

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>09/01/2021</u> and ending <u>08/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>COMMUNITY IN SCHOOLS OF SAN ANTONIO 403B PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1994</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>COMMUNITIES IN SCHOOLS OF SAN ANTONIO</u> <u>1045 CHEEVER BLVD STE 201</u> <u>SAN ANTONIO, TX 78217</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>74-2393714</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>210-520-8440</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>74-2393714</u>	2c Plan Sponsor's telephone number <u>210-520-8440</u>	2d Business code (see instructions) <u>611000</u>	
2b Employer Identification Number (EIN) <u>74-2393714</u>					
2c Plan Sponsor's telephone number <u>210-520-8440</u>					
2d Business code (see instructions) <u>611000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/09/2023	AMY BOHLKE
	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	233
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)	214
a(2) Total number of active participants at the end of the plan year		6a(2)	229
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	28
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	257
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	257
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	122
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2T 3D 3F			
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 09/01/2021 and ending 08/31/2022	
A Name of plan COMMUNITY IN SCHOOLS OF SAN ANTONIO 403B PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS OF SAN ANTONIO	D Employer Identification Number (EIN) 74-2393714

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 AMERICAN UNITED 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
35-0145825	60895	G75450	122	09/01/2021	08/31/2022

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	393860
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2694555

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 360534

c	Additions: (1) Contributions deposited during the year	7c(1)	30588	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	3810	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	2042	

▶ **LOAN REPAYMENT**

(6) Total additions **7c(6)** 36440

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 396974

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3088	
	(2) Administration charge made by carrier.....	7e(2)	26	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions **7e(5)** 3114

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 393860

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 09/01/2021 and ending 08/31/2022	
A Name of plan COMMUNITY IN SCHOOLS OF SAN ANTONIO 403B PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS OF SAN ANTONIO	D Employer Identification Number (EIN) 74-2393714

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
AXA EQUITABLE 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
13-5570651	62944	750679-0001	42	09/01/2021	08/31/2022

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

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

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
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	(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	61946
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	313646

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 ▶ **GUARANTEED INTEREST OPTION**

b	Balance at the end of the previous year	7b	60137
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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)	1802	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	4180	

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	5982
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d Total of balance and additions (add lines 7b and 7c(6))	7d	66119
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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)	338
	(3) Transferred to separate account.....	7e(3)	3835
	(4) Other (specify below)	7e(4)	

(5) Total deductions	7e(5)	4173
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	61946
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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 **09/01/2021** and ending **08/31/2022**

A Name of plan COMMUNITY IN SCHOOLS OF SAN ANTONIO 403B PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS OF SAN ANTONIO	D Employer Identification Number (EIN) 74-2393714	

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes
 ☐ No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b)

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

AXA EQUITABLE LIFE INSURANCE CO

13-5570651

(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

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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 64 52 59 60 63 66 67	NONE	633	Yes ☒ No ☐	Yes ☐ No ☒	12464	Yes ☒ No ☐

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

INDEPENDENT FIN PARTNERS

59-3331424

(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?
16 70	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	8106	Yes ☐ No ☒

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

AXA EQUITABLE LIFE INSURANCE CO

13-5570651

(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?
25 28 59 60 62 63	RECORD KEEPER	1090	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
AMERICAN UNITED LIFE INSURANCE CO	66 67	12464
(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.	
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
ALGER 13-2510833	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
AMERICAN CENTURY 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
FIDELITY 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
FRANKLIN/TEMPLETON 94-3382187	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
JANUS HENDERSON 75-3019319	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
LORD ABBETT 13-5620131	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
NEUBERGER BERMAN 13-5521910	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
PIMCO 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
STATE STREET 04-2456637	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
T. ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
THORNBURG 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(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.	
VIRTUS 58-1604573	REVENUE SHARING FORMULA - SEE ATTACHED	

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
INDEPENDENT FIN PARTNERS	16 70	8106
(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.	
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	CONSULTING SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan <u>COMMUNITY IN SCHOOLS OF SAN ANTONIO 403B PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITIES IN SCHOOLS OF SAN ANTONIO</u>	D Employer Identification Number (EIN) <u>74-2393714</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AUL AMERICAN UNIT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AMERICAN UNITED LIFE INSURANCE CO</u>		
c EIN-PN <u>35-0145825-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2694555</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>POOL SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE LIFE INSURANCE CO</u>		
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>313646</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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 09/01/2021 and ending 08/31/2022		
A Name of plan COMMUNITY IN SCHOOLS OF SAN ANTONIO 403B PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS OF SAN ANTONIO		
D Employer Identification Number (EIN) 74-2393714		

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)	27	307
(2) Participant contributions.....	1b(2)	40	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)	112298	99179
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(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)	3429514	3008201
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	420671	455806
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	3962550	3563493

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
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	3962550	3563493
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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)	95976	
(B) Participants	2a(1)(B)	216645	
(C) Others (including rollovers).....	2a(1)(C)	40258	
(2) Noncash contributions.....	2a(2)	0	352879
(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)	5431	
(F) Other	2b(1)(F)	5612	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11043
(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)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		0
(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)		0

		(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)		0
(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)		-616830
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		-252908
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	133487	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		133487
f Corrective distributions (see instructions).....	2f		3057
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)	9605	
(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)		9605
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		146149
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-399057
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: COLLIER JOHNSON & WOODS P.C.

(2) EIN: 74-2520265

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		450000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan COMMUNITY IN SCHOOLS OF SAN ANTONIO 403B PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS OF SAN ANTONIO	D Employer Identification Number (EIN) 74-2393714

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 35-0145825		
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 _____

**COMMUNITY IN SCHOOLS OF SAN ANTONIO
403(b) PLAN**

AUDITED FINANCIAL STATEMENTS

AUGUST 31, 2022

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INDEPENDENT AUDITOR'S REPORT

June 1, 2023

To the Plan Administrator and Participants of
Community in Schools of San Antonio 403(b) Plan
San Antonio, Texas

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

We have performed an audit of the accompanying financial statements of Community in Schools of San Antonio 403(b) 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). The financial statements comprise the statement of net assets available for benefits as of August 31, 2022 and 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 Community in Schools of San Antonio 403(b) 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 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.

