

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
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>COMMUNITIES IN SCHOOLS, INC DEFINED CONTRIBUTION RETIREMENT 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>09/03/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/03/1994</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/03/1994</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, INC.</u> <u>2345 CRYSTAL DRIVE</u> <u>SUITE 700</u> <u>ARLINGTON, VA 22202-4827</u> <u>2345 CRYSTAL DRIVE</u> <u>SUITE 700</u> <u>ARLINGTON, VA 22202-4827</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>58-1289174</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>800-247-4543</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>611000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>58-1289174</u>	2c Plan Sponsor's telephone number <u>800-247-4543</u>	2d Business code (see instructions) <u>611000</u>	
2b Employer Identification Number (EIN) <u>58-1289174</u>					
2c Plan Sponsor's telephone number <u>800-247-4543</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.	07/13/2023	STEVEN MCCULLOUGH
	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	210
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)	87
a(2) Total number of active participants at the end of the plan year		6a(2)	84
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	127
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	195
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
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: 2L			
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>1</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
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022	
A Name of plan COMMUNITIES IN SCHOOLS, INC DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS, INC.	D Employer Identification Number (EIN) 58-1289174

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	337137	84	10/01/2021	09/30/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	646330
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	822893

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

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

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

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

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

b	Balance at the end of the previous year	7b	682075
----------	---	-----------	--------

c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	25648	
	(4) Transferred from separate account.....	7c(4)	67401	
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	93049
---------------------------	--------------	-------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	775124
----------	--	-----------	--------

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	28293	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	93089	
	(4) Other (specify below)	7e(4)	7412	
	▶ TRANSFERS			

(5) Total deductions	7e(5)	128794
----------------------------	--------------	--------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	646330
----------	--	-----------	--------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan COMMUNITIES IN SCHOOLS, INC DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS, INC.	D Employer Identification Number (EIN) 58-1289174	

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	
TIAA	730 THIRD AVE. NEW YORK, NY 10017
13-1624203	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022					
A Name of plan COMMUNITIES IN SCHOOLS, INC DEFINED CONTRIBUTION RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS, INC.				D Employer Identification Number (EIN) 58-1289174	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE					
b Name of sponsor of entity listed in (a): TIAA-CREF					
c EIN-PN 13-1624203-004		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39075	
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)	

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

Schedule D (Form 5500) 2021 v. 201209

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

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

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan COMMUNITIES IN SCHOOLS, INC DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITIES IN SCHOOLS, INC.	D Employer Identification Number (EIN) 58-1289174	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	34368	39075
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7044431	5752790
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	682075	646330
(15) Other.....	1c(15)	944962	783818

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8705836	7222013

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8705836	7222013
---	-----------	---------	---------

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)	340307	
(B) Participants	2a(1)(B)	457669	
(C) Others (including rollovers).....	2a(1)(C)	239439	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1037415
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	25648	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25648
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		6442
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1260447
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-190942
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1292127	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1292127
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	754	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		754
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1292881
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1483823
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: JOHNSON LAMBERT LLP

(2) EIN: 52-1446779

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?			
4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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.)			
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		X	

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 _____.



JohnsonLambert LLP
cpas + consultants

Communities in Schools, Inc.

Defined Contribution Retirement Plan

Financial Statements and Supplemental Schedule

*Years ended September 30, 2022 and 2021
with Report of Independent Auditors*

Communities in Schools, Inc. Defined Contribution Retirement Plan

Financial Statements and Supplemental Schedule

Years ended September 30, 2022 and 2021

Contents

Report of Independent Auditors.....	1 - 3
-------------------------------------	-------

Financial Statements

Statements of Net Assets Available for Benefits - Modified Cash Basis.....	4
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis.....	5
Notes to the Financial Statements - Modified Cash Basis.....	6 - 15

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis.....	16 - 17
---	---------

Report of Independent Auditors

Board of Directors

Communities in Schools, Inc. Defined Contribution Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We were engaged to perform an audit of the financial statements of Communities in Schools, Inc. Defined Contribution Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits - modified cash basis as of September 30, 2022, and the related statement of changes in net assets available for benefits - modified cash basis for the year then ended, and the related notes to the 2022 financial statements - modified cash basis.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended September 30, 2022, stating that the certified investment information, as described in Note 3 to the 2022 financial statements, is complete and accurate.

