

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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, mailing address, city, state, and ZIP: 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: 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	361
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)	247
	6a(2)	294
	6b	9
	6c	97
	6d	400
	6e	0
	6f	400
	6g(1)	279
6g(2)	322	
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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

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

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	017103	330	07/01/2024	06/30/2025

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

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

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

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

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

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

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(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	787652
5	Current value of plan's interest under this contract in separate accounts at year end.....	4274164
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 852452
c	(1) Contributions deposited during the year	7c(1) 26652
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 22964
	(4) Transferred from separate account	7c(4) 14156
	(5) Other (specify below)..... ▶ ROLLOVER, LOANS, FORFEITURES	7c(5) 136
	(6) Total additions	7c(6) 63908
d	Total of balance and additions (add lines 7b and 7c(6))	7d 916360
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 127412
	(2) Administration charge made by carrier.....	7e(2) 1045
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 128457	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 787903

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

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)

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
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(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
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(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
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(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
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(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

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

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

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	3061	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER SA2</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>		
c EIN-PN <u>13-1614399-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4274164</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4357	9547
(2) Participant contributions	1b(2)	6230	0
(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)	26524	26158
(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)	3922309	4274164
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	825796	761494
(15) Other.....	1c(15)	0	0

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	4785216	5071363
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	4785216	5071363

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)	133410	
(B) Participants.....	2a(1)(B)	175541	
(C) Others (including rollovers).....	2a(1)(C)	52157	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		361108
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)	0	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	22964	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22964
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		484668
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		4367
d Total income. Add all income amounts in column (b) and enter total	2d		873107

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	583688	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		583688
f Corrective distributions (see instructions)	2f		0
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	3272	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3272
j Total expenses. Add all expense amounts in column (b) and enter total	2j		586960

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		286147
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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3590259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

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.

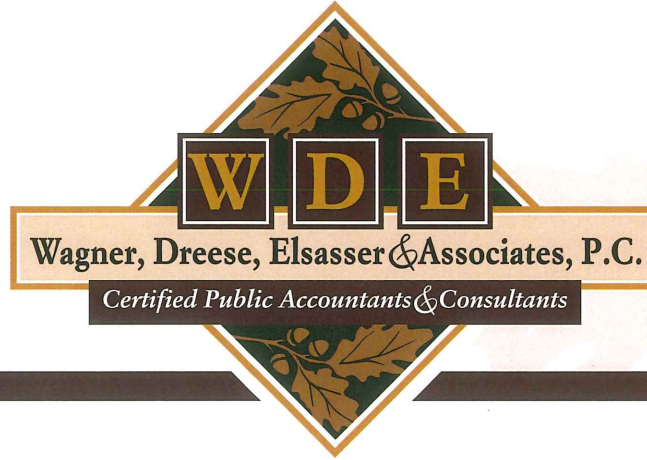
*403(b) THRIFT PLAN FOR
EMPLOYEES OF
SUMMIT EARLY LEARNING, INC.*

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

June 30, 2025 and 2024

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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) Audits

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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, 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 and for the years ended June 30, 2025 and 2024, 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 Audits 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.

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LEWISBURG, PA 17837
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- 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 Audits 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 Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 the ERISA Section 103(a)(3)(C) audits 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter - 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, 2025, 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, Drees, Elsasser & Associates, P.C.