Management has obtained a certification from a qualified institution as of and for the year ended August 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules as listed in the accompanying index as of or for the years ended August 31, 2022 and 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.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Collier Johnson & Woods

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	AUGUST 31,	
	2022	2021
Assets:		
Investments, at Fair Value (Note 3 and 4):		
Variable Annuities in Separate Accounts (Note 5)	3,008,202	3,429,514
Fixed Annuities in General Accounts (Note 5)	455,806	420,671
Total Investments	3,464,008	3,850,185
Receivables:		
Employer Contributions	307	27
Participant Contributions	--	40
Notes Receivable from Participants	99,179	112,299
Total Receivables	99,486	112,366
Total Assets	3,563,494	3,962,551
Liabilities-		
Due to Participants	(1,303)	--
NET ASSETS AVAILABLE FOR BENEFITS	3,562,191	3,962,551

See Notes to Financial Statements.

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>YEAR ENDED AUGUST 31,</u>	
	<u>2022</u>	<u>2021</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	(610,899)	690,381
Interest Income on Fixed Annuities in General Accounts	5,612	7,081
Total Investment Income (Loss)	<u>(605,287)</u>	<u>697,462</u>
Less Investment Expenses	(5,931)	(7,197)
Total Investment Income (Loss), Net	<u>(611,218)</u>	<u>690,265</u>
Interest Income on Notes Receivable from Participants	5,431	4,177
Contributions:		
Participants	215,342	218,481
Employer	95,976	83,157
Rollover	40,258	--
Total Contributions	<u>351,576</u>	<u>301,638</u>
Total Additions (Decreases)	(254,211)	996,080
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants	136,544	321,245
Administrative Expenses	9,605	9,591
Total Deductions	<u>146,149</u>	<u>330,836</u>
Increase (Decrease) in Net Assets Available for Benefits	(400,360)	665,244
Net Assets Available for Benefits, Beginning of Year	<u>3,962,551</u>	<u>3,297,307</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>3,562,191</u></u>	<u><u>3,962,551</u></u>

See Notes to Financial Statements.

COMMUNITY IN SCHOOLS OF SAN ANTONIO
403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

AUGUST 31, 2022 AND 2021

Note 1 – DESCRIPTION OF PLAN

Community in Schools of San Antonio 403(b) Plan (the Plan) is a defined contribution plan sponsored by Communities in Schools of San Antonio, Inc. (the Organization), a Texas not-for-profit organization, for the benefit of its employees. The following description of the Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of the Organization. Eligible employees may make elective deferrals beginning on the date of hire but must complete two years of service to receive matching and non-elective contributions. All assets of the Plan are held in group annuity contracts sponsored by American United Life Insurance Company and AXA Equitable Life Insurance Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute only by way of elective deferrals not to exceed a certain dollar limit which is set by law. Contributions are subject to certain discrimination tests prescribed by the Internal Revenue Code and other limitations specified by the Plan. Participants are allowed to direct the investments of their contributions into various investment options offered by the Plan. The Organization may make discretionary non-elective contributions, or discretionary matching contributions based on participants' elective deferrals. The Organization matches the employee deferral contributions for all those with 2 years of service as follows:

<u>SERVICE PERIOD</u>	<u>EMPLOYER MATCH</u>
Completed 2 or 3 years	.50 per \$1 on the first 1% of Compensation
Completed 4 years	.50 per \$1 on first 2% of Compensation
Completed 5 years	\$1 per \$1 on first 3% of Compensation

Participant Accounts

Each participant's account is credited with an allocation of: (a) participant contributions, (b) the employer contribution, if any, and (c) plan earnings and gains or losses. Allocations of discretionary employer contributions are based on the ratio of each participant's compensation to total compensation of all participants. Allocations of plan earnings are based on actual investment performance of each individual participant's account.

Note 1 – DESCRIPTION OF PLAN – (Continuation)

Notes Receivable from Participant

Participants may generally borrow from their accounts, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate ranging from 5 to 6 percent, which is commensurate with local prevailing rates as determined by the plan administrator. Loan terms generally may not exceed five years unless the loan is for the purchase of a primary residence. Principal and interest are paid ratably through monthly payroll deductions.

Vesting

Participants are always 100 percent vested in all amounts in their accounts.

Investment Options

All investments of the Plan are participant-directed. The Plan currently offers more than forty (40) investment options for participants. Participants are allowed to change their investment election at any time. If a participant does not make any investment selections, the deferrals and any employer contributions are invested in the Plan's qualified default investment alternative (QDIA), Fidelity Advisor Freedom Investments Fund.

Payment of Benefits

Benefits are distributable upon termination of service due to death, disability, or retirement. Benefits are normally paid in a lump sum amount or under a specified monthly payment option as defined by the Plan. A participant entitled to a distribution over \$200 may elect to rollover the distribution to another qualified retirement plan such as an individual retirement account.

Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code. The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The plan administrator and the Plan's tax counsel believe that the Plan is currently being operated in compliance with the applicable requirements of the Code.

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 tax position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a tax liability (or asset) or disclosure in the financial statements. The Organization's evaluation was performed for the tax periods ended August 31, 2020 through August 31, 2022, the tax years which principally remain subject to examination by major tax jurisdictions as of August 31, 2022.

Note 1 – DESCRIPTION OF PLAN – (Continuation)

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses paid through revenue sharing arrangements are included in Investment Income.

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated by management through the date of the independent auditor's report. There was no impact on the Plan's financial statements as a result of this evaluation.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting

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

Investment Valuation and Income Recognition

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The investment contracts are not fully-benefit responsive because the investment contract prevents the immediate and full payout of the contract value for plan-initiated transactions and the fair value, prior to contract termination, equals the contract value (ending balance) presented in the Annual Plan Summary. Therefore, the Statement of Net Assets Available for Benefits does not present the fair value adjustment of the benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a fair value, which equals contract value, basis.

