

Notes to the Financial Statements
June 30, 2024 and 2023

NOTE 8— INVESTMENT AT CONTRACT VALUE

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

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

The contract value of the investment contract at June 30, 2024 and 2023 was \$825,796 and \$847,108, respectively.

NOTE 9 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented and there were no changes in the methods used to measure fair value at June 30, 2024 and 2023.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended June 30, 2024 and 2023 are reported in net appreciation in fair value of investments.

**403(b) THRIFT PLAN FOR
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Notes to the Financial Statements
June 30, 2024 and 2023

Level 1 Fair Value Measurements

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

**403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.**
Notes to the Financial Statements
June 30, 2023 and 2022

NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

June 30, 2024:	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical <u>Assets (Level 1)</u>
Mutual of America Money Market Fund	\$ 42,459	\$ 42,459
Mutual of America All America Fund	99,323	99,323
Mutual of America Core Bond Fund	58,577	58,577
Mutual of America Balanced Fund	52,061	52,061
Mutual of America Intermediate Bond Fund	64,751	64,751
Mutual of America Mid-Cap Equity Index Fund	72,065	72,065
Mutual of America Equity Index Fund	360,697	360,697
Mutual of America Conservative Allocation Fund	19,037	19,037
Mutual of America Moderate Allocation Fund	110,376	110,376
Mutual of America Aggressive Allocation Fund	99,193	99,193
Mutual of America Mid-Cap Value Fund	37,387	37,387
Mutual of America Small Cap Equity Index Fund	2,788	2,788
Mutual of America Small Cap Growth Fund	161,582	161,582
Mutual of America Small Cap Value Fund	97,435	97,435
Mutual of America International Fund	7,986	7,986
Mutual of America Retirement Income Fund	3,223	3,223
Mutual of America Clear Passage 2015 Fund	231	231
Mutual of America Clear Passage 2020 Fund	125,554	125,554
Mutual of America Clear Passage 2025 Fund	73,274	73,274
Mutual of America Clear Passage 2030 Fund	173,057	173,057
Mutual of America Clear Passage 2035 Fund	200,441	200,441
Mutual of America Clear Passage 2040 Fund	112,787	112,787
Mutual of America Clear Passage 2045 Fund	244,049	244,049
Mutual of America Clear Passage 2050 Fund	190,283	190,283
Mutual of America Clear Passage 2055 Fund	119,657	119,657
Mutual of America Clear Passage 2060 Fund	8,776	8,776
Mutual of America Clear Passage 2065 Fund	10,534	10,534
DWS Capital Growth Fund	112,660	112,660
MFS VIT III Mid Cap Value Portfolio	2,123	2,123
American Funds IS New World Fund	2,270	2,270
American Century VP Capital Appreciation Fund	306,173	306,173
Calvert VP SRI Balanced Portfolio	47,825	47,825
Delaware VIP Small Cap Value Fund	19	19
Fidelity Investments VIP Asset Manager Portfolio	61,359	61,359
Fidelity Investments VIP Equity-Income Portfolio	122,355	122,355
Fidelity Investments VIP Contrafund Portfolio	330,608	330,608
Fidelity Investments VIP Mid Cap Portfolio	72,556	72,556
Vanguard VIF Diversified Value Portfolio	44,138	44,138
Vanguard VIF International Portfolio	83,841	83,841
Vanguard VIF Real Estate Index Portfolio	13,285	13,285
PIMCO VIT Real Return Portfolio	1,221	1,221
Invesco VI Main Street Fund	75,977	75,977
T. Rowe Price Blue Chip Growth Portfolio	98,316	98,316
Total	<u>\$ 3,922,309</u>	<u>\$ 3,922,309</u>

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Notes to the Financial Statements
June 30, 2023 and 2022

NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

June 30, 2023:	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical <u>Assets (Level 1)</u>
Mutual of America Money Market Fund	\$ 38,339	\$ 38,339
Mutual of America All America Fund	86,115	86,115
Mutual of America Core Bond Fund	61,144	61,144
Mutual of America Balanced Fund	20,985	20,985
Mutual of America Intermediate Bond Fund	70,302	70,302
Mutual of America Mid-Cap Equity Index Fund	56,170	56,170
Mutual of America Equity Index Fund	394,726	394,726
Mutual of America Conservative Allocation Fund	12,752	12,752
Mutual of America Moderate Allocation Fund	91,634	91,634
Mutual of America Aggressive Allocation Fund	76,803	76,803
Mutual of America Mid-Cap Value Fund	33,362	33,362
Mutual of America Small Cap Growth Fund	154,165	154,165
Mutual of America Small Cap Value Fund	95,009	95,009
Mutual of America International Fund	8,863	8,863
Mutual of America Retirement Income Fund	38,042	38,042
Mutual of America 2015 Retirement Fund	213	213
Mutual of America 2020 Retirement Fund	111,562	111,562
Mutual of America 2025 Retirement Fund	60,563	60,563
Mutual of America 2030 Retirement Fund	243,633	243,633
Mutual of America 2035 Retirement Fund	144,833	144,833
Mutual of America 2040 Retirement Fund	87,328	87,328
Mutual of America 2045 Retirement Fund	182,339	182,339
Mutual of America 2050 Retirement Fund	157,611	157,611
Mutual of America 2055 Retirement Fund	59,314	59,314
Mutual of America 2060 Retirement Fund	7,040	7,040
Mutual of America 2065 Retirement Fund	4,098	4,098
DWS Capital Growth Fund	84,088	84,088
MFS VIT III Mid Cap Value Portfolio	1,476	1,476
American Funds IS New World Fund	3,005	3,005
American Century VP Capital Appreciation Fund	260,975	260,975
Calvert VP SRI Balanced Portfolio	40,076	40,076
Delaware VIP Small Cap Value Fund	18	18
Fidelity Investments VIP Asset Manager Portfolio	62,477	62,477
Fidelity Investments VIP Equity-Income Portfolio	109,871	109,871
Fidelity Investments VIP Contrafund Portfolio	239,280	239,280
Fidelity Investments VIP Mid Cap Portfolio	62,769	62,769
Vanguard VIF Diversified Value Portfolio	41,512	41,512
Vanguard VIF International Portfolio	69,605	69,605
Vanguard VIF Real Estate Index Portfolio	11,706	11,706
PIMCO VIT Real Return Portfolio	1,188	1,188
Invesco VI Main Street Fund	66,571	66,571
T. Rowe Price Blue Chip Growth Portfolio	83,705	83,705
Total	<u>\$ 3,435,267</u>	<u>\$ 3,435,267</u>

**403(b) THRIFT PLAN FOR
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Notes to the Financial Statements
June 30, 2023 and 2022

NOTE 10 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

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

Investments, at Fair Value and Contract Value, for the Year Ended June 30, 2024:

Mutual of America Money Market Fund	\$ 42,459
Mutual of America Interest Accumulation Account	825,796
Mutual of America All America Fund	99,323
Mutual of America Core Bond Fund	58,577
Mutual of America Balanced Fund	52,061
Mutual of America Intermediate Bond Fund	64,751
Mutual of America Mid-Cap Equity Index Fund	72,065
Mutual of America Equity Index Fund	360,697
Mutual of America Conservative Allocation Fund	19,037
Mutual of America Moderate Allocation Fund	110,376
Mutual of America Aggressive Allocation Fund	99,193
Mutual of America Mid-Cap Value Fund	37,387
Mutual of America Small Cap Equity Index Fund	2,788
Mutual of America Small Cap Growth Fund	161,582
Mutual of America Small Cap Value Fund	97,435
Mutual of America International Fund	7,986
Mutual of America Retirement Income Fund	3,223
Mutual of America Clear Passage 2015 Fund	231
Mutual of America Clear Passage 2020 Fund	125,554
Mutual of America Clear Passage 2025 Fund	73,274
Mutual of America Clear Passage 2030 Fund	173,057
Mutual of America Clear Passage 2035 Fund	200,441
Mutual of America Clear Passage 2040 Fund	112,787
Mutual of America Clear Passage 2045 Fund	244,049
Mutual of America Clear Passage 2050 Fund	190,283
Mutual of America Clear Passage 2055 Fund	119,657
Mutual of America Clear Passage 2060 Fund	8,776
Mutual of America Clear Passage 2065 Fund	10,534
DWS Capital Growth Fund	112,660
MFS VIT III Mid Cap Value Portfolio	2,123
American Funds IS New World Fund	2,270
American Century VP Capital Appreciation Fund	306,173
Calvert VP SRI Balanced Portfolio	47,825
Delaware VIP Small Cap Value Fund	19
Fidelity Investments VIP Asset Manager Portfolio	61,359
Fidelity Investments VIP Equity-Income Portfolio	122,355
Fidelity Investments VIP Contrafund Portfolio	330,608
Fidelity Investments VIP Mid Cap Portfolio	72,556
Vanguard VIF Diversified Value Portfolio	44,138
Vanguard VIF International Portfolio	83,841
Vanguard VIF Real Estate Index Portfolio	13,285
PIMCO VIT Real Return Portfolio	1,221
Invesco VI Main Street Fund	75,977
T. Rowe Price Blue Chip Growth Portfolio	98,316
Total Assets Held for Investment	<u>\$ 4,748,105</u>
Notes Receivable from Participants	<u>\$ 26,524</u>
Net Investment Income	<u>\$ 556,726</u>

