

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>01/01/2015</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHILDREN'S HOME SOCIETY OF MINNESOTA</u> <u>1605 EUSTIS STREET</u> <u>SAINT PAUL, MN 55108</u>
2b	Employer Identification Number (EIN) <u>41-0693906</u>
2c	Plan Sponsor's telephone number <u>651-969-2251</u>
2d	Business code (see instructions) <u>624100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	DENISE BAKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 248
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 67
a(2) Total number of active participants at the end of the plan year		6a(2) 67
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 165
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 232
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 232
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 225
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2S 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOME SOCIETY OF MINNESOTA	D Employer Identification Number (EIN) 41-0693906

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

(a) Name of insurance carrier
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	056216-F	10	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	300513

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOME SOCIETY OF MINNESOTA	D Employer Identification Number (EIN) 41-0693906	

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	369482	139	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	622958
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	3797149

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	681166
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c	Additions: (1) Contributions deposited during the year	7c(1)	0	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	20261	
	(4) Transferred from separate account.....	7c(4)	6576	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	26837
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	708003
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	75628	
	(2) Administration charge made by carrier.....	7e(2)	0	
	(3) Transferred to separate account.....	7e(3)	9417	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	85045
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	622958
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOME SOCIETY OF MINNESOTA	D Employer Identification Number (EIN) 41-0693906	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

(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?
64	RECORDKEEPER	5068	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MUTUAL OF AMERICA LIFE INSURANCE CO

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?
65 12 15	RECORDKEEPER	180	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN				B Three-digit plan number (PN)	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOME SOCIETY OF MINNESOTA				D Employer Identification Number (EIN) 41-0693906	
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: TIAA REAL ESTATE					
b Name of sponsor of entity listed in (a): TIAA-CREF					
c EIN-PN 13-1624203-004		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 274542		
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPERATE ACCOUNT NO. 1					
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA LIFE INSURANCE COMPANY					
c EIN-PN 13-1614399-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 300513		
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)		

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

Schedule D (Form 5500) 2021
v. 201209

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOME SOCIETY OF MINNESOTA</u>	D Employer Identification Number (EIN) <u>41-0693906</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	230930	274542
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4410008	4733563
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	681166	622958
(15) Other.....	1c(15)	264415	300513

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5586519	5931576

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	5586519	5931576
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	21515	
(B) Participants	2a(1)(B)	87991	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	109506
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other	2b(1)(F)	20261	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20261
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	101305	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		101305
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		41398
(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)		525558
c Other income.....	2c		53548
d Total income. Add all income amounts in column (b) and enter total.....	2d		851576
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	490186	
(2) To insurance carriers for the provision of benefits.....	2e(2)	11085	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		501271
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	5248	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5248
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		506519
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		345057
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: CLIFTONLARSONALLEN, LLP

(2) EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		552385
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOME SOCIETY OF MINNESOTA	D Employer Identification Number (EIN) 41-0693906

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691658 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**CHILDREN'S HOME SOCIETY OF MINNESOTA
403(B) THRIFT PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2021 AND 2020**



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**CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
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INDEPENDENT AUDITORS' REPORT

Investment Asset Management Committee
Children's Home Society of Minnesota 403(b) Thrift Plan
Saint Paul, Minnesota

Report on the Audit of the Financial Statements

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

We were engaged to perform an audit of the accompanying financial statements of Children's Home Society of Minnesota 403(b) Thrift Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Children's Home Society of Minnesota 403(b) Thrift Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the 2021 financial statements referred to above of Children's Home Society of Minnesota 403(b) Thrift Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion for the 2021 Financial Statements* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

Children's Home Society of Minnesota 403(b) Thrift Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements referred to above may have been affected by these conditions.

Further, as described in Note 10 to the financial statements, the Children's Home Society of Minnesota 403(b) Thrift Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the financial statements referred to above.

Responsibilities of Management for the 2021 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 Children's Home Society of Minnesota 403(b) Thrift Plan's ability to continue as a going concern for one year after the date that 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Our responsibility is to conduct an audit of Children's Home Society of Minnesota 403(b) Thrift Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the *Basis for Disclaimer of Opinion on the 2021 Financial Statements* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Children's Home Society of Minnesota 403(b) Thrift Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

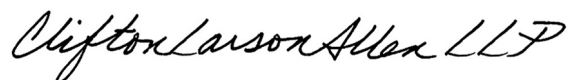
The supplemental schedule of assets (held at end of year) as of December 31, 2021 and schedule of delinquent participant contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion for the 2021 Financial Statements* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules.

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Children's Home Society of Minnesota 403(b) Thrift Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. Further, Children's Home Society of Minnesota 403(b) Thrift Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements referred to above may have been affected by these conditions.

Children's Home Society of Minnesota 403(b) Thrift Plan has excluded from the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the 2020 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the 2020 financial statements.

In our report dated October 14, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.



CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 13, 2022

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Pooled Separate Accounts	\$ 575,055	\$ 495,345
Mutual Funds	4,733,563	4,410,008
Insurance Company General Account	<u>375,066</u>	<u>372,808</u>
Total Investments (at Fair Value)	5,683,684	5,278,161
INVESTMENTS (at Contract Value)	<u>247,892</u>	<u>308,357</u>
RECEIVABLES		
Employer Nonelective Contribution	<u>25,891</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,957,467</u></u>	<u><u>\$ 5,586,518</u></u>

See accompanying Notes to Financial Statements.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 615,434	\$ 691,341
Interest and Dividends	<u>121,566</u>	<u>76,400</u>
Total Investment Income	737,000	767,741
CONTRIBUTIONS		
Employee Deferrals	87,991	72,859
Employer Contributions	47,406	20,692
Rollover Contributions	-	-
Total Contributions	<u>135,397</u>	<u>93,551</u>
Total Additions	872,397	861,292
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	501,272	221,034
ADMINISTRATIVE EXPENSES	<u>176</u>	<u>829</u>
Total Deductions	<u>501,448</u>	<u>221,863</u>
NET INCREASE	370,949	639,429
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>5,586,518</u>	<u>4,947,089</u>
End of Year	<u><u>\$ 5,957,467</u></u>	<u><u>\$ 5,586,518</u></u>

See accompanying Notes to Financial Statements.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 DESCRIPTION OF PLAN

The following description of the Children's Home Society of Minnesota 403(b) Thrift Plan (formerly 403(b) Thrift Plan for Children's Home Society & Family Services) (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally effective January 1, 2005, sponsored by Children's Home Society of Minnesota (formerly Children's Home Society & Family Services) (the Employer). The Plan has been amended throughout the years to comply with tax legislation and most recently restated effective January 1, 2010. The Plan excludes leased employees, stipend volunteers and clergy for all contributions, and excludes nonregular temporary employees from employer contributions. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Investment Asset Management Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligibility

Employees are eligible to participate in the salary reduction arrangement in the Plan immediately upon hire. Employees are eligible to participate in employer matching contributions after completion of one year of service and attaining age 21. Employees are eligible to participate in employer discretionary nonelective contributions if they meet the eligibility requirements for the employer match and are employed on the last day of the Plan year.