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The fixed annuities in the general accounts are reported at contract value which approximates fair value. The contract value of the fixed annuities in the general accounts equal the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. The plan administrator believes that contract value is the appropriate determination of fair value for the fixed annuities in the general accounts.

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continuation)

Purchases and sales of investment contract shares are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation in the fair value of investments consists of realized gains or losses and unrealized appreciation or depreciation on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when incurred. No allowance for credit losses has been recorded as of August 31, 2022 and 2021. The fair value disclosures for financial instruments are not required for participant loans. Also, participant loans continue to be considered as investments for Form 5500 reporting purposes.

Note 3 – INFORMATION CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data prepared and certified to as complete and accurate by the trustees, American United Life Insurance Company (AUL) and AXA Equitable Life Insurance Company (AXA).

	AUGUST 31,	
	2022	2021
Investments, at Fair Value:		
American United Life Insurance Company:		
Variable Annuities in Separate Pooled Accounts	2,694,555	3,051,398
Fixed Annuities in General Account	393,860	360,534
Total	3,088,415	3,411,932
AXA Equitable Life Insurance Company:		
Variable Annuities in Separate Pooled Accounts	313,647	378,116
Fixed Annuities in General Account	61,946	60,137
Total	375,593	438,253
TOTAL INVESTMENTS, AT FAIR VALUE	3,464,008	3,850,185
TOTAL INVESTMENT INCOME (LOSS)	(605,287)	697,462

Note 4 – FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 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 to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; 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 inputs that are unobservable and significant to the fair value measurement.

Level 2 Fair Value Measurements

The fair value of the variable annuities in Separate Accounts at AUL and AXA are based on the available quoted market prices of the underlying mutual funds adjusted for expense factors (formula-calculated unit value). The formula-calculated unit value is compared to an accounting unit value determined in a manner similar to a mutual fund's Net Asset Value calculation. Any discrepancies between the two-unit values are resolved to ensure the record-keeping system reflects the accurate value for the day.

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

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.

Note 4 – FAIR VALUE MEASUREMENTS – (Continuation)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2022 and 2021:

	FAIR VALUE MEASUREMENTS USING:	
	FAIR VALUE TOTAL	SIGNIFICANT OTHER OBSERVABLE INPUTS (LEVEL 2)
AUGUST 31, 2022:		
Group Annuity Contracts with AUL and AXA:		
Variable Annuities	3,008,202	3,008,202
Fixed Annuities	455,806	455,806
	<u>3,464,008</u>	<u>3,464,008</u>
AUGUST 31, 2021:		
Group Annuity Contracts with AUL and AXA:		
Variable Annuities	3,429,514	3,429,514
Fixed Annuities	420,671	420,671
	<u>3,850,185</u>	<u>3,850,185</u>

Note 5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has benefit-responsive group annuity investment contracts with AUL and AXA. The group annuity contracts are traditional investments comprised of fixed and variable annuities in sub-accounts that invest in underlying mutual funds. Participants may direct the trustees to invest their contributions in any investment options offered by these sub-accounts.

Investments in the Variable Annuity Accounts

Contributions to the variable annuities at AUL and AXA are maintained in Separate Pooled Accounts and Separate Individual Accounts, respectively. Each eligible fund is a separate mutual fund having its own investment objectives and policies and is registered with the Securities and Exchange Commission (SEC) as an open-end management investment company or portfolio thereof. The SEC does not supervise the management or the investment practices and policies of any of the eligible funds.

Many of the eligible funds are available only to insurance companies for their variable contracts (Insurance-Dedicated Funds) and are used for mixed and shared funding. In mixed funding, shares of an eligible fund under the group contract are bought for variable life insurance policies issued by AUL, AXA, or other insurance companies. Shared funding occurs when shares of an eligible fund under the group contract are also bought by other insurance companies for their variable annuity contracts.

Note 5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY – (Continuation)

Some of the Insurance-Dedicated Funds have been established by investment advisers which manage publicly traded mutual funds having similar names and investment objectives. While some of the eligible funds may be similar to, and may in fact be modeled after, publicly traded mutual funds, the reader should understand that the eligible funds are not otherwise directly related to any publicly traded mutual fund. Consequently, the investment performance of publicly traded mutual funds and any corresponding eligible funds may differ substantially. At August 31, 2022, the fair value of the Separate Accounts at AUL and AXA were \$2,694,555 and \$313,647, respectively. At August 31, 2021, the fair value of the Separate Accounts at AUL and AXA were \$3,051,398 and \$378,116, respectively.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. At August 31, 2022, the fair value of the fixed annuity accounts at AUL and AXA were \$393,860 and \$61,946, respectively. At August 31, 2021, the fair value of the fixed annuity accounts at AUL and AXA were \$360,534 and \$60,137, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (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 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 exempt under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. The guaranteed investment contracts do not permit the insurance companies to terminate the agreement prior to the scheduled maturity date.

Note 6 – TRANSACTIONS WITH RELATED PARTIES AND PARTIES-IN-INTEREST

Certain plan investments are fixed and variable annuities managed by AUL and AXA. AUL and AXA are the trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in Investment Income, as they are paid through revenue sharing rather than a direct payment. Fees paid by the Plan during the years ended August 31, 2022 and 2021, amounted to \$5,931 and \$7,197, respectively.

Note 7 – 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 could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their employer's contributions. In 2009, the Organization decided to no longer accrue benefits to the individual annuity accounts at AXA Equitable Life Insurance Company and for the plan assets at AXA to remain in existence as long as necessary to pay already accrued individual annuity benefits to the respective plan participants. All eligible employees were subsequently allowed to participate or to continue their participation in a continuation of the Plan under a new Group Annuity Contract with American United Life Insurance Company. The Organization and AUL have an information sharing agreement regarding the Plan, whereby each party has agreed to provide the other party with plan and participant-related information directly from AXA in order to enable AUL to perform any administrative services to which the Organization and AUL have agreed. At August 31, 2022 and 2021, the Plan's net assets available for benefits at AXA were \$375,593 and \$438,253, respectively.