**403(b) THRIFT PLAN FOR
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Notes to the Financial Statements
June 30, 2023 and 2022

NOTE 10 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

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

Investments, at Fair Value and Contract Value, for the Year Ended June 30, 2023:

Mutual of America Money Market Fund	\$ 38,339
Mutual of America Interest Accumulation Account	847,108
Mutual of America All America Fund	86,115
Mutual of America Core Bond Fund	61,144
Mutual of America Balanced Fund	20,985
Mutual of America Intermediate Bond Fund	70,302
Mutual of America Mid-Cap Equity Index Fund	56,170
Mutual of America Equity Index Fund	394,726
Mutual of America Conservative Allocation Fund	12,752
Mutual of America Moderate Allocation Fund	91,634
Mutual of America Aggressive Allocation Fund	76,803
Mutual of America Mid-Cap Value Fund	33,362
Mutual of America Small Cap Growth Fund	154,165
Mutual of America Small Cap Value Fund	95,009
Mutual of America International Fund	8,863
Mutual of America Retirement Income Fund	38,042
Mutual of America 2015 Retirement Fund	213
Mutual of America 2020 Retirement Fund	111,562
Mutual of America 2025 Retirement Fund	60,563
Mutual of America 2030 Retirement Fund	243,633
Mutual of America 2035 Retirement Fund	144,833
Mutual of America 2040 Retirement Fund	87,328
Mutual of America 2045 Retirement Fund	182,339
Mutual of America 2050 Retirement Fund	157,611
Mutual of America 2055 Retirement Fund	59,314
Mutual of America 2060 Retirement Fund	7,040
Mutual of America 2065 Retirement Fund	4,098
DWS Capital Growth Fund	84,088
MFS VIT III Mid Cap Value Portfolio	1,476
American Funds IS New World Fund	3,005
American Century VP Capital Appreciation Fund	260,975
Calvert VP SRI Balanced Portfolio	40,076
Delaware VIP Small Cap Value Fund	18
Fidelity Investments VIP Asset Manager Portfolio	62,477
Fidelity Investments VIP Equity-Income Portfolio	109,871
Fidelity Investments VIP Contrafund Portfolio	239,280
Fidelity Investments VIP Mid Cap Portfolio	62,769
Vanguard VIF Diversified Value Portfolio	41,512
Vanguard VIF International Portfolio	69,605
Vanguard VIF Real Estate Index Portfolio	11,706
PIMCO VIT Real Return Portfolio	1,188
Invesco VI Main Street Fund	66,571
T. Rowe Price Blue Chip Growth Portfolio	83,705
Total Assets Held for Investment	<u>\$ 4,282,375</u>
Notes Receivable from Participants	<u>\$ 21,148</u>
Net Investment Income	<u>\$ 454,092</u>