Contributions

Eligible participants are permitted to elect to have a percentage, limited by Plan provisions, of their compensation contributed as pre-tax contributions to the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 1% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. Eligible participants are also allowed to make age 50 catch-up contributions and special code section 403(b) catch-up contributions.

The Employer may, at its discretion, elect to make qualified matching contributions to the Plan. For the years ended December 31, 2021 and 2020, the Employer's matching contribution was the lesser of 50% of the first 4% of salary deferrals or 2% of eligible compensation.

The Employer may, at its discretion, elect to make qualified nonelective contributions to the Plan. The Employer made nonelective contributions of \$25,891 and \$-0- for the years ended December 31, 2021 and 2020.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Participants may also contribute amounts representing distributions from other qualified defined benefit, contribution plans or conduit IRAs (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's matching contribution, an allocation of the Employer's nonelective contribution, and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. Income is allocated daily based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account. If participants chose to participate in a loan program that operates outside of the Plan provisions, the participant is then required to maintain an amount equal to 110% of the outstanding loan balance in the Traditional Annuity account.

Vesting

Participants are immediately vested in their contributions and Employer contributions made prior to January 1, 2015, plus actual earnings thereon. Vesting in the Employer contributions made after January 1, 2015, plus actual earnings thereon, is based on years of credited service. A participant is 100% vested after five years of credited service. Notwithstanding the above, a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Plan Loans

Participants may borrow amounts from TIAA and CREF, the insurance companies. The loan amount cannot be less than \$1,000, or more than the excess of 90% of the traditional annuity accumulation over the outstanding loan balance for any other loans. In no event can the amount of the loan, when added to the outstanding balance of all other loans from any of the Employer's plans, exceed the least of the following:

- (A) \$50,000 reduced by the excess (if any) of:
 - a. The highest outstanding balance of loans from any of the Employer's plans during the one-year period ending on the day before the date on which the loan is to be made; over
 - b. The outstanding balance of loans from any of the Employer's plans on the date on which the loan is to be made;
- (B) 50% of the present value of the vested accrued benefit under any of the Employer's plans;
- (C) 45% of the value of the accumulation under the Group Supplemental Retirement Annuity Certificate (GSRA) and any companion GSRA issued by TIAA and CREF.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Loans (Continued)

The loans are secured by the balance in the participant's account and bear interest at a rate which is the greater of (a) the "published monthly average" for the calendar month ending two months before the date on which the loan interest rate is determined; and (b) the interest rate to be credited before the annuity starting date or the participant's prior death, as stated in the applicable rate schedule, plus 1% per year. The "published monthly average" is the monthly average corporate yield shown in Moody's Corporate Bond Yield Averages published by Moody's Investor Services, Inc. or any successor thereto. The loan interest rate is adjustable and can be adjusted by TIAA and CREF not more than quarterly, nor less frequent than annually. Interest is paid directly to TIAA and CREF outside of the Plan.

Loan terms are up to five years, except for loans to fund the purchase of a principal residence, for which the loan may be repaid over a reasonable period that may not exceed ten years. The amount of outstanding Plan loans with TIAA and CREF totaled \$5,473 and \$8,817 at December 31, 2021 and 2020, respectively.

Notes Receivable from Participants

Participants may borrow from their Metropolitan Life Insurance Company 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. The notes are secured by the balance in the participant's account and bear interest at a rate equal to 1% above the *USA Today* prime rate. Principal and interest is paid ratably through payroll deductions.

Benefit Payments

Upon termination of service, death, disability, or retirement, the participant will receive the value of the vested interest in his or her account in the form of a qualified joint and survivor (QJ&S) annuity distribution unless the QJ&S annuity is waived in which case other forms of distributions are available, such as lump sum or a monthly specified withdrawal. The Plan allows for in-service distributions in the event of financial hardship, as defined by the Plan, disability, and the attainment of age 59½. The Plan also allows for in-service distributions of rollover funds. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent.

Forfeitures

Forfeited nonvested accounts are first used to pay administrative expenses and then used to reduce future Employer contributions. Forfeited nonvested accounts as of December 31, 2021 and 2020 totaled \$14,615 and \$13,079, respectively. There were \$4 and \$626 of forfeitures used to pay administrative expenses for the years ended December 31, 2021 and 2020, respectively. There were \$-0- and \$883 of forfeitures used to reduce employer contributions for the year ended December 31, 2021 and 2020, respectively.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Change in Accounting Principle

In August 2018, Financial Accounting Standard Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13 *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The ASU removes and modifies fair value measurement disclosure requirements retrospectively for nonpublic entities. The ASU is effective for fiscal years beginning after December 15, 2019. Application did not have a material impact on the Plan's financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Asset Management Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 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.

Administrative Expenses

The Employer pays certain administrative expenses on behalf of the Plan.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2022, the date the financial statements were available to be issued.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Metropolitan Life Insurance Company, TIAA and CREF, and Mutual of America Life Insurance Company, the qualified institutions of the Plan, have supplied the Plan administrator with certifications as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2021.

NOTE 4 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2021 and 2020.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Pooled Separate Account: Valued using the net asset value (NAV) of units, as determined by the insurance company. NAV is a readily determinable fair value and is the basis for current transactions.

Mutual Funds: Valued at fair value as determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the NAV.