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

Certified Public Accountants and Consultants

Lewisburg, Pennsylvania

January 20, 2026

*403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.*
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Investments at Fair Value	\$ 4,274,164	\$ 3,922,309
Investment at Contract Value	761,494	825,796
Receivables		
Employer's Contributions	9,547	4,357
Participants' Contributions	0	6,230
Notes Receivable from Participants	<u>26,158</u>	<u>26,524</u>
Total Receivables	<u>35,705</u>	<u>37,111</u>
TOTAL ASSETS	<u>5,071,363</u>	<u>4,785,216</u>
NET ASSETS AVAILABLE FOR BENEFITS		
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,071,363</u></u>	<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.*
Statement of Changes in Net Assets Available for Benefits
For the Year Ended June 30, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment Income	
Net Appreciation in Fair Value of Investments	\$ 484,668
Interest	22,964
Other Income	<u>4,367</u>
Net Investment Income	<u>511,999</u>
Contributions	
Employer	133,410
Participants'	175,541
Rollovers	<u>52,157</u>
Total Contributions	<u>361,108</u>
TOTAL ADDITIONS	<u>873,107</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits Paid to Participants	583,688
Administrative Expenses	<u>3,272</u>
TOTAL DEDUCTIONS	<u>586,960</u>
NET INCREASE	286,147
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of Year	<u>4,785,216</u>
NET ASSETS AVAILABLE FOR BENEFITS, End of Year	<u><u>\$ 5,071,363</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, 2025 and 2024

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

Eligibility

All employees are eligible to participate in the Plan and make voluntary contributions. Rollover contributions are accepted by the Plan from other qualified plans.

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.

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 permits participants to make pre-tax elective deferrals in accordance with Section 403(b) of the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions, subject to applicable statutory limitations. Participants may direct the investment of their contributions among the various investment options offered by the Plan.

The Plan includes an automatic enrollment feature whereby newly eligible employees are automatically enrolled at a default deferral rate of 1% of eligible compensation, unless the employee affirmatively elects not to participate or selects a different deferral rate.

The Plan provides for employer matching contributions equal to 100% of employee deferrals, up to 4% of eligible compensation, upon eligibility.

Participants may also contribute certain rollover amounts representing distributions from other

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

Notes to the Financial Statements
June 30, 2025 and 2024

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, 2025 and 2024

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 change s 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, 2025 and 2024

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, 2025 and 2024, no allowance for credit losses has been recorded.

The following is a summary of loan activity for the year ended June 30, 2025:

Balance at June 30, 2024	\$26,524
New Loans	16,000
Principal Payments	<u>(16,366)</u>
Balance at June 30, 2025	<u>\$26,158</u>

The following is a summary of loan activity for the year ended June 30, 2024:

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>

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 January 20, 2026, 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 has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the requirements of Section 403(b) of the IRC and, therefore, believes that the

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

Notes to the Financial Statements
June 30, 2025 and 2024

related custodial accounts and annuity contracts are tax-exempt.

Contributions made as pre-tax salary deferrals by participants, and any employer contributions, are generally not subject to federal or state income tax until they are distributed from the Plan. Earnings and gains on these amounts in the Plan are also tax-deferred until withdrawal.

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, 2025, 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>2025</u>	<u>2024</u>
Net Assets Available for Benefits, per the Financial Statements	\$ <u>5,071,363</u>	\$ <u>4,785,216</u>
Net Assets Available for Benefits, per Schedule H to the Form 5500	\$ <u>5,071,363</u>	\$ <u>4,785,216</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 \$3,272 and \$1,805 for the years ended June 30, 2025 and 2024, 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, 2025 and 2024

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, 2025 and 2024 was \$761,494 and \$825,796, 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, 2025 and 2024.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended June 30, 2025 and 2024 are reported in net appreciation in fair value of investments.