Disclaimer of Opinion on the 2022 Financial Statements

We do not express an opinion on the accompanying 2022 financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2022 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2022 Financial Statements

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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 2022 Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2022 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

2022 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) - modified cash basis as of September 30, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2022 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

Auditor's Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

In our report dated July 14, 2022, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements.

A handwritten signature in black ink that reads "Johnson Lambert LLP". The signature is written in a cursive, flowing style.

Vienna, Virginia
July 14, 2023

Communities in Schools, Inc. Defined Contribution Retirement Plan

Statements of Net Assets Available for Benefits - Modified Cash Basis

As of September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value	<u>\$ 7,222,013</u>	<u>\$ 8,705,836</u>
Net assets available for benefits	<u><u>\$ 7,222,013</u></u>	<u><u>\$ 8,705,836</u></u>

See accompanying notes to the modified cash basis financial statements.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

Years ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Investment (Loss) Income		
Net (depreciation) appreciation in fair value of investments	\$ (1,228,357)	\$ 1,467,511
Total investment (loss) income	(1,228,357)	1,467,511
Contributions		
Employer contributions	340,307	338,171
Participant contributions	457,669	422,058
Participant rollovers	<u>239,439</u>	<u>174,378</u>
Total contributions	1,037,415	934,607
Distributions		
Benefit payments and distributions to participants	1,292,127	421,487
Fees	<u>754</u>	<u>678</u>
Total distributions	<u>1,292,881</u>	<u>422,165</u>
Change in net assets available for benefits	(1,483,823)	1,979,953
Net assets available for benefits, beginning of year	<u>8,705,836</u>	<u>6,725,883</u>
Net assets available for benefits, end of year	<u><u>\$ 7,222,013</u></u>	<u><u>\$ 8,705,836</u></u>

See accompanying notes to the modified cash basis financial statements.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis

As of and for the years ended September 30, 2022 and 2021

Note 1 - Description of Plan

The following description of the Communities in Schools (CIS or the Plan Sponsor) Defined Contribution Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete and accurate description of the Plans provisions.

General

The Teachers Insurance and Annuity Association of America (TIAA) College Retirement Equities Fund (CREF) 403(b) Plan was established on October 1, 1994, and was amended and restated on October 1, 2012. The Mutual of America Safe-Harbor 403(b) Thrift Plan was effective October 1, 1994 and most recently amended on January 1, 2019. The anniversary date for both Plans is October 1 of each year, and a plan year is the 12 month period commencing each October 1 and ending on September 30. The Defined Contribution Retirement Plan herein includes the activity of the TIAA and CREF plan and Mutual of America Plan, (collectively, the Plan).

The Plan is a participant directed defined contribution plan organized under Section 403(b) of the Internal Revenue Code (the IRC), covering all eligible employees of CIS. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Annuity and Custodial Accounts Prior to January 1, 2009

Effective for plan years beginning on or after January 1, 2009, the Department of Labor has issued regulations that eliminated special limited reporting for Code Section 403(b) plans. Prior to the 2009 plan year, the Plan was not required to file audited financial statements with its IRS Form 5500. The Plan has been in existence prior to 2009 and has not maintained sufficient accounting records nor documents relating to accounts issued to current and former employees for certain years prior to January 1, 2009 to support the historical balances within the Plan's financial statements. Accordingly, management is unable to verify the completeness and accuracy of all accounts for periods prior to January 1, 2009.

Eligibility

An employee is eligible to participate in the voluntary tax deferred plan on the first day of the first pay period following the date of hire, unless the employee is a nonresident alien as described in IRC Section 410(b)(3)(C). There is no minimum age an employee must attain to become a participant in the Plan for purposes of making voluntary deferrals. An employee is eligible to participate in the employer contributions once he or she has completed one year of service (1,000 hours).