Insurance Company General Account: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

2021				
	Level 1	Level 2	Level 3	Total
Assets:				
Pooled Separate Accounts	\$ -	\$ 575,055	\$ -	\$ 575,055
Mutual Funds	1,210,956	3,522,607	-	4,733,563
Insurance Company General Account	-	-	375,066	375,066
Total Investments at Fair Value	<u>\$ 1,210,956</u>	<u>\$ 4,097,662</u>	<u>\$ 375,066</u>	<u>\$ 5,683,684</u>

2020				
	Level 1	Level 2	Level 3	Total
Assets:				
Pooled Separate Accounts	\$ -	\$ 495,345	\$ -	\$ 495,345
Mutual Funds	1,165,461	3,244,547	-	4,410,008
Insurance Company General Account	-	-	372,808	372,808
Total Investments at Fair Value	<u>\$ 1,165,461</u>	<u>\$ 3,739,892</u>	<u>\$ 372,808</u>	<u>\$ 5,278,161</u>

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets, the insurance company general accounts, for the years ended December 31:

	2021	2020
Purchases	\$ 18,000	\$ 14,417
Issuances	-	-
Transfers In	-	-
Transfers Out	-	-

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and applied rate for those inputs as of December 31:

Type	2021 Fair Value	Valuation Technique	Unobservable Inputs	Interest Crediting Rate
				RA - 3.00% - 3.80%
				SRA - 3.00% - 3.05%
				GRA - 3.00% - 3.80%
				GSRA - 3.00% - 3.05%
				RC - 2.75% - 3.90%
				RCP - 2.00% - 3.15%
TIAA Traditional Annuity	\$ 375,066	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	

Type	2020 Fair Value	Valuation Technique	Significant Unobservable Inputs	Interest Crediting Rate
				RA - 3.00% - 4.45%
				SRA - 3.00% - 3.70%
				GRA - 3.00% - 4.45%
				GSRA - 3.00% - 3.70%
				RC - 2.50% - 4.40%
				RCP - 1.75% - 3.65%
TIAA Traditional Annuity	\$ 372,808	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	

In determining the reasonableness of the methodology, the Plan management evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms while others are substantiated utilizing available market data.

NOTE 5 TIAA TRADITIONAL ANNUITY AND TRADITIONAL BENEFIT RESPONSIVE

Each participant maintains an individual annuity contract with TIAA. As part of the contracts, TIAA may maintain a portion of the contributions in an unallocated fixed annuity contract that is fully and unconditionally guaranteed by TIAA. TIAA Traditional Benefit Responsive provides a guarantee of principal, a guaranteed minimum rate of interest (generally 3%, but in some recent contracts 1%) and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant's account purchase a guaranteed amount of lifetime annuity income.

When a participant's account in the TIAA Traditional Benefit Responsive is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

**NOTE 5 TIAA TRADITIONAL ANNUITY AND TRADITIONAL BENEFIT RESPONSIVE
(CONTINUED)**

Certain Traditional Benefit Responsive individual annuity contracts meet the fully benefit responsive criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include: 1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); 2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; 3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The fully benefit responsive insurance contract is as follows:

	2021	2020
TIAA Traditional Benefit Responsive	\$ 247,892	\$ 308,357

Certain Traditional individual annuity contracts are considered to be nonbenefit responsive. These contracts are included in the financial statements at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considered the credit worthiness of the issuer (Note 4). The Traditional Annuity is subject to a 10-year withdrawal period. Upon termination of the contract, the amount of each transfer payout annuity payment will be determined as of the annuity starting date for the transfer payout annuity by the amount of the Traditional Annuity accumulation and the interest rates in the rate schedules under which any premiums, additional amounts, and internal transfers were applied to the account. There are no reserves against fair value for credit risk of the contract issuer or otherwise.

The crediting yields range from 1.75% to 4.45% for TIAA contracts for the years ended December 31, 2021 and 2020. The average yield was 3.37% and 3.87% for the TIAA contracts for the years ended December 31, 2021 and 2020, respectively.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 6 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 statements of net assets available for benefits.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 8 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter received from the IRS on the prototype plan indicating that the Plan is qualified under Section 401 of the IRC and is therefore not subject to tax under current income tax law. The prototype Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Some Plan investments are managed by the Metropolitan Life Insurance Company, TIAA and CREF, and the Mutual of America Life Insurance Company, the qualified institutions of the Plan and, therefore, the investment transactions qualify as party-in-interest transactions.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 10 AUDIT SCOPE LIMITATION

The Plan has excluded from investments in the statements of net assets available for benefits the investments held at Mutual of America issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. If the identified contracts were included, the net assets available for benefits would have increased approximately \$889,000 and \$801,000 as of December 31, 2021 and 2020, respectively. Investment income of approximately \$120,000 and \$123,000 and distributions of \$32,000 and \$62,000 have also been excluded in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, respectively.

Information relative to Plan activity and balances prior to 2008 could not be obtained from the Plan's third-party administrator. The Plan administrator believes a good faith effort was made to obtain all relevant information prior to January 1, 2008. However, as a result of the lack of historical Plan level financial reporting, the Plan administrator is unable to obtain Plan level information prior to January 1, 2009.

As a result of the inability to obtain Plan level information prior to January 1, 2008, certain participant account information could not be obtained from the Plan's third-party administrator in order to adequately complete testing of transactions from and allocations to participant accounts. The Plan administrator is aware of these limitations with the providers and believes a good faith effort was made to obtain this information. Since January 1, 2009, participant information necessary to adequately test transactions from and allocations to participant accounts exists and such tests as deemed necessary have been completed.

NOTE 11 GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANY

The Plan is entered into a group annuity contract with Metropolitan Life Insurance Company (MetLife). As part of the contract, MetLife maintains a portion of the contributions in a "guaranteed account." The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by MetLife. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value (see Note 5). Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31 to Form 5500:

	<u>2021</u>	<u>2020</u>
Net Assets Available for Benefits per the Financial Statements	\$ 5,957,467	\$ 5,586,518
Employer Contribution Receivable	(25,891)	-
Net Assets Available for Benefits per Form 5500	<u>\$ 5,931,576</u>	<u>\$ 5,586,518</u>

The following is a reconciliation of net increase per the financial statements for the year ended December 31, 2021 to Form 5500:

Net Increase per the Financial Statements	\$ 370,949
Change in Employer Contribution Receivable	<u>(25,891)</u>
Net Increase per Form 5500	<u>\$ 345,058</u>

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
E.I.N. 41-0693906 PLAN NO. 002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost Value **	(e) Current Value
		<u>Group Annuity Contracts:</u>		
*	TIAA	Traditional Annuity	**	\$ 375,066
*	TIAA	Traditional Benefit Responsive	**	247,892
		Total Group Annuity Contracts		622,958
		<u>Pooled Separate Accounts:</u>		
*	Mutual of America Life Insurance Company	Multi-Strategy Account - Pooled Separate Account	**	300,513
*	TIAA	Real Estate Account - Pooled Separate Account	**	274,542
		Total Pooled Separate Accounts		575,055
		<u>Mutual Funds:</u>		
*	CREF	CREF Stock - Mutual Fund	**	633,637
*	CREF	CREF Global Equities - Mutual Fund	**	403,522
*	CREF	CREF Growth - Mutual Fund	**	646,590
*	CREF	CREF Money Market - Mutual Fund	**	353,111
*	CREF	CREF Social Choice - Mutual Fund	**	252,944
*	CREF	CREF Equity Index - Mutual Fund	**	813,003
*	CREF	CREF Bond Market - Mutual Fund	**	213,985
*	CREF	CREF Inflation-Linked Bond - Mutual Fund	**	76,901
*	TIAA	TIAA Separate Account VA-3 - Mutual Fund	**	128,915
	T. Rowe Price	Retirement 2005 Advisor Fund	**	11,797
	T. Rowe Price	Retirement 2015 Advisor Fund	**	87,180
	T. Rowe Price	Retirement 2020 Advisor Fund	**	120,890
	T. Rowe Price	Retirement 2025 Advisor Fund	**	142,122
	T. Rowe Price	Retirement 2035 Advisor Fund	**	244,724