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

Notes to the Financial Statements
June 30, 2025 and 2024

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, 2025 and 2024

NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

June 30, 2025:	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical <u>Assets (Level 1)</u>
Mutual of America Money Market Fund	\$ 43,759	\$ 43,759
Mutual of America All America Fund	128,119	128,119
Mutual of America Core Bond Fund	60,742	60,742
Mutual of America Balanced Fund	134,947	134,947
Mutual of America Intermediate Bond Fund	70,284	70,284
Mutual of America Mid-Cap Equity Index Fund	90,712	90,712
Mutual of America Equity Index Fund	386,506	386,506
Mutual of America Conservative Allocation Fund	24,405	24,405
Mutual of America Moderate Allocation Fund	124,986	124,986
Mutual of America Aggressive Allocation Fund	105,057	105,057
Mutual of America Mid-Cap Value Fund	35,015	35,015
Mutual of America Small Cap Equity Index Fund	3,779	3,779
Mutual of America Small Cap Growth Fund	167,949	167,949
Mutual of America Small Cap Value Fund	106,403	106,403
Mutual of America International Fund	7,095	7,095
Mutual of America Retirement Income Fund	3,751	3,751
Mutual of America Clear Passage 2020 Fund	140,503	140,503
Mutual of America Clear Passage 2025 Fund	87,856	87,856
Mutual of America Clear Passage 2030 Fund	59,910	59,910
Mutual of America Clear Passage 2035 Fund	226,396	226,396
Mutual of America Clear Passage 2040 Fund	73,731	73,731
Mutual of America Clear Passage 2045 Fund	310,881	310,881
Mutual of America Clear Passage 2050 Fund	215,556	215,556
Mutual of America Clear Passage 2055 Fund	155,981	155,981
Mutual of America Clear Passage 2060 Fund	10,449	10,449
Mutual of America Clear Passage 2065 Fund	20,309	20,309
DWS Capital Growth Fund	138,922	138,922
MFS VIT III Mid Cap Value Portfolio	2,744	2,744
American Funds IS New World Fund	3,606	3,606
American Century VP Capital Appreciation Fund	378,040	378,040
Calvert VP SRI Balanced Portfolio	52,822	52,822
Macquaire VIP Small Cap Value Series	21	21
Fidelity Investments VIP Asset Manager Portfolio	21,267	21,267
Fidelity Investments VIP Equity-Income Portfolio	123,899	123,899
Fidelity Investments VIP Contrafund Portfolio	385,380	385,380
Fidelity Investments VIP Mid Cap Portfolio	77,097	77,097
Goldman Sachs VIT US Equity Insights Fund	274	274
Vanguard VIF Diversified Value Portfolio	50,653	50,653
Vanguard VIF International Portfolio	90,410	90,410
Vanguard VIF Real Estate Index Portfolio	4,360	4,360
Invesco VI Main Street Fund	28,087	28,087
T. Rowe Price Blue Chip Growth Portfolio	121,501	121,501
	<u>\$ 4,274,164</u>	<u>\$ 4,274,164</u>
Total	14	

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

Notes to the Financial Statements

June 30, 2025 and 2024

NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

June 30, 2024:	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical 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
	<hr/>	<hr/>
Total	<u>\$ 3,922,309</u>	<u>\$ 3,922,309</u>

*403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.*
Notes to the Financial Statements
June 30, 2025 and 2024

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

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Mutual of America Life Insurance Company.

Investments, at Fair Value and Contract Value, for the Year Ended June 30, 2025:

Mutual of America Money Market Fund	\$ 43,759
Mutual of America Interest Accumulation Account	761,494
Mutual of America All America Fund	128,119
Mutual of America Core Bond Fund	60,742
Mutual of America Balanced Fund	134,947
Mutual of America Intermediate Bond Fund	70,284
Mutual of America Mid-Cap Equity Index Fund	90,712
Mutual of America Equity Index Fund	386,506
Mutual of America Conservative Allocation Fund	24,405
Mutual of America Moderate Allocation Fund	124,986
Mutual of America Aggressive Allocation Fund	105,057
Mutual of America Mid-Cap Value Fund	35,015
Mutual of America Small Cap Equity Index Fund	3,779
Mutual of America Small Cap Growth Fund	167,949
Mutual of America Small Cap Value Fund	106,403
Mutual of America International Fund	7,095
Mutual of America Retirement Income Fund	3,751
Mutual of America Clear Passage 2020 Fund	140,503
Mutual of America Clear Passage 2025 Fund	87,856
Mutual of America Clear Passage 2030 Fund	59,910
Mutual of America Clear Passage 2035 Fund	226,396
Mutual of America Clear Passage 2040 Fund	73,731
Mutual of America Clear Passage 2045 Fund	310,881
Mutual of America Clear Passage 2050 Fund	215,556
Mutual of America Clear Passage 2055 Fund	155,981
Mutual of America Clear Passage 2060 Fund	10,449
Mutual of America Clear Passage 2065 Fund	20,309
DWS Capital Growth Fund	138,922
MFS VIT III Mid Cap Value Portfolio	2,744
American Funds IS New World Fund	3,606
American Century VP Capital Appreciation Fund	378,040
Calvert VP SRI Balanced Portfolio	52,822
Macquaire VIP Small Cap Value Series	21
Fidelity Investments VIP Asset Manager Portfolio	21,267
Fidelity Investments VIP Equity-Income Portfolio	123,899
Fidelity Investments VIP Contrafund Portfolio	385,380
Fidelity Investments VIP Mid Cap Portfolio	77,097
Goldman Sachs VIT US Equity Insights Fund	274
Vanguard VIF Diversified Value Portfolio	50,653
Vanguard VIF International Portfolio	90,410
Vanguard VIF Real Estate Index Portfolio	4,360
Invesco VI Main Street Fund	28,087
T. Rowe Price Blue Chip Growth Portfolio	121,501
Total Assets Held for Investment	<u>\$ 5,035,658</u>
Notes Receivable from Participants	<u>\$ 26,158</u>
Net Investment Income	<u>\$ 511,999</u>

*403(b) THRIFT PLAN FOR
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.*
Notes to the Financial Statements
June 30, 2025 and 2024

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

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Mutual of America Life Insurance Company.

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
EMPLOYEES OF SUMMIT EARLY LEARNING, INC.***

Notes to the Financial Statements

June 30, 2025 and 2024

NOTE 11 – *SUBSEQUENT EVENTS*

For the year ended June 30, 2025, management has evaluated subsequent events for potential recognition and disclosure through January 20, 2026, 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: 07/01/2024 to 6/30/2025