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 1 - Description of Plan (Continued)

Contributions

Eligible participants are automatically enrolled with contributions of 1% of eligible compensation and may contribute subject to IRC limitations. An employer non-matching contribution will be made on behalf of an eligible participant in an amount equal to 3% of such eligible participant's annual compensation. The Plan also contains a matching component whereby the Plan Sponsor will match elective deferrals up to a maximum of 3% of the eligible participant's annual compensation. For the year ended September 30, 2022 and 2021, annual compensation is defined in the Plan.

Notes Receivable from Participants

Plan loans are issued directly from funds owned by Mutual of America and not directly from the participant's account. These loans are secured by a pledge of the borrower's accounts up to 50% of the value of a borrower's accounts to cover the outstanding loan in case of default. A participant may request a loan of up to 50% of their vested account balance in the Plan, subject to a maximum loan of \$50,000. A participant may not request a loan for less than \$1,000. All loans must generally be repaid within ten years and bear interest at a fixed rate determined by the plan administrator, which is commensurate with the local prevailing rates, which was 3.25% and 4.00%, respectively, during the years ended September 30, 2022 and 2021. Defaulted loans are recorded as deemed distributions and excluded from the ending loan balance. The collateral balances of loans in default are held in a separate Plan Loan Fund. The Plan Loan Fund is part of the general account of Mutual of America - see Note 2. The fair value of the Plan Loan Fund at September 30, 2022 and 2021 was \$112,436 and \$73,530, respectively.

Rollovers

A participant or beneficiary may roll over an amount distributed under the Plan to another eligible retirement plan.

Hardship Distributions

A hardship distribution is permissible for the following purposes, which have been deemed immediate and heavy financial needs:

- Expenses for medical care, as defined under IRC Section 213(d).
- Costs directly related to the purchase of a principal residence for the employee.
- Qualified education expenses.
- Payments necessary to prevent eviction from or foreclosure on the employee's principal residence.
- Burial or funeral expenses for the employee's deceased parents, spouse, children or dependents.
- Expenses for the repair of damage to the employee's principal residence, as defined under IRC Section 165.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 1 - Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with (i) the employer and employee's contribution and (ii) the account earnings (losses). Participants direct the investment of all contributions into various options offered by the Plan. Participants may elect to reduce their compensation by a specific percentage or dollar amount and have that amount contributed to the Plan as an elective deferral. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Each participant is fully vested at all times in the net value of their account.

Benefit Payments

A participant may receive benefits in the form of a monthly annuity or in a lump sum distribution, subject to the terms of the funding vehicles of the Plan. Payment of benefits and other distributions from the Plan will be allowable pursuant to the following:

- Severance from employment
- Death
- Disability
- Attainment of age 59½
- Eligibility for a qualified reservist distribution or active military service
- Hardship

Plan Termination

Although they have not expressed any intent to do so, CIS reserves the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination, all accounts will be distributed and the assets will be allocated among participants and beneficiaries in proportion to the participants' respective account balances.

Note 2 - Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting. Consequently, the financial statements have been modified to recognize contributions when received by the custodian, and account for benefit payments and distributions when the obligation is paid by the custodian.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 2 - Summary of Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements (modified cash basis) in conformity with a comprehensive basis of accounting other than Generally Accepted Accounting Principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments of the Plan are stated at fair value. If available, quoted market prices are used to value investments. The Plan invests in the following investments: pooled separate accounts, a general account, a traditional non benefit responsive annuity contract, and variable annuities.

Investments in pooled separate accounts - mutual funds are stated at fair value. The valuation of these accounts is based on the unit value reported by the Mutual of America Life Insurance Company, an insurance company. In accordance with GAAP, the investment in a pooled separate account, which is measured at fair value using the net asset value per share (or equivalent) as a practical expedient, has not been classified in the fair value hierarchy. There are no unfunded commitments for the separate accounts. The redemption frequency for all pooled separate accounts is daily and no notice is required for redemption. Additionally, there are no restrictions on contributions or redemptions for any of these funds.