Note 9 – 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, 2022 and 2021 to Form 5500:

	<u>2022</u>	<u>2021</u>
Net Assets Available for Benefits per the Financial Statements	3,562,191	3,962,551
Excess Contributions Payable at Year End	<u>1,303</u>	<u>--</u>
NET ASSETS AVAILABLE FOR BENEFITS PER FORM 5500	<u>3,563,494</u>	<u>3,962,551</u>

The following is a reconciliation of contributions per the financial statements to the Form 5500 for the years ended December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Contributions Received per the Financial Statements	351,576	301,638
Add Excess Contributions at Year End	<u>1,303</u>	<u>--</u>
TOTAL	<u>352,879</u>	<u>301,638</u>

SUPPLEMENTARY SCHEDULES

SCHEDULE 1

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN

SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2022

EIN 74-2393714, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
*	American United Life Insurance Company Variable Annuities in Separate Accounts			
	Alger Small Cap Growth Instl	Variable Annuity in Pooled Separate Accounts	N/A	9,538
	American Funds American High Inc. Trust	Variable Annuity in Pooled Separate Accounts	N/A	11,023
	American Century Equity Income	Variable Annuity in Pooled Separate Accounts	N/A	1,699
	American Century Heritage	Variable Annuity in Pooled Separate Accounts	N/A	42,459
	American Century International Discovery	Variable Annuity in Pooled Separate Accounts	N/A	8,734
	American Century Real Estate	Variable Annuity in Pooled Separate Accounts	N/A	26,775
	American Century Strategic Alloc Mod	Variable Annuity in Pooled Separate Accounts	N/A	16,055
	American Funds Capital World Growth & Inc.	Variable Annuity in Pooled Separate Accounts	N/A	32,819
	American Funds EuroPacific Growth	Variable Annuity in Pooled Separate Accounts	N/A	25,093
	American Funds Fundamental Inv.	Variable Annuity in Pooled Separate Accounts	N/A	18,167
	American Funds Growth Fund of America	Variable Annuity in Pooled Separate Accounts	N/A	159,705
	Citrus NFJ Small Cap Fund	Variable Annuity in Pooled Separate Accounts	N/A	27,330
	Fidelity Advisor Freedom 2010	Variable Annuity in Pooled Separate Accounts	N/A	65,204
	Fidelity Advisor Freedom 2025	Variable Annuity in Pooled Separate Accounts	N/A	15,836
	Fidelity Advisor Freedom 2030	Variable Annuity in Pooled Separate Accounts	N/A	500,990
	Fidelity Advisor Freedom 2035	Variable Annuity in Pooled Separate Accounts	N/A	87,997
	Fidelity Advisor Freedom 2040	Variable Annuity in Pooled Separate Accounts	N/A	390,697
	Fidelity Advisor Freedom 2045	Variable Annuity in Pooled Separate Accounts	N/A	123,061
	Fidelity Advisor Freedom 2050	Variable Annuity in Pooled Separate Accounts	N/A	323,926

(Continued)

SCHEDULE 1

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN

SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2022

EIN 74-2393714, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
				(Continuation)
	Fidelity Advisor Freedom 2055	Variable Annuity in Pooled Separate Accounts	N/A	148,368
	Fidelity Advisor Freedom 2065	Variable Annuity in Pooled Separate Accounts	N/A	917
	Fidelity Advisor Freedom Income	Variable Annuity in Pooled Separate Accounts	N/A	45,048
	Fidelity Advisor Leveraged Comp Stock	Variable Annuity in Pooled Separate Accounts	N/A	35,925
	Fidelity Advisor New Insights	Variable Annuity in Pooled Separate Accounts	N/A	33,062
	Fidelity Advisor Small Cap	Variable Annuity in Pooled Separate Accounts	N/A	21,512
	Franklin Growth Opps R	Variable Annuity in Pooled Separate Accounts	N/A	3,192
	Franklin Small Cap Value	Variable Annuity in Pooled Separate Accounts	N/A	12,290
	Franklin Strategic Income	Variable Annuity in Pooled Separate Accounts	N/A	5,844
	Invesco Developing Markets	Variable Annuity in Pooled Separate Accounts	N/A	62,101
	Invesco Energy Fund	Variable Annuity in Pooled Separate Accounts	N/A	33,527
	Invesco Global Health Care	Variable Annuity in Pooled Separate Accounts	N/A	7,623
	Invesco International Bond	Variable Annuity in Pooled Separate Accounts	N/A	32,918
	Invesco Main Street Mid Cap	Variable Annuity in Pooled Separate Accounts	N/A	17,808
	Invesco Mid Cap Core Equity	Variable Annuity in Pooled Separate Accounts	N/A	39,656
	Invesco Technology Fund	Variable Annuity in Pooled Separate Accounts	N/A	17,506
	Janus Forty Fund	Variable Annuity in Pooled Separate Accounts	N/A	78,596
	Janus Perkins Mid Cap Val	Variable Annuity in Pooled Separate Accounts	N/A	7,796
	Lord Abbett Value Opportunities P	Variable Annuity in Pooled Separate Accounts	N/A	15,136
	Neubergerber Sustainable Rqtu	Variable Annuity in Pooled Separate Accounts	N/A	8,057
	PIMCO Total Return	Variable Annuity in Pooled Separate Accounts	N/A	54,622
	State Street Equity 500 Index	Variable Annuity in Pooled Separate Accounts	N/A	24,648
	T Rowe Price Equity-Income	Variable Annuity in Pooled Separate Accounts	N/A	59,490
	Thornburg Core Growth	Variable Annuity in Pooled Separate Accounts	N/A	8,378
	Virtus NFJ Dividend Value	Variable Annuity in Pooled Separate Accounts	N/A	33,427
	Total Variable Annuities at American United Life Insurance Company		--	2,694,555
				(Continued)