***403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.***
Notes to the Financial Statements
June 30, 2024 and 2023

NOTE 11 – *SUBSEQUENT EVENTS*

For the year ended June 30, 2024, management has evaluated subsequent events for potential recognition and disclosure through December 31, 2024, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
403(b) THRIFT PLAN FOR EMPLOYEES OF SUMMIT EARLY LEARNING, INC.
EIN: 23-1706558
Plan Number: 001
Plan Year: 07/01/2023 to 6/30/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
*	Mutual of America Life Insurance Company	Mutual of America Money Market Fund	\$ 0	\$ 42,459
*	Mutual of America Life Insurance Company	Mutual of America All America Fund	\$ 0	\$ 99,323
*	Mutual of America Life Insurance Company	Mutual of America Core Bond Fund	\$ 0	\$ 58,577
*	Mutual of America Life Insurance Company	Mutual of America Balanced Fund	\$ 0	\$ 52,061
*	Mutual of America Life Insurance Company	Mutual of America Intermediate Bond Fund	\$ 0	\$ 64,751
*	Mutual of America Life Insurance Company	Mutual of America Mid-Cap Equity Index Fund	\$ 0	\$ 72,065
*	Mutual of America Life Insurance Company	Mutual of America Mid-Cap Value Fund	\$ 0	\$ 360,697
*	Mutual of America Life Insurance Company	Mutual of America Conservative Allocation Fund	\$ 0	\$ 19,037
*	Mutual of America Life Insurance Company	Mutual of America Moderate Allocation Fund	\$ 0	\$ 110,376
*	Mutual of America Life Insurance Company	Mutual of America Aggressive Allocation Fund	\$ 0	\$ 99,193
*	Mutual of America Life Insurance Company	Mutual of America Mid-Cap Value Fund	\$ 0	\$ 37,387
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Equity Index Fund	\$ 0	\$ 2,788
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Growth Fund	\$ 0	\$ 161,582
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Value Fund	\$ 0	\$ 97,435
*	Mutual of America Life Insurance Company	Mutual of America International Fund	\$ 0	\$ 7,986
*	Mutual of America Life Insurance Company	Mutual of America Retirement Income Fund	\$ 0	\$ 3,223
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2015 Fund	\$ 0	\$ 231
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2020 Fund	\$ 0	\$ 125,554
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2025 Fund	\$ 0	\$ 73,274
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2030 Fund	\$ 0	\$ 173,057
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2035 Fund	\$ 0	\$ 200,441
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2040 Fund	\$ 0	\$ 112,787
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2045 Fund	\$ 0	\$ 244,049
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2050 Fund	\$ 0	\$ 190,283
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2055 Fund	\$ 0	\$ 119,657
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2060 Fund	\$ 0	\$ 8,776
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2065 Fund	\$ 0	\$ 10,534
*	Mutual of America Life Insurance Company	DWS Capital Growth Fund	\$ 0	\$ 112,660
*	Mutual of America Life Insurance Company	MFS VIT III Mid Cap Value Portfolio	\$ 0	\$ 2,123
*	Mutual of America Life Insurance Company	American Funds IS New World Fund	\$ 0	\$ 2,270
*	Mutual of America Life Insurance Company	American Century VP Capital Appreciation Fund	\$ 0	\$ 306,173
*	Mutual of America Life Insurance Company	Calvert VP SRI Balanced Portfolio	\$ 0	\$ 47,825
*	Mutual of America Life Insurance Company	Delaware VIP Small Cap Value Fund	\$ 0	\$ 19
*	Mutual of America Life Insurance Company	Fidelity Investments VIP Asset Manager Portfolio	\$ 0	\$ 61,359
*	Mutual of America Life Insurance Company	Fidelity Investments VIP Equity-Income Portfolio	\$ 0	\$ 122,355
*	Mutual of America Life Insurance Company	Fidelity Investments VIP Contrafund Portfolio	\$ 0	\$ 330,608
*	Mutual of America Life Insurance Company	Fidelity Investments VIP Mid Cap Portfolio	\$ 0	\$ 72,556
*	Mutual of America Life Insurance Company	Vanguard VIF Diversified Value Portfolio	\$ 0	\$ 44,138
*	Mutual of America Life Insurance Company	Vanguard VIF International Portfolio	\$ 0	\$ 83,841
*	Mutual of America Life Insurance Company	Vanguard VIF Real Estate Index Portfolio	\$ 0	\$ 13,285
*	Mutual of America Life Insurance Company	PIMCO VIT Real Return Portfolio	\$ 0	\$ 1,221
*	Mutual of America Life Insurance Company	Invesco VI Main Street Fund	\$ 0	\$ 75,977
*	Mutual of America Life Insurance Company	T. Rowe Price Blue Chip Growth Portfolio	\$ 0	\$ 98,316
*	Mutual of America Life Insurance Company	Mutual of America Interest Accumulation Account	\$ 0	\$ 825,796
*	Participant Loans	Notes Receivable from Participants, Interest at 5.85%	\$ 0	\$ 26,524

* Represents a party-in-interest.

Attachment to Jul2023 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Summit Early Learning, Inc.
EIN: 23-1706558
Plan Number: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c)Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e)Closing Value
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		306,173
.	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		2,270
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		47,825
.	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value Series		19
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		112,660
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		61,359
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		330,608
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		122,355
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		72,556
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		75,977
.	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		2,123
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		99,193
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		99,323
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		52,061
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		231
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		125,554

.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		73,274
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		173,057
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		200,441
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		112,787
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		244,049
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		190,283
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		119,657
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		8,776
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		10,534
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		19,037
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		58,577
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		360,697
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		64,751
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		7,986
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		72,065
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		37,387
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		110,376
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Money Market Fund		42,460
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		3,223
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		2,788
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		161,582

.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		97,435
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		825,796
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		1,221
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		98,316
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		44,138
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		83,841
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		13,285
.	Mutual of America	GROUP ANNUITY CONTRACT Loans		26,524