The Plan has an investment in a general account with Mutual of America, which is called the "interest accumulation account." The general account has a set interest rate determined by Mutual of America and is carried at amortized cost or contract value, which approximates fair value. The interest accumulation account is used to secure participant loans. The general account has characteristics of a cash equivalent given its liquidity and as such is not part of the fair value hierarchy.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 2 - Summary of Accounting Policies (Continued)

Additionally, the Plan has investments in TIAA Real Estate Account (REA), which is a pooled separate account that invests mainly in real estate and real estate-related investments. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. Contributions to the REA enable a unit holder to acquire units whose accumulation unit value is calculated every business day. Daily unit values for the REA are listed on National Association of Securities Dealers Automated Quotations' (NASDAQ) website. The unit values are updated overnight for each day that NASDAQ is open. The value of a participant's investment rises and falls with the return on the underlying assets in the REA along with the income generated by those assets. Transfers out of the REA are limited to one per calendar quarter. Although the underlying assets of REA cannot be quickly sold and converted to liquid assets, the TIAA general account provides the REA with liquidity guarantee. In accordance with GAAP, the investment in the REA is measured at fair value using the net asset value per share (or equivalent) as a practical expedient and has not been classified in the fair value hierarchy. There are no unfunded commitments.

The Plan has investments in a TIAA Traditional Annuity which is considered a non-benefit-responsive unallocated fixed annuity contract. These investments are reported at fair value (see Note 4). Fair value approximates contract value which equals the accumulated cash contributions, interest credited to the plan's contracts, and transfers in less any withdrawals and transfers out. The TIAA Traditional Annuity guarantees principal and a specified interest rate, with the opportunity for additional amounts determined annually by TIAA. Certain restrictions limit participant access to funds based on the type of contract held. Participants with a Retirement Annuity contract are unable to receive lump-sum cash withdrawals from the TIAA Traditional Annuity and transfers must be spread over a ten-year period. All other withdrawals and transfers must be spread over a period of ten annual installments (or five annual installments for withdrawals after termination of employment). Given the aforementioned limitations on participant access to the funds, management does not consider the contracts to be fully benefit-responsive.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 2 - Summary of Accounting Policies (Continued)

The Plan also has investments in CREF accounts, which are variable annuity funds consisting of the following portfolios: Stock, Global Equities, Growth, Equity Index, Bond Market, Inflation-linked Bond, Social Choice, and Money Market accounts. These accounts invest principally in equity securities, fixed-income instruments and short-term investments based on each portfolio's objectives. CREF accounts are primarily valued using market quotations or prices obtained from an independent pricing source to obtain the fair value. The daily unit value of the CREF accounts are listed on NASDAQ. The value of a unit holder's investment rises and falls with the returns on the underlying assets in the CREF Account's portfolio. In an effort to reduce market timing and excessive trading, participants will be locked out of a fund for 90 days if a purchase, sale and repurchase within that fund is made within a 60-day period, other than for the CREF Money Market Account. In accordance with GAAP, the investment in the CREF accounts is measured at fair value using the net asset value per share (or equivalent) as a practical expedient and has not been classified in the fair value hierarchy. There are no unfunded commitments.

TIAA Access investments are variable annuity products in a separate account that invests in subaccount mutual funds such as TIAA Core Bond, International Equities, Large Cap Value, Lifecycle, Mid-cap Value, Real Estate, Social Choice and Small Cap Value. Subaccount unit values are calculated daily using market quotations obtained from independent pricing sources. The value of a unit holder's investment rises and falls with the returns on the underlying assets in the TIAA Access portfolio. There are no restrictions on sales or transfers. In accordance with GAAP, the investment in the TIAA Access investments is measured at fair value using the net asset value per share (or equivalent) as a practical expedient and has not been classified in the fair value hierarchy. There are no unfunded commitments and the redemption frequency is daily.

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

Payment of Benefits

Benefits and other distributions are recorded when paid.

Administrative Expenses

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

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 3 - Investment Information Certified by the Plan's Custodian

As of September 30, 2022 and 2021 and the years then ended, the plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mutual of America and TIAA and CREF have certified that the information related to investments, and net (depreciation) appreciation in fair value of investments included in the accompanying financial statements and supplemental information is complete and accurate.

Note 4 - Fair Value Measurement

In accordance with the accounting standards for fair value measurement for those assets and liabilities that are measured at fair value on a recurring basis, as of September 30, 2022 and 2021, the Plan has categorized its applicable financial instruments into a required fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument.

Applicable financial assets and liabilities are categorized on the basis of the inputs to the valuation techniques as follows:

Level 1 – Inputs based on quoted prices (unadjusted) in active markets for identical assets or liabilities accessible at the measurement date that the Plan has ability to access.

Level 2 – Inputs based on quoted prices in markets that are not active or model inputs that are observable, either directly or indirectly, for substantially the full term of the asset or liability, such as quoted prices for similar assets or liabilities in active markets.

Level 3 – Unobservable inputs for the asset or liability, including the reporting entity's own assumptions in determining the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 4 - Fair Value Measurement (Continued)

The following table summarizes, by level within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of September 30, 2022:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual fund pooled separate accounts*	\$ 4,995,132	\$ -	\$ -	\$ -
Real estate pooled separate account*	39,075	-	-	-
TIAA and CREF variable annuities*	783,818	-	-	-
Non-benefit responsive investment contract	646,330	-	-	646,330
Total	6,464,355	\$ -	\$ -	\$ 646,330
General account - cash equivalent	757,658			
Total investments	\$ 7,222,013			

The following table summarizes, by level within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis as of September 30, 2021:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual fund pooled separate accounts*	\$ 6,392,188	\$ -	\$ -	\$ -
Real estate pooled separate account*	34,368	-	-	-
TIAA and CREF variable annuities*	944,961	-	-	-
Non-benefit responsive investment contract	682,075	-	-	682,075
Total	8,053,592	\$ -	\$ -	\$ 682,075
General account - cash equivalent	652,244			
Total investments	\$ 8,705,836			

* Certain investments that are measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 4 - Fair Value Measurement (Continued)

The following table sets forth a summary of purchases of the Plan's Level 3 assets measured at fair value for the year ended September 30:

	2022	2021
Purchases	\$ 67,401	\$ 130,696

There were no transfers into or out of level 3 during the years ended September 30, 2022 and 2021.

Note 5 - Party-in-Interest Transactions and Prohibited Transactions

Certain investments of the Plan are investment products sponsored by the insurance companies and recordkeepers of the plan, TIAA and CREF, and Mutual of America. Transactions involving these investments are considered to be party in interest transactions which are exempt from the prohibited transaction rules. Loans secured by participant accounts also represent transactions with parties in interest. Certain personnel of CIS provide administrative services to the Plan and no fees are charged for these services.

Note 6 - Risks and Uncertainties

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

Note 7 - Tax Status

The Plan has been designed to qualify under Section 403(b) of the Code; therefore, it is not currently eligible to receive a determination letter from the IRS. However, the plan administrator believes that the Plan was designated, and is being operated, in compliance with the applicable requirements of the IRC.

The Plan administrator is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions.

Communities in Schools, Inc. Defined Contribution Retirement Plan

Notes to the Financial Statements - Modified Cash Basis (Continued)

Note 8 - Subsequent Events

In preparing the financial statements, the Plan has evaluated, for potential recognition or disclosure, events and transactions through July 14, 2023, the date the financial statements were available to be issued. There were no subsequent events that require recognition or disclosure in these financial statements.

Communities in Schools, Inc. Defined Contribution Retirement Plan

E.I.N. 58-1289174 Plan No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

September 30, 2022

(a) Party-in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Mutual of America	Mutual of America Aggressive Allocation Fund	**	\$ 556,533
*	Mutual of America	Mutual of America Moderate Allocation Fund	**	2,758
*	Mutual of America	Mutual of America Bond Fund	**	14,053
	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	**	70,604
	Calvert	Calvert BP SRI Balanced Portfolio	**	3,850
*	Mutual of America	Mutual of America Equity Index Fund	**	192,428
	Fidelity	Fidelity VIP Mid Cap Portfolio	**	5,429
	Fidelity	Fidelity VIP Asset Manager Portfolio	**	279
	Fidelity	Fidelity VIP Contrafund Portfolio	**	6,801
	Fidelity	Fidelity VIP Equity-Income Portfolio	**	21,700
*	Mutual of America	Mutual of America Money Market Fund	**	5,984
*	Mutual of America	Mutual of America Mid-Term Bond Fund	**	2,557
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund	**	65,789
*	Mutual of America	Mutual of America Mid-Cap Value Fund	**	437
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio	**	914
*	Mutual of America	Mutual of America International Fund	**	14,505
*	Mutual of America	Mutual of America 2020 Retirement Fund	**	34,432
*	Mutual of America	Mutual of America 2025 Retirement Fund	**	173,332
*	Mutual of America	Mutual of America 2030 Retirement Fund	**	319,972
*	Mutual of America	Mutual of America 2035 Retirement Fund	**	524,122
*	Mutual of America	Mutual of America 2040 Retirement Fund	**	240,943
*	Mutual of America	Mutual of America 2045 Retirement Fund	**	1,102,623
*	Mutual of America	Mutual of America 2050 Retirement Fund	**	1,044,076
*	Mutual of America	Mutual of America 2055 Retirement Fund	**	359,333
*	Mutual of America	Mutual of America 2060 Retirement Fund	**	45,894
*	Mutual of America	Mutual of America 2065 Retirement Fund	**	5,678
	Vanguard	Vanguard VIF Real Estate Index Portfolio	**	25,798
	PIMCO	PIMCO VIT Real Return Portfolio	**	5,666
*	Mutual of America	Mutual of America All America Fund	**	891
*	Mutual of America	Mutual of America Small Cap Equity Index Fund	**	20,869
	DWS	DWS Capital Growth VIP	**	8,785
*	Mutual of America	Mutual of America Small Cap Growth Fund	**	14,389
*	Mutual of America	Mutual of America Small Cap Value Fund	**	3,821
	American Century	American Century Investments VP Capital Appreciation Fund	**	11,964
*	Mutual of America	Mutual of America Interest Accumulation Account	**	757,659
	Vanguard	Vanguard VIF Diversified Value Portfolio	**	2,372
	Vanguard	Vanguard VIF International Portfolio	**	34,583
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio	**	50,967
*	TIAA and CREF	TIAA Traditional Non Benefit Responsive	**	646,330
*	TIAA and CREF	TIAA Real Estate	**	39,075
*	TIAA and CREF	CREF Money Market R1	**	90,546
*	TIAA and CREF	CREF Social Choice R1	**	36,885
*	TIAA and CREF	CREF Core Bond R1	**	14,564
*	TIAA and CREF	CREF Global Equities R1	**	169,132
*	TIAA and CREF	CREF Growth R1	**	34,657
*	TIAA and CREF	CREF Equity Index R1	**	80,248
*	TIAA and CREF	CREF Inflation-Linked Bond R1	**	16,549

Communities in Schools, Inc. Defined Contribution Retirement Plan

E.I.N. 58-1289174 Plan No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis (Continued)

September 30, 2022

(a) Party-in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	TIAA and CREF	CREF Stock 1	**	222,936
*	TIAA and CREF	TIAA Access Core Bond Plus T4	**	5,321
*	TIAA and CREF	TIAA Access Intl Equity T4	**	27,505
*	TIAA and CREF	TIAA Access Lg-Cap Val T4	**	9,221
*	TIAA and CREF	TIAA Access Lifecycle 2015 T4	**	7,077
*	TIAA and CREF	TIAA Access Lifecycle 2025 T4	**	21,106
*	TIAA and CREF	TIAA Access Lifecycle 2045 T4	**	4,800
*	TIAA and CREF	TIAA Access Mid-Cap Val T4	**	10,789
*	TIAA and CREF	TIAA Access Real Est Secs T4	**	10,226
*	TIAA and CREF	TIAA Access Sm-Cap Bl Idx T4	**	16,651
*	TIAA and CREF	TIAA Access Quant Sml Cp Eq T4	**	3,204
*	TIAA and CREF	TIAA Access Social Ch Eq T4	**	2,401
Total				<u>\$ 7,222,013</u>

* Denotes a party-in-interest to the Plan, as defined by ERISA.

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

Communities in Schools, Inc. Defined Contribution Retirement Plan

E.I.N. 58-1289174 Plan No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

September 30, 2022

(a) Party-in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Mutual of America	Mutual of America Aggressive Allocation Fund	**	\$ 556,533
*	Mutual of America	Mutual of America Moderate