SCHEDULE 1

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN

SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2022

EIN 74-2393714, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE (Continuation)
*	AXA Equitable Life Insurance Company Variable Annuities in Separate Accounts			
	1290 VT Small Cap Value	Variable Annuities in Individual Separate Accounts	N/A	2,947
	AXA Aggressive Allocation	Variable Annuities in Individual Separate Accounts	N/A	5,654
	AXA AllianceBernstein Small Cap Growth	Variable Annuities in Individual Separate Accounts	N/A	25,199
	AXA Balanced Strategy	Variable Annuities in Individual Separate Accounts	N/A	312
	AXA Clearbridge Large Cap Growth	Variable Annuities in Individual Separate Accounts	N/A	11,462
	AXA International Managed Volume	Variable Annuities in Individual Separate Accounts	N/A	325
	AXA Large Cap Value Managed Volume	Variable Annuities in Individual Separate Accounts	N/A	25,805
	AXA Moderate Allocation	Variable Annuities in Individual Separate Accounts	N/A	11,944
	AXA Moderate-Plus Allocation	Variable Annuities in Individual Separate Accounts	N/A	2,903
	EQ/American Century Mid Cap Value	Variable Annuities in Individual Separate Accounts	N/A	6,983
	EQ/Common Stock Index	Variable Annuities in Individual Separate Accounts	N/A	58,555
	EQ/Core Bond Index	Variable Annuities in Individual Separate Accounts	N/A	1,159
	EQ/Core Plus Bond	Variable Annuities in Individual Separate Accounts	N/A	680
	EQ/Equity 500 Index	Variable Annuities in Individual Separate Accounts	N/A	34,144
	EQ/International Equity Index	Variable Annuities in Individual Separate Accounts	N/A	13,572
	EQ/Global Multi-Sector Equity	Variable Annuities in Individual Separate Accounts	N/A	731
	EQ/International Core Plus	Variable Annuities in Individual Separate Accounts	N/A	3,525
	EQ/Invesco Global	Variable Annuities in Individual Separate Accounts	N/A	96
	EQ/Large Cap Core Plus	Variable Annuities in Individual Separate Accounts	N/A	161
	EQ/Large Cap Growth Index	Variable Annuities in Individual Separate Accounts	N/A	3,403

(Continued)

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN

SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2022

EIN 74-2393714, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
				(Continuation)
	EQ/Large Cap Growth Plus	Variable Annuities in Individual Separate Accounts	N/A	47,965
	EQ/Mid Cap Index	Variable Annuities in Individual Separate Accounts	N/A	7,275
	EQ/Mid Cap Value Plus	Variable Annuities in Individual Separate Accounts	N/A	8,930
	EQ/Money Market	Variable Annuities in Individual Separate Accounts	N/A	5,265
	EQ/Quality Bond Plus	Variable Annuities in Individual Separate Accounts	N/A	822
	EQ/Small Company Index	Variable Annuities in Individual Separate Accounts	N/A	775
	EQ/T. Rowe Price Growth Stock	Variable Annuities in Individual Separate Accounts	N/A	1,226
	Janus Enterprises	Variable Annuities in Individual Separate Accounts	N/A	8,478
	Multimanager Aggressive Equity	Variable Annuities in Individual Separate Accounts	N/A	20,243
	Multimanager Technology	Variable Annuities in Individual Separate Accounts	N/A	3,108
	Total Variable Annuities at AXA Equitable Life Insurance Company		--	313,647
	Total Variable Annuities		--	3,008,202
*	American United Life Insurance Company AUL Fixed Account	Fixed Annuity in General Account, Guaranteed Principal and Interest 1% Contract Rate	N/A	393,860
*	AXA Equitable Life Insurance Company AXA Guaranteed Interest Option Account	Fixed Annuity in General Account, Guaranteed Principal and Interest 3% Contract Rate	N/A	61,946
	Total Fixed Annuity Accounts		--	455,806
	Total Investments			3,464,008
*	Participant Loans	Various Maturities, Rate 5-6%	N/A	99,179
	TOTAL INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS		--	3,563,187

* Denotes Party-In-Interest

** Cost is Not Required on Participant Directed Accounts

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN

AUGUST 31, 2021

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
*	American United Life Insurance Company Variable Annuities in Separate Accounts			
	Alger Small Cap Growth Instl	Variable Annuity in Pooled Separate Accounts	N/A	15,981
	American Funds American High Inc. Trust	Variable Annuity in Pooled Separate Accounts	N/A	10,918
	American Century Equity Income	Variable Annuity in Pooled Separate Accounts	N/A	1,644
	American Century Heritage	Variable Annuity in Pooled Separate Accounts	N/A	55,640
	American Century International Discovery	Variable Annuity in Pooled Separate Accounts	N/A	10,980
	American Century Real Estate	Variable Annuity in Pooled Separate Accounts	N/A	29,021
	American Century Strategic Alloc Mod	Variable Annuity in Pooled Separate Accounts	N/A	16,194
	American Funds Capital World Growth & Inc.	Variable Annuity in Pooled Separate Accounts	N/A	37,291
	American Funds EuroPacific Growth	Variable Annuity in Pooled Separate Accounts	N/A	32,347
	American Funds Fundamental Inv.	Variable Annuity in Pooled Separate Accounts	N/A	19,427
	American Funds Growth Fund of America	Variable Annuity in Pooled Separate Accounts	N/A	187,425
	Citrus NFJ Small Cap Fund	Variable Annuity in Pooled Separate Accounts	N/A	28,511
	Fidelity Advisor Freedom 2010	Variable Annuity in Pooled Separate Accounts	N/A	70,715
	Fidelity Advisor Freedom 2025	Variable Annuity in Pooled Separate Accounts	N/A	16,682
	Fidelity Advisor Freedom 2030	Variable Annuity in Pooled Separate Accounts	N/A	533,908
	Fidelity Advisor Freedom 2035	Variable Annuity in Pooled Separate Accounts	N/A	89,990
	Fidelity Advisor Freedom 2040	Variable Annuity in Pooled Separate Accounts	N/A	442,470
	Fidelity Advisor Freedom 2045	Variable Annuity in Pooled Separate Accounts	N/A	123,967
	Fidelity Advisor Freedom 2050	Variable Annuity in Pooled Separate Accounts	N/A	332,252