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
E.I.N. 41-0693906 PLAN NO. 002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost Value **	(e) Current Value
		<u>Mutual Funds (Continued):</u>		
	T. Rowe Price	Retirement 2040 Advisor Fund	**	136,307
	T. Rowe Price	Retirement 2045 Advisor Fund	**	30,296
	T. Rowe Price	Retirement 2050 Advisor Fund	**	109,131
	T. Rowe Price	Retirement 2055 Advisor Fund	**	63,926
	T. Rowe Price	Retirement 2060 Advisor Fund	**	54,618
	American Funds	Europacific Grade R3	**	6,601
	Cohen & Steers	Realty Shares Fund	**	11,846
	DFA	US Small Cap I	**	1,648
	Goldman Sachs	Small Value Fund	**	6,683
	Touchstone	Mid Cap Growth Fund	**	132,307
	Parnassus	Core Equity - Inv	**	6,572
	T. Rowe Price	Blue Chip Growth Advisor Fund	**	28,044
	Oakmark	Equity & Income II Fund	**	1,646
	PIMCO	Real Return Fund	**	14,617
		Total Mutual Funds		<u>4,733,563</u>
				<u><u>\$ 5,931,576</u></u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
E.I.N. 41-0693906 PLAN NO. 002
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included ☐ Yes	\$ -	\$ -	\$ -	\$ 9,243



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**CHILDREN'S HOME SOCIETY OF MINNESOTA
403(B) THRIFT PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2021 AND 2020**



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**CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
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INDEPENDENT AUDITORS' REPORT

Investment Asset Management Committee
Children's Home Society of Minnesota 403(b) Thrift Plan
Saint Paul, Minnesota

Report on the Audit of the Financial Statements

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

We were engaged to perform an audit of the accompanying financial statements of Children's Home Society of Minnesota 403(b) Thrift Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Children's Home Society of Minnesota 403(b) Thrift Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the 2021 financial statements referred to above of Children's Home Society of Minnesota 403(b) Thrift Plan. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion for the 2021 Financial Statements* section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

Children's Home Society of Minnesota 403(b) Thrift Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements referred to above may have been affected by these conditions.

Further, as described in Note 10 to the financial statements, the Children's Home Society of Minnesota 403(b) Thrift Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the financial statements referred to above.

Responsibilities of Management for the 2021 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 Children's Home Society of Minnesota 403(b) Thrift Plan's ability to continue as a going concern for one year after the date that 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Our responsibility is to conduct an audit of Children's Home Society of Minnesota 403(b) Thrift Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the *Basis for Disclaimer of Opinion on the 2021 Financial Statements* section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Children's Home Society of Minnesota 403(b) Thrift Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 and schedule of delinquent participant contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion for the 2021 Financial Statements* section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules.

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Children's Home Society of Minnesota 403(b) Thrift Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. Further, Children's Home Society of Minnesota 403(b) Thrift Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements referred to above may have been affected by these conditions.

Children's Home Society of Minnesota 403(b) Thrift Plan has excluded from the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the 2020 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the 2020 financial statements.

In our report dated October 14, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.



CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 13, 2022

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Pooled Separate Accounts	\$ 575,055	\$ 495,345
Mutual Funds	4,733,563	4,410,008
Insurance Company General Account	<u>375,066</u>	<u>372,808</u>
Total Investments (at Fair Value)	5,683,684	5,278,161
INVESTMENTS (at Contract Value)	<u>247,892</u>	<u>308,357</u>
RECEIVABLES		
Employer Nonelective Contribution	<u>25,891</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,957,467</u></u>	<u><u>\$ 5,586,518</u></u>

See accompanying Notes to Financial Statements.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 615,434	\$ 691,341
Interest and Dividends	<u>121,566</u>	<u>76,400</u>
Total Investment Income	737,000	767,741
CONTRIBUTIONS		
Employee Deferrals	87,991	72,859
Employer Contributions	47,406	20,692
Rollover Contributions	-	-
Total Contributions	<u>135,397</u>	<u>93,551</u>
Total Additions	872,397	861,292
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	501,272	221,034
ADMINISTRATIVE EXPENSES	<u>176</u>	<u>829</u>
Total Deductions	<u>501,448</u>	<u>221,863</u>
NET INCREASE	370,949	639,429
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>5,586,518</u>	<u>4,947,089</u>
End of Year	<u><u>\$ 5,957,467</u></u>	<u><u>\$ 5,586,518</u></u>

See accompanying Notes to Financial Statements.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 DESCRIPTION OF PLAN

The following description of the Children's Home Society of Minnesota 403(b) Thrift Plan (formerly 403(b) Thrift Plan for Children's Home Society & Family Services) (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally effective January 1, 2005, sponsored by Children's Home Society of Minnesota (formerly Children's Home Society & Family Services) (the Employer). The Plan has been amended throughout the years to comply with tax legislation and most recently restated effective January 1, 2010. The Plan excludes leased employees, stipend volunteers and clergy for all contributions, and excludes nonregular temporary employees from employer contributions. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Investment Asset Management Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligibility

Employees are eligible to participate in the salary reduction arrangement in the Plan immediately upon hire. Employees are eligible to participate in employer matching contributions after completion of one year of service and attaining age 21. Employees are eligible to participate in employer discretionary nonelective contributions if they meet the eligibility requirements for the employer match and are employed on the last day of the Plan year.

Contributions

Eligible participants are permitted to elect to have a percentage, limited by Plan provisions, of their compensation contributed as pre-tax contributions to the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 1% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. Eligible participants are also allowed to make age 50 catch-up contributions and special code section 403(b) catch-up contributions.

The Employer may, at its discretion, elect to make qualified matching contributions to the Plan. For the years ended December 31, 2021 and 2020, the Employer's matching contribution was the lesser of 50% of the first 4% of salary deferrals or 2% of eligible compensation.