(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	\$ 43,759
*	Mutual of America Life Insurance Company	Mutual of America All America Fund	\$ 0	\$ 128,119
*	Mutual of America Life Insurance Company	Mutual of America Core Bond Fund	\$ 0	\$ 60,742
*	Mutual of America Life Insurance Company	Mutual of America Balanced Fund	\$ 0	\$ 134,947
*	Mutual of America Life Insurance Company	Mutual of America Intermediate Bond Fund	\$ 0	\$ 70,284
*	Mutual of America Life Insurance Company	Mutual of America Mid-Cap Equity Index Fund	\$ 0	\$ 90,712
*	Mutual of America Life Insurance Company	Mutual of America Equity Index Fund	\$ 0	\$ 386,506
*	Mutual of America Life Insurance Company	Mutual of America Conservative Allocation Fund	\$ 0	\$ 24,405
*	Mutual of America Life Insurance Company	Mutual of America Moderate Allocation Fund	\$ 0	\$ 124,986
*	Mutual of America Life Insurance Company	Mutual of America Aggressive Allocation Fund	\$ 0	\$ 105,057
*	Mutual of America Life Insurance Company	Mutual of America Mid-Cap Value Fund	\$ 0	\$ 35,015
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Equity Index Fund	\$ 0	\$ 3,779
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Growth Fund	\$ 0	\$ 167,949
*	Mutual of America Life Insurance Company	Mutual of America Small Cap Value Fund	\$ 0	\$ 106,403
*	Mutual of America Life Insurance Company	Mutual of America International Fund	\$ 0	\$ 7,095
*	Mutual of America Life Insurance Company	Mutual of America Retirement Income Fund	\$ 0	\$ 3,751
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2020 Fund	\$ 0	\$ 140,503
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2025 Fund	\$ 0	\$ 87,856
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2030 Fund	\$ 0	\$ 59,910
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2035 Fund	\$ 0	\$ 226,396
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2040 Fund	\$ 0	\$ 73,731
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2045 Fund	\$ 0	\$ 310,881
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2050 Fund	\$ 0	\$ 215,556
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2055 Fund	\$ 0	\$ 155,981
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2060 Fund	\$ 0	\$ 10,449
*	Mutual of America Life Insurance Company	Mutual of America Clear Passage 2065 Fund	\$ 0	\$ 20,309
*	Mutual of America Life Insurance Company	DWS Capital Growth Fund	\$ 0	\$ 138,922
*	Mutual of America Life Insurance Company	MFS VIT III Mid Cap Value Portfolio	\$ 0	\$ 2,744
*	Mutual of America Life Insurance Company	American Funds IS New World Fund	\$ 0	\$ 3,606
*	Mutual of America Life Insurance Company	American Century VP Capital Appreciation Fund	\$ 0	\$ 378,040
*	Mutual of America Life Insurance Company	Calvert VP SRI Balanced Portfolio	\$ 0	\$ 52,822
*	Mutual of America Life Insurance Company	Macquarie VIP Small Cap Value Series	\$ 0	\$ 21
*	Mutual of America Life Insurance Company	Fidelity Investments VIP Asset Manager Portfolio	\$ 0	\$ 21,267
*	Mutual of America Life Insurance Company	Fidelity Investments VIP Equity-Income Portfolio	\$ 0	\$ 123,899
*	Mutual of America Life Insurance Company	Fidelity Investments VIP Contrafund Portfolio	\$ 0	\$ 385,380
*	Mutual of America Life Insurance Company	Fidelity Investments VIP Mid Cap Portfolio	\$ 0	\$ 77,097
*	Mutual of America Life Insurance Company	Goldman Sachs VIT US Equity Insights Fund	\$ 0	\$ 274
*	Mutual of America Life Insurance Company	Vanguard VIF Diversified Value Portfolio	\$ 0	\$ 50,653
*	Mutual of America Life Insurance Company	Vanguard VIF International Portfolio	\$ 0	\$ 90,410
*	Mutual of America Life Insurance Company	Vanguard VIF Real Estate Index Portfolio	\$ 0	\$ 4,360
*	Mutual of America Life Insurance Company	Invesco VI Main Street Fund	\$ 0	\$ 28,087
*	Mutual of America Life Insurance Company	T. Rowe Price Blue Chip Growth Portfolio	\$ 0	\$ 121,501
*	Mutual of America Life Insurance Company	Mutual of America Interest Accumulation Account	\$ 0	\$ 761,494
*	Participant Loans	Notes Receivable from Participants, Interest at 5.85%	\$ 0	\$ 26,158

* Represents a party-in-interest.

Attachment to July 2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: 403(b) Thrift Plan for Employees of 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		378,039
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		138,922
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		21,267
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		385,380
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		123,899
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		77,097
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		274
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		28,087
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		105,057
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		128,119
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		134,947
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		140,503
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		87,856
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		59,910
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		226,396
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		73,731
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		310,881
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		215,556
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		155,981
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		10,449
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		20,309
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		24,405
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		60,742
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		386,506
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		70,284
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		7,095

Attachment to July 2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: 403(b) Thrift Plan for Employees of Summit Early Learning, Inc.
EIN: 23-1706558
Plan Number: 001

.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		90,712
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		35,015
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		124,986
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		3,751
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		3,779
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		167,949
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		106,403
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		761,494
.	Mutual of America	GROUP ANNUITY CONTRACT Participant Loans		26,158
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		121,501
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		50,653
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		90,410
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		4,360
.	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		3,606
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		52,822
.	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		43,759
.	Mutual of America	GROUP ANNUITY CONTRACT Macquarie VIP Small Cap Value Series		21
.	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		2,744