Community in Schools of San Antonio 403(b) Plan 20

SCHEDULE 2

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN

SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2021

EIN 74-2393714, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
				(Continuation)
	Fidelity Advisor Freedom 2055	Variable Annuity in Pooled Separate Accounts	N/A	140,013
	Fidelity Advisor Freedom Income	Variable Annuity in Pooled Separate Accounts	N/A	50,572
	Fidelity Advisor Leveraged Comp Stock	Variable Annuity in Pooled Separate Accounts	N/A	42,579
	Fidelity Advisor New Insights	Variable Annuity in Pooled Separate Accounts	N/A	42,769
	Fidelity Advisor Small Cap	Variable Annuity in Pooled Separate Accounts	N/A	25,437
	Franklin Growth Opps R	Variable Annuity in Pooled Separate Accounts	N/A	3,765
	Franklin Small Cap Value	Variable Annuity in Pooled Separate Accounts	N/A	13,323
	Franklin Strategic Income	Variable Annuity in Pooled Separate Accounts	N/A	6,265
	Invesco Developing Markets	Variable Annuity in Pooled Separate Accounts	N/A	81,657
	Invesco Energy Fund	Variable Annuity in Pooled Separate Accounts	N/A	18,050
	Invesco Global Health Care	Variable Annuity in Pooled Separate Accounts	N/A	9,421
	Invesco International Bond	Variable Annuity in Pooled Separate Accounts	N/A	37,731
	Invesco Main Street Mid Cap	Variable Annuity in Pooled Separate Accounts	N/A	20,188
	Invesco Mid Cap Core Equity	Variable Annuity in Pooled Separate Accounts	N/A	43,420
	Invesco Technology Fund	Variable Annuity in Pooled Separate Accounts	N/A	24,331
	Janus Forty Fund	Variable Annuity in Pooled Separate Accounts	N/A	110,382
	Janus Perkins Mid Cap Val	Variable Annuity in Pooled Separate Accounts	N/A	7,715
	Lord Abbett Value Opportunities P	Variable Annuity in Pooled Separate Accounts	N/A	17,055
	Neubergerber Sustainable Rqtu	Variable Annuity in Pooled Separate Accounts	N/A	9,021
	PIMCO Total Return	Variable Annuity in Pooled Separate Accounts	N/A	62,505
	State Street Equity 500 Index	Variable Annuity in Pooled Separate Accounts	N/A	125,201
	T Rowe Price Equity-Income	Variable Annuity in Pooled Separate Accounts	N/A	58,743
	Thornburg Core Growth	Variable Annuity in Pooled Separate Accounts	N/A	12,561
	Virtus NFJ Dividend Value	Variable Annuity in Pooled Separate Accounts	N/A	33,331
	Total Variable Annuities at American United Life Insurance Company		--	3,051,398
				(Continued)

SCHEDULE 2

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN

SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AUGUST 31, 2021

EIN 74-2393714, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
				(Continuation)
*	AXA Equitable Life Insurance Company			
	Variable Annuities in Separate Accounts			
	1290 VT Small Cap Value	Variable Annuities in Individual Separate Accounts	N/A	3,025
	AXA Aggressive Allocation	Variable Annuities in Individual Separate Accounts	N/A	6,951
	AXA AllianceBernstein Small Cap Growth	Variable Annuities in Individual Separate Accounts	N/A	34,081
	AXA Clearbridge Large Cap Growth	Variable Annuities in Individual Separate Accounts	N/A	15,520
	AXA International Managed Volume	Variable Annuities in Individual Separate Accounts	N/A	424
	AXA Large Cap Value Managed Volume	Variable Annuities in Individual Separate Accounts	N/A	28,969
	AXA Moderate Allocation	Variable Annuities in Individual Separate Accounts	N/A	14,037
	AXA Moderate-Plus Allocation	Variable Annuities in Individual Separate Accounts	N/A	3,537
	EQ/American Century Mid Cap Value	Variable Annuities in Individual Separate Accounts	N/A	7,216
	EQ/Common Stock Index	Variable Annuities in Individual Separate Accounts	N/A	67,156
	EQ/Core Bond Index	Variable Annuities in Individual Separate Accounts	N/A	1,288
	EQ/Core Plus Bond	Variable Annuities in Individual Separate Accounts	N/A	785
	EQ/Equity 500 Index	Variable Annuities in Individual Separate Accounts	N/A	39,201
	EQ/International Equity Index	Variable Annuities in Individual Separate Accounts	N/A	16,319
	EQ/Global Multi-Sector Equity	Variable Annuities in Individual Separate Accounts	N/A	944
	EQ/International Core Plus	Variable Annuities in Individual Separate Accounts	N/A	4,500
	EQ/Invesco Global	Variable Annuities in Individual Separate Accounts	N/A	145
	EQ/Large Cap Core Plus	Variable Annuities in Individual Separate Accounts	N/A	189
	EQ/Large Cap Growth Index	Variable Annuities in Individual Separate Accounts	N/A	4,309
				(Continued)

COMMUNITY IN SCHOOLS OF SAN ANTONIO 403(b) PLAN**SCHEDULE H - LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****AUGUST 31, 2021**

EIN 74-2393714, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST**	(e) CURRENT VALUE
				(Continuation)
	EQ/Large Cap Growth Plus	Variable Annuities in Individual Separate Accounts	N/A	61,063
	EQ/Mid Cap Index	Variable Annuities in Individual Separate Accounts	N/A	8,300
	EQ/Mid Cap Value Plus	Variable Annuities in Individual Separate Accounts	N/A	10,019
	EQ/Money Market	Variable Annuities in Individual Separate Accounts	N/A	5,343
	EQ/Quality Bond Plus	Variable Annuities in Individual Separate Accounts	N/A	923
	EQ/Small Company Index	Variable Annuities in Individual Separate Accounts	N/A	958
	EQ/T. Rowe Price Growth Stock	Variable Annuities in Individual Separate Accounts	N/A	1,862
	Janus Enterprises	Variable Annuities in Individual Separate Accounts	N/A	10,031
	Multimanager Aggressive Equity	Variable Annuities in Individual Separate Accounts	N/A	26,653
	Multimanager Technology	Variable Annuities in Individual Separate Accounts	N/A	4,368
	Total Variable Annuities at AXA Equitable Life Insurance Company		--	378,116
	Total Variable Annuities		--	3,429,514
*	American United Life Insurance Company AUL Fixed Account	Fixed Annuity in General Account, Guaranteed Principal and Interest 1% Contract Rate	N/A	360,534
*	AXA Equitable Life Insurance Company AXA Guaranteed Interest Option Account	Fixed Annuity in General Account, Guaranteed Principal and Interest 3% Contract Rate	N/A	60,137
	Total Fixed Annuity Accounts		--	420,671
	Total Investments			3,850,185
*	Participant Loans	Various Maturities, Rate 5%	N/A	112,299
	TOTAL INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS		--	3,962,484