The Employer may, at its discretion, elect to make qualified nonelective contributions to the Plan. The Employer made nonelective contributions of \$25,891 and \$-0- for the years ended December 31, 2021 and 2020.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Participants may also contribute amounts representing distributions from other qualified defined benefit, contribution plans or conduit IRAs (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's matching contribution, an allocation of the Employer's nonelective contribution, and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. Income is allocated daily based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account. If participants chose to participate in a loan program that operates outside of the Plan provisions, the participant is then required to maintain an amount equal to 110% of the outstanding loan balance in the Traditional Annuity account.

Vesting

Participants are immediately vested in their contributions and Employer contributions made prior to January 1, 2015, plus actual earnings thereon. Vesting in the Employer contributions made after January 1, 2015, plus actual earnings thereon, is based on years of credited service. A participant is 100% vested after five years of credited service. Notwithstanding the above, a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Plan Loans

Participants may borrow amounts from TIAA and CREF, the insurance companies. The loan amount cannot be less than \$1,000, or more than the excess of 90% of the traditional annuity accumulation over the outstanding loan balance for any other loans. In no event can the amount of the loan, when added to the outstanding balance of all other loans from any of the Employer's plans, exceed the least of the following:

- (A) \$50,000 reduced by the excess (if any) of:
 - a. The highest outstanding balance of loans from any of the Employer's plans during the one-year period ending on the day before the date on which the loan is to be made; over
 - b. The outstanding balance of loans from any of the Employer's plans on the date on which the loan is to be made;
- (B) 50% of the present value of the vested accrued benefit under any of the Employer's plans;
- (C) 45% of the value of the accumulation under the Group Supplemental Retirement Annuity Certificate (GSRA) and any companion GSRA issued by TIAA and CREF.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Loans (Continued)

The loans are secured by the balance in the participant's account and bear interest at a rate which is the greater of (a) the "published monthly average" for the calendar month ending two months before the date on which the loan interest rate is determined; and (b) the interest rate to be credited before the annuity starting date or the participant's prior death, as stated in the applicable rate schedule, plus 1% per year. The "published monthly average" is the monthly average corporate yield shown in Moody's Corporate Bond Yield Averages published by Moody's Investor Services, Inc. or any successor thereto. The loan interest rate is adjustable and can be adjusted by TIAA and CREF not more than quarterly, nor less frequent than annually. Interest is paid directly to TIAA and CREF outside of the Plan.

Loan terms are up to five years, except for loans to fund the purchase of a principal residence, for which the loan may be repaid over a reasonable period that may not exceed ten years. The amount of outstanding Plan loans with TIAA and CREF totaled \$5,473 and \$8,817 at December 31, 2021 and 2020, respectively.

Notes Receivable from Participants

Participants may borrow from their Metropolitan Life Insurance Company 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. The notes are secured by the balance in the participant's account and bear interest at a rate equal to 1% above the *USA Today* prime rate. Principal and interest is paid ratably through payroll deductions.

Benefit Payments

Upon termination of service, death, disability, or retirement, the participant will receive the value of the vested interest in his or her account in the form of a qualified joint and survivor (QJ&S) annuity distribution unless the QJ&S annuity is waived in which case other forms of distributions are available, such as lump sum or a monthly specified withdrawal. The Plan allows for in-service distributions in the event of financial hardship, as defined by the Plan, disability, and the attainment of age 59½. The Plan also allows for in-service distributions of rollover funds. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the benefit payment without the participant's consent.

Forfeitures

Forfeited nonvested accounts are first used to pay administrative expenses and then used to reduce future Employer contributions. Forfeited nonvested accounts as of December 31, 2021 and 2020 totaled \$14,615 and \$13,079, respectively. There were \$4 and \$626 of forfeitures used to pay administrative expenses for the years ended December 31, 2021 and 2020, respectively. There were \$-0- and \$883 of forfeitures used to reduce employer contributions for the year ended December 31, 2021 and 2020, respectively.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Change in Accounting Principle

In August 2018, Financial Accounting Standard Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13 *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The ASU removes and modifies fair value measurement disclosure requirements retrospectively for nonpublic entities. The ASU is effective for fiscal years beginning after December 15, 2019. Application did not have a material impact on the Plan's financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Asset Management Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 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.

Administrative Expenses

The Employer pays certain administrative expenses on behalf of the Plan.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2022, the date the financial statements were available to be issued.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Metropolitan Life Insurance Company, TIAA and CREF, and Mutual of America Life Insurance Company, the qualified institutions of the Plan, have supplied the Plan administrator with certifications as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2021.

NOTE 4 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2021 and 2020.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Pooled Separate Account: Valued using the net asset value (NAV) of units, as determined by the insurance company. NAV is a readily determinable fair value and is the basis for current transactions.

Mutual Funds: Valued at fair value as determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the NAV.

Insurance Company General Account: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

2021				
	Level 1	Level 2	Level 3	Total
Assets:				
Pooled Separate Accounts	\$ -	\$ 575,055	\$ -	\$ 575,055
Mutual Funds	1,210,956	3,522,607	-	4,733,563
Insurance Company General Account	-	-	375,066	375,066
Total Investments at Fair Value	<u>\$ 1,210,956</u>	<u>\$ 4,097,662</u>	<u>\$ 375,066</u>	<u>\$ 5,683,684</u>

2020				
	Level 1	Level 2	Level 3	Total
Assets:				
Pooled Separate Accounts	\$ -	\$ 495,345	\$ -	\$ 495,345
Mutual Funds	1,165,461	3,244,547	-	4,410,008
Insurance Company General Account	-	-	372,808	372,808
Total Investments at Fair Value	<u>\$ 1,165,461</u>	<u>\$ 3,739,892</u>	<u>\$ 372,808</u>	<u>\$ 5,278,161</u>

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets, the insurance company general accounts, for the years ended December 31:

	2021	2020
Purchases	\$ 18,000	\$ 14,417
Issuances	-	-
Transfers In	-	-
Transfers Out	-	-

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and applied rate for those inputs as of December 31:

Type	2021 Fair Value	Valuation Technique	Unobservable Inputs	Interest Crediting Rate
				RA - 3.00% - 3.80%
				SRA - 3.00% - 3.05%
				GRA - 3.00% - 3.80%
				GSRA - 3.00% - 3.05%
				RC - 2.75% - 3.90%
				RCP - 2.00% - 3.15%
TIAA Traditional Annuity	\$ 375,066	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	

Type	2020 Fair Value	Valuation Technique	Significant Unobservable Inputs	Interest Crediting Rate
				RA - 3.00% - 4.45%
				SRA - 3.00% - 3.70%
				GRA - 3.00% - 4.45%
				GSRA - 3.00% - 3.70%
				RC - 2.50% - 4.40%
				RCP - 1.75% - 3.65%
TIAA Traditional Annuity	\$ 372,808	Discounted Cash Flow	Risk-Adjusted Discount Rate Applied	

In determining the reasonableness of the methodology, the Plan management evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms while others are substantiated utilizing available market data.

NOTE 5 TIAA TRADITIONAL ANNUITY AND TRADITIONAL BENEFIT RESPONSIVE

Each participant maintains an individual annuity contract with TIAA. As part of the contracts, TIAA may maintain a portion of the contributions in an unallocated fixed annuity contract that is fully and unconditionally guaranteed by TIAA. TIAA Traditional Benefit Responsive provides a guarantee of principal, a guaranteed minimum rate of interest (generally 3%, but in some recent contracts 1%) and the potential for additional interest if declared by TIAA. Additional interest, when declared, remains in effect for the "declaration year," which begins each March 1. Additional interest is not guaranteed for future years. Contributions to a participant's account purchase a guaranteed amount of lifetime annuity income.

When a participant's account in the TIAA Traditional Benefit Responsive is annuitized based on available options, the present value of the stream of payments is equal to the account balance. The subsequent stream of annuity payments occurs outside of the Plan and does not represent an obligation of the Plan.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

**NOTE 5 TIAA TRADITIONAL ANNUITY AND TRADITIONAL BENEFIT RESPONSIVE
(CONTINUED)**

Certain Traditional Benefit Responsive individual annuity contracts meet the fully benefit responsive criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include: 1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); 2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; 3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The fully benefit responsive insurance contract is as follows:

	2021	2020
TIAA Traditional Benefit Responsive	\$ 247,892	\$ 308,357

Certain Traditional individual annuity contracts are considered to be nonbenefit responsive. These contracts are included in the financial statements at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considered the credit worthiness of the issuer (Note 4). The Traditional Annuity is subject to a 10-year withdrawal period. Upon termination of the contract, the amount of each transfer payout annuity payment will be determined as of the annuity starting date for the transfer payout annuity by the amount of the Traditional Annuity accumulation and the interest rates in the rate schedules under which any premiums, additional amounts, and internal transfers were applied to the account. There are no reserves against fair value for credit risk of the contract issuer or otherwise.

The crediting yields range from 1.75% to 4.45% for TIAA contracts for the years ended December 31, 2021 and 2020. The average yield was 3.37% and 3.87% for the TIAA contracts for the years ended December 31, 2021 and 2020, respectively.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 6 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 statements of net assets available for benefits.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 8 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter received from the IRS on the prototype plan indicating that the Plan is qualified under Section 401 of the IRC and is therefore not subject to tax under current income tax law. The prototype Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Some Plan investments are managed by the Metropolitan Life Insurance Company, TIAA and CREF, and the Mutual of America Life Insurance Company, the qualified institutions of the Plan and, therefore, the investment transactions qualify as party-in-interest transactions.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 10 AUDIT SCOPE LIMITATION

The Plan has excluded from investments in the statements of net assets available for benefits the investments held at Mutual of America issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. If the identified contracts were included, the net assets available for benefits would have increased approximately \$889,000 and \$801,000 as of December 31, 2021 and 2020, respectively. Investment income of approximately \$120,000 and \$123,000 and distributions of \$32,000 and \$62,000 have also been excluded in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, respectively.

Information relative to Plan activity and balances prior to 2008 could not be obtained from the Plan's third-party administrator. The Plan administrator believes a good faith effort was made to obtain all relevant information prior to January 1, 2008. However, as a result of the lack of historical Plan level financial reporting, the Plan administrator is unable to obtain Plan level information prior to January 1, 2009.

As a result of the inability to obtain Plan level information prior to January 1, 2008, certain participant account information could not be obtained from the Plan's third-party administrator in order to adequately complete testing of transactions from and allocations to participant accounts. The Plan administrator is aware of these limitations with the providers and believes a good faith effort was made to obtain this information. Since January 1, 2009, participant information necessary to adequately test transactions from and allocations to participant accounts exists and such tests as deemed necessary have been completed.

NOTE 11 GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANY

The Plan is entered into a group annuity contract with Metropolitan Life Insurance Company (MetLife). As part of the contract, MetLife maintains a portion of the contributions in a "guaranteed account." The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by MetLife. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value (see Note 5). Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan.

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31 to Form 5500:

	<u>2021</u>	<u>2020</u>
Net Assets Available for Benefits per the Financial Statements	\$ 5,957,467	\$ 5,586,518
Employer Contribution Receivable	(25,891)	-
Net Assets Available for Benefits per Form 5500	<u>\$ 5,931,576</u>	<u>\$ 5,586,518</u>

The following is a reconciliation of net increase per the financial statements for the year ended December 31, 2021 to Form 5500:

Net Increase per the Financial Statements	\$ 370,949
Change in Employer Contribution Receivable	(25,891)
Net Increase per Form 5500	<u>\$ 345,058</u>

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
E.I.N. 41-0693906 PLAN NO. 002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost Value **	(e) Current Value
		<u>Group Annuity Contracts:</u>		
*	TIAA	Traditional Annuity	**	\$ 375,066
*	TIAA	Traditional Benefit Responsive	**	247,892
		Total Group Annuity Contracts		622,958
		<u>Pooled Separate Accounts:</u>		
*	Mutual of America Life Insurance Company	Multi-Strategy Account - Pooled Separate Account	**	300,513
*	TIAA	Real Estate Account - Pooled Separate Account	**	274,542
		Total Pooled Separate Accounts		575,055
		<u>Mutual Funds:</u>		
*	CREF	CREF Stock - Mutual Fund	**	633,637
*	CREF	CREF Global Equities - Mutual Fund	**	403,522
*	CREF	CREF Growth - Mutual Fund	**	646,590
*	CREF	CREF Money Market - Mutual Fund	**	353,111
*	CREF	CREF Social Choice - Mutual Fund	**	252,944
*	CREF	CREF Equity Index - Mutual Fund	**	813,003
*	CREF	CREF Bond Market - Mutual Fund	**	213,985
*	CREF	CREF Inflation-Linked Bond - Mutual Fund	**	76,901
*	TIAA	TIAA Separate Account VA-3 - Mutual Fund	**	128,915
	T. Rowe Price	Retirement 2005 Advisor Fund	**	11,797
	T. Rowe Price	Retirement 2015 Advisor Fund	**	87,180
	T. Rowe Price	Retirement 2020 Advisor Fund	**	120,890
	T. Rowe Price	Retirement 2025 Advisor Fund	**	142,122
	T. Rowe Price	Retirement 2035 Advisor Fund	**	244,724

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
E.I.N. 41-0693906 PLAN NO. 002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost Value **	(e) Current Value
		<u>Mutual Funds (Continued):</u>		
	T. Rowe Price	Retirement 2040 Advisor Fund	**	136,307
	T. Rowe Price	Retirement 2045 Advisor Fund	**	30,296
	T. Rowe Price	Retirement 2050 Advisor Fund	**	109,131
	T. Rowe Price	Retirement 2055 Advisor Fund	**	63,926
	T. Rowe Price	Retirement 2060 Advisor Fund	**	54,618
	American Funds	Europacific Grade R3	**	6,601
	Cohen & Steers	Realty Shares Fund	**	11,846
	DFA	US Small Cap I	**	1,648
	Goldman Sachs	Small Value Fund	**	6,683
	Touchstone	Mid Cap Growth Fund	**	132,307
	Parnassus	Core Equity - Inv	**	6,572
	T. Rowe Price	Blue Chip Growth Advisor Fund	**	28,044
	Oakmark	Equity & Income II Fund	**	1,646
	PIMCO	Real Return Fund	**	14,617
		Total Mutual Funds		<u>4,733,563</u>
				<u><u>\$ 5,931,576</u></u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

CHILDREN'S HOME SOCIETY OF MINNESOTA 403(B) THRIFT PLAN
E.I.N. 41-0693906 PLAN NO. 002
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included ☐ Yes	\$ -	\$ -	\$ -	\$ 9,243



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Supplemental Schedule H Report

For calendar plan year 2017 or fiscal plan year beginning

and ending

A Name of plan ABC Company 401(k) Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN)</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN)	001		
B Three-digit plan number (PN)	001				
C Plan sponsor's name as shown on line 2a of Form 5500 ABC Company	D Employer Identification Number (EIN)				

PLEASE NOTE: For all asset types (excluding loans) check the *Forfeiture/Asset Holding Account* section of the Plan Summary for possible additions to Ending Balance and/or Change in Value. See Investment Option Legend for fund name(s). Also refer to the *Fair Value Measurements for FASB ASC 820* section for Asset Classifications.

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		●
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		●
(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)		●
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		●
(15) Other	1c(15)	●	●

All Beginning of the Year Balances are taken from prior year's 5500 ending balances.

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Ending Balance*. See Investment Option Legend for fund name(s).

If applicable, go to *Account Summary; Participant Loan Account Summary; Ending Outstanding Loan Balance LESS Account Summary; Deemed Distributed Loans; Deemed Distributed Loan Balance*

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Ending Balance*. See Investment Option Legend for fund name(s).

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Ending Balance, plus activity under Forfeiture*.

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Ending Balance, plus activity under Forfeiture*. See Investment Option Legend for fund name(s).

SELF DIRECTED BROKERAGE: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Ending Balance, plus activity under Forfeiture*. See Investment Option Legend for fund name(s).

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	0 0

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	0 0
--	----	-----

EMPLOYER STOCK: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Ending Balance*. See Investment Option Legend for fund name(s).

If applicable, go to *Contributions/Deposits; Participant*; Include ALL REGULAR deposit type, employer money sources (i.e. ERM1, ERO1, etc.) If forfeitures for plan are used to reduce employer contributions please see text box A below.

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 Contributions:

	(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	●-----
(B) Participants	2a(1)(B)	●-----
(C) Others (including rollovers)	2a(1)(C)	●-----
(2) Noncash contributions	2a(2)	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	0

b Earnings on investments:

(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	●-----
(B) U.S. Government securities	2b(1)(B)	
(C) Corporate debt instruments	2b(1)(C)	
(D) Loans (other than to participants)	2b(1)(D)	
(E) Participant loans	2b(1)(E)	●-----
(F) Other	2b(1)(F)	●-----
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2) Dividends: (A) Preferred stock	2b(2)(A)	
(B) Common stock	2b(2)(B)	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	●-----
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	0
(3) Rents	2b(3)	●-----
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	●-----
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	●-----
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
(B) Other	2b(5)(B)	●-----
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

If applicable, go to *Contributions/Deposits; Participant; Current Period*. Include ALL REGULAR deposit type, employee money sources (i.e. BTK1, RTH1, etc.)

If applicable, go to *Additional Deposits; Rollover; Current Period Total*.

If applicable, go to *Participant Summary By Investment Option; Summary of Dollar Activity*; Add *Interest/Dividends* plus *Change in Value* columns. See Investment Option Legend for fund name(s).

If applicable, go to *Deemed Distributed Loans; Financial Information – Deemed and Active Loan Summary; 5500 Entries* column; *Interest Assessed*. *Deemed loan interest is not included*.

GENERAL ACCOUNT INTEREST: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity*; Add *Interest/Dividends* plus *Change in Value* columns. See Investment Option Legend for fund name(s).

If applicable, go to *Participant Summary By Investment Option; Summary of Dollar Activity; Total Interest/Dividends*. See Investment Option Legend for fund name(s).

EMPLOYER STOCK: If applicable, go to *Realized and Unrealized Gains/(Losses); Unrealized Gain/(Loss)* column. See Investment Option Legend for fund name(s).

EMPLOYER STOCK: If applicable, go to *Realized and Unrealized Gains/(Losses); Cost of Sales* column. See Investment Option Legend for fund name(s).

EMPLOYER STOCK: If applicable, go to *Realized and Unrealized Gains/(Losses); Sales* column. See Investment Option Legend for fund name(s).

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		●
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		●
c Other income	2c		●
d Total income. Add all income amounts in column (b) and enter total	2d		0

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	●	
(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)		0
f Corrective distributions (see instructions)	2f		●
g Certain deemed distributions of participant loans (see instructions)	2g		●
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	●	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		0
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity*; Add *Interest/Dividends* plus *Change in Value* columns. See Investment Option Legend for fund name(s).

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Change in Value*. See Investment Option Legend for fund name(s).

SELF DIRECTED BROKERAGE: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity*; Add *Interest/Dividends* plus *Change in Value* columns. See Investment Option Legend for fund name(s). **OR**
MANDATORY SEC REIMBURSEMENT: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity*; it will be part of the total *Change in Value*. Note: This pertains to SEC's mandatory mutual fund reimbursement regarding after hours trading. It will not be applicable for all plans.

If applicable, go to *Withdrawals; Gross Amount* minus *Forfeited Amount* for all withdrawal types excluding *Loans* and *Corrective Distributions*. If applicable add *Deemed Distributed Loans; Financial Information – Deemed and Active Loan Summary; 5500 Entries* column;

If applicable, go to *Withdrawals; Gross Amount* minus *Forfeited Amount* for all *Corrective Distributions* (i.e. *Out of Year Disb of Excess Contr*)

If applicable, go to *Deemed Distributed Loans; Financial Information – Deemed and Active Loan Summary; 5500 Entries* column; *Deemed loans (Current Year)*

If applicable, go to *Account Summary; Participant Account Summary; Fees*. Please note the *Fees* section does not account for fees paid out of the forfeiture account. See *Forfeiture/Asset Holding Account* detail pages for more information.

TEXT BOX A

If forfeitures are used to reduce employer contributions go to *Contributions/Deposits; Participant*; subtract all negative **FORFEITURE** deposit types.

Supplemental Schedule H Report

For calendar plan year 2017 or fiscal plan year beginning

and ending

A Name of plan ABC Company 401(k) Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN)</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN)	001		
B Three-digit plan number (PN)	001				
C Plan sponsor's name as shown on line 2a of Form 5500 ABC Company	D Employer Identification Number (EIN)				

PLEASE NOTE: For all asset types (excluding loans) check the *Forfeiture/Asset Holding Account* section of the Plan Summary for possible additions to Ending Balance and/or Change in Value. See Investment Option Legend for fund name(s). Also refer to the *Fair Value Measurements for FASB ASC 820* section for Asset Classifications.

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		●
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		●
(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)		●
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		●
(15) Other.....	1c(15)	●	●

All Beginning of the Year Balances are taken from prior year's 5500 ending balances.

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Ending Balance*. See Investment Option Legend for fund name(s).

If applicable, go to *Account Summary; Participant Loan Account Summary; Ending Outstanding Loan Balance LESS Account Summary; Deemed Distributed Loans; Deemed Distributed Loan Balance*

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Ending Balance*. See Investment Option Legend for fund name(s).

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Ending Balance, plus activity under Forfeiture*.

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Ending Balance, plus activity under Forfeiture*. See Investment Option Legend for fund name(s).

SELF DIRECTED BROKERAGE: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Ending Balance, plus activity under Forfeiture*. See Investment Option Legend for fund name(s).

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	0 0

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	0 0
--	----	-----

EMPLOYER STOCK: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Ending Balance*. See Investment Option Legend for fund name(s).

If applicable, go to *Contributions/Deposits; Participant*; Include ALL REGULAR deposit type, employer money sources (i.e. ERM1, ERO1, etc.) If forfeitures for plan are used to reduce employer contributions please see text box A below.

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 Contributions:

	(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	●-----
(B) Participants	2a(1)(B)	●-----
(C) Others (including rollovers)	2a(1)(C)	●-----
(2) Noncash contributions	2a(2)	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	0

b Earnings on investments:

(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	●-----
(B) U.S. Government securities	2b(1)(B)	
(C) Corporate debt instruments	2b(1)(C)	
(D) Loans (other than to participants)	2b(1)(D)	
(E) Participant loans	2b(1)(E)	●-----
(F) Other	2b(1)(F)	●-----
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2) Dividends: (A) Preferred stock	2b(2)(A)	
(B) Common stock	2b(2)(B)	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	●-----
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	0
(3) Rents	2b(3)	●-----
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	●-----
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	●-----
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
(B) Other	2b(5)(B)	●-----
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

If applicable, go to *Contributions/Deposits; Participant; Current Period*. Include ALL REGULAR deposit type, employee money sources (i.e. BTK1, RTH1, etc.)

If applicable, go to *Additional Deposits; Rollover; Current Period Total*.

If applicable, go to *Participant Summary By Investment Option; Summary of Dollar Activity*; Add *Interest/Dividends* plus *Change in Value* columns. See Investment Option Legend for fund name(s).

If applicable, go to *Deemed Distributed Loans; Financial Information – Deemed and Active Loan Summary; 5500 Entries* column; *Interest Assessed*. *Deemed loan interest is not included*.

GENERAL ACCOUNT INTEREST: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity*; Add *Interest/Dividends* plus *Change in Value* columns. See Investment Option Legend for fund name(s).

If applicable, go to *Participant Summary By Investment Option; Summary of Dollar Activity; Total Interest/Dividends*. See Investment Option Legend for fund name(s).

EMPLOYER STOCK: If applicable, go to *Realized and Unrealized Gains/(Losses); Unrealized Gain/(Loss)* column. See Investment Option Legend for fund name(s).

EMPLOYER STOCK: If applicable, go to *Realized and Unrealized Gains/(Losses); Cost of Sales* column. See Investment Option Legend for fund name(s).

EMPLOYER STOCK: If applicable, go to *Realized and Unrealized Gains/(Losses); Sales* column. See Investment Option Legend for fund name(s).

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		●
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		●
c Other income	2c		●
d Total income. Add all income amounts in column (b) and enter total	2d		0

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	●	
(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)		0
f Corrective distributions (see instructions)	2f		●
g Certain deemed distributions of participant loans (see instructions)	2g		●
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	●	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		0
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity*; Add *Interest/Dividends* plus *Change in Value* columns. See Investment Option Legend for fund name(s).

If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity; Total Change in Value*. See Investment Option Legend for fund name(s).

SELF DIRECTED BROKERAGE: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity*; Add *Interest/Dividends* plus *Change in Value* columns. See Investment Option Legend for fund name(s). **OR**
MANDATORY SEC REIMBURSEMENT: If applicable, go to *Participant Summary by Investment Option; Summary of Dollar Activity*; it will be part of the total *Change in Value*. Note: This pertains to SEC's mandatory mutual fund reimbursement regarding after hours trading. It will not be applicable for all plans.

If applicable, go to *Withdrawals; Gross Amount* minus *Forfeited Amount* for all withdrawal types excluding *Loans* and *Corrective Distributions*. If applicable add *Deemed Distributed Loans; Financial Information – Deemed and Active Loan Summary; 5500 Entries* column;

If applicable, go to *Withdrawals; Gross Amount* minus *Forfeited Amount* for all *Corrective Distributions* (i.e. *Out of Year Disb of Excess Contr*)

If applicable, go to *Deemed Distributed Loans; Financial Information – Deemed and Active Loan Summary; 5500 Entries* column; *Deemed loans (Current Year)*

If applicable, go to *Account Summary; Participant Account Summary; Fees*. Please note the *Fees* section does not account for fees paid out of the forfeiture account. See *Forfeiture/Asset Holding Account* detail pages for more information.

TEXT BOX A

If forfeitures are used to reduce employer contributions go to *Contributions/Deposits; Participant*; subtract all negative **FORFEITURE** deposit types.