* Denotes Party-In-Interest

** Cost is Not Required on Participant Directed Accounts

Schedule C Attachment for Line Item 3(e)

Plan Name **G75450 COMMUNITY IN SCHOOLS OF SAN ANTONIO 403B PLAN**

Plan Number **001** **Plan Year End** **8/31/2022**

EIN **74-2393714**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
ALGER	Alger SmCap Grth Inst R	0.75
AMERICAN CENTURY	AmerCent Strat Alloc: Mod A	0.60
AMERICAN CENTURY	AmerCent Heritage A	0.60
AMERICAN CENTURY	AmerCent Eqty Inc A	0.60
AMERICAN CENTURY	AmerCent RealEstate A	0.60
AMERICAN CENTURY	Amercent Intl Opps A	0.60
AMERICAN FUNDS	AmerFds Cap World Grth&Inc R3	0.65
AMERICAN FUNDS	AmerFds EuroPac Grth R3	0.65
AMERICAN FUNDS	AmerFds Fdamental Invs R3	0.65
AMERICAN FUNDS	AmerFds Grth Fd of America R3	0.65
AMERICAN FUNDS	AmerFds Amer High Inc Trust R3	0.65
FIDELITY	Fidelity Adv Freedom 2065 M	0.75
FIDELITY	Fidelity Adv Lev Comp Stock M	0.75
FIDELITY	Fidelity Adv New Insights M	0.75
FIDELITY	Fidelity Adv Freedom 2045 M	0.75
FIDELITY	Fidelity Adv Freedom 2050 M	0.75
FIDELITY	Fidelity Adv Freedom 2055 M	0.75
FIDELITY	Fidelity Adv Freedom 2010 M	0.75
FIDELITY	Fidelity Adv Freedom 2015 M	0.75
FIDELITY	Fidelity Adv Freedom 2020 M	0.75
FIDELITY	Fidelity Adv Freedom 2025 M	0.75

Investment Company	Investment Portfolio	Annual Percentage
FIDELITY	Fidelity Adv Freedom 2030 M	0.75
FIDELITY	Fidelity Adv Freedom 2035 M	0.75
FIDELITY	Fidelity Adv Freedom 2040 M	0.75
FIDELITY	Fidelity Adv Freedom Inc M	0.75
FIDELITY	Fidelity Adv Smcap M	0.75
FRANKLIN/TEMPLETON	Franklin Growth Opps R	0.65
FRANKLIN/TEMPLETON	Franklin Strat Inc R	0.65
FRANKLIN/TEMPLETON	Franklin SmCap Val R	0.65
INVESCO	Invesco MAIN ST MID CAP R	0.75
INVESCO	Invesco Energy A	0.50
INVESCO	Invesco Health Care A	0.50
INVESCO	Invesco Tech A	0.50
INVESCO	Invesco Developing Mkts A	0.50
INVESCO	Invesco Main St Mid Cap A	0.50
INVESCO	Invesco Intl Bond A	0.50
JANUS HENDERSON	Jan Hen Forty R	0.75
JANUS HENDERSON	Jan Hen MidCap Val R	0.75
LORD ABBETT	Lord Abbett Val Ops P	0.60
NEUBERGER BERMAN	Neuberger Sustainable Eqty R3	0.65
PIMCO	PIMCO Total Return R	0.60
STATE STREET	State Street Equity 500 Indx R	0.60
T. ROWE PRICE	TRowePrice Eqty Inc R	0.65
THORNBURG	Thornburg Smid Grth R3	0.70
VIRTUS	Virtus NFJ Dividend Value A	0.60
VIRTUS	Virtus NFJ Small-Cap Value A	0.60

Plan Type 3 403ER

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

COMMUNITY IN SCHOOLS OF SAN ANTONIO

Name of Plan:

403B PLAN

Employer Identification Number:

74-2393714

For plan year (beginning/ending):

09/01/2021 TO 08/31/2022

Plan number:

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ALGER	ALGER SMCAP GRTH INST R MUTUAL FUND SHARES	0	9,538
	AMERICAN CENTURY	AMERCENT EQTY INC A MUTUAL FUND SHARES	0	1,699
	AMERICAN CENTURY	AMERCENT HERITAGE A MUTUAL FUND SHARES	0	42,459
	AMERICAN CENTURY	AMERCENT INTL OPPS A MUTUAL FUND SHARES	0	8,734
	AMERICAN CENTURY	AMERCENT REALESTATE A MUTUAL FUND SHARES	0	26,775
	AMERICAN CENTURY	AMERCENT STRAT ALLOC: MOD A MUTUAL FUND SHARES	0	16,055
	AMERICAN FUNDS	AMERFDS AMER HIGH INC TRUST R3 MUTUAL FUND SHARES	0	11,023
	AMERICAN FUNDS	AMERFDS CAP WORLD GRTH&INC R3 MUTUAL FUND SHARES	0	32,819
	AMERICAN FUNDS	AMERFDS EUROPAC GRTH R3 MUTUAL FUND SHARES	0	25,093
	AMERICAN FUNDS	AMERFDS FDAMENTAL INVS R3 MUTUAL FUND SHARES	0	18,167
	AMERICAN FUNDS	AMERFDS GRTH FD OF AMERICA R3 MUTUAL FUND SHARES	0	159,705
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	393,860
	FIDELITY	FIDELITY ADV FREEDOM 2010 M MUTUAL FUND SHARES	0	65,204
	FIDELITY	FIDELITY ADV FREEDOM 2025 M MUTUAL FUND SHARES	0	15,836
	FIDELITY	FIDELITY ADV FREEDOM 2030 M MUTUAL FUND SHARES	0	500,990
	FIDELITY	FIDELITY ADV FREEDOM 2040 M MUTUAL FUND SHARES	0	390,698
	FIDELITY	FIDELITY ADV FREEDOM 2050 M MUTUAL FUND SHARES	0	323,926
	FIDELITY	FIDELITY ADV FREEDOM 2035 M MUTUAL FUND SHARES	0	87,997
	FIDELITY	FIDELITY ADV FREEDOM INC M MUTUAL FUND SHARES	0	45,048
	FIDELITY	FIDELITY ADV FREEDOM 2045 M MUTUAL FUND SHARES	0	123,061
	FIDELITY	FIDELITY ADV FREEDOM 2055 M MUTUAL FUND SHARES	0	148,368
	FIDELITY	FIDELITY ADV FREEDOM 2065 M MUTUAL FUND SHARES	0	917
	FIDELITY	FIDELITY ADV LEV COMP STOCK M MUTUAL FUND SHARES	0	35,925
	FIDELITY	FIDELITY ADV NEW INSIGHTS M MUTUAL FUND SHARES	0	33,062
	FIDELITY	FIDELITY ADV SMCAP M MUTUAL FUND SHARES	0	21,512
	FRANKLIN/TEMPLETON	FRANKLIN GROWTH OPPS R MUTUAL FUND SHARES	0	3,192
	FRANKLIN/TEMPLETON	FRANKLIN SMCAP VAL R MUTUAL FUND SHARES	0	12,290
	FRANKLIN/TEMPLETON	FRANKLIN STRAT INC R MUTUAL FUND SHARES	0	5,843
	INVESCO	INVESCO DEVELOPING MKTS A MUTUAL FUND SHARES	0	62,101
	INVESCO	INVESCO ENERGY A MUTUAL FUND SHARES	0	33,527
	INVESCO	INVESCO HEALTH CARE A MUTUAL FUND SHARES	0	7,623
	INVESCO	INVESCO INTL BOND A MUTUAL FUND SHARES	0	32,918
	INVESCO	INVESCO MAIN ST MID CAP R MUTUAL FUND SHARES	0	17,808
	INVESCO	INVESCO MAIN ST MID CAP A MUTUAL FUND SHARES	0	39,656
	INVESCO	INVESCO TECH A MUTUAL FUND SHARES	0	17,506
	JANUS HENDERSON	JAN HEN FORTY R MUTUAL FUND SHARES	0	78,596
	JANUS HENDERSON	JAN HEN MIDCAP VAL R MUTUAL FUND SHARES	0	7,796
	PARTICIPANTS	LOANS 5% TO 5%	0	94,176

	LORD ABBETT	LORD ABBETT VAL OPS P MUTUAL FUND SHARES	0	15,136
	NEUBERGER BERMAN	NEUBERGER SUSTAINABLE EQTY R3 MUTUAL FUND SHARES	0	8,057
	PIMCO	PIMCO TOTAL RETURN R MUTUAL FUND SHARES	0	54,622
	STATE STREET	STATE STREET EQUITY 500 INDX R MUTUAL FUND SHARES	0	24,648
	THORNBURG	THORNBURG SMID GRTH R3 MUTUAL FUND SHARES	0	8,378
	T. ROWE PRICE	TROWEPRICE EQTY INC R MUTUAL FUND SHARES	0	59,490
	VIRTUS	VIRTUS NFJ DIVIDEND VALUE A MUTUAL FUND SHARES	0	33,427
	VIRTUS	VIRTUS NFJ SMALL-CAP VALUE A MUTUAL FUND SHARES	0	27,330
	EQ/EQUITY 500 INDEX	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	34,144
	EQ/AMERICAN CENTRY MID CAP VAL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	6,983
	EQ/INTERNATIONAL EQUITY INDEX	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	13,572
	EQ/JANUS ENTERPRISE	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	8,478
	EQ/COM STCK INDEX	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	58,555
	MULTIMANAGER AGGRESSIVE EQUITY	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	20,242
	EQ/MONEY MARKET	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	5,265
	EQ/MODERATE ALLOCATION	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	11,944
	EQ/ MODERATE-PLUS ALLOCATION	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	2,902
	EQ/ AGGRESSIVE ALLOCATION	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	5,654
	EQ/T. ROWE PRICE GROWTH STOCK	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	1,226
	EQ/MID CAP INDEX	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	7,275
	1290 VT SMALL CAP VALUE	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	2,947
	EQ/AB SMALL CAP GROWTH	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	25,199
	MULTIMANAGER TECHNOLOGY	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	3,108
	EQ/ INT VAL MANAGED VOL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	325
	EQ/ LG CAP GRW MANAGED VOL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	47,966
	EQ/QUALITY BOND PLUS	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	822
	EQ/ MID CAP VAL MANAGED VOL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	8,930
	EQ/LARGE CAP GROWTH INDEX	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	3,403
	EQ/CLEARBRIDGE LARGE CAP GRWT	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	11,462
	EQ/ LG CAP CORE MANAGED VOL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	161
	EQ/ INT CORE MANAGED VOL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	3,525
	EQ/ LG CAP VAL MANAGED VOL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	25,805
	EQ/GLB EQTY MANAGED VOL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	731
	EQ/CORE BOND INDEX	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	1,159
	EQ/SMALL COMPANY INDEX	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	775
	EQ/CORE PLUS BOND	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	680
	EQ/INVESCO GLOBAL	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	96
	AXA FIXED ACCOUNT	GUARANTEED INTEREST ACCOUNT	0	61,946
	AXA	PARTICIPANT LOANS	0	5,003
	EQ/BALANCED STRATEGY	VARIABLE ANNUITIES IN INDIVIDUAL SEPARATE ACCOUNTS	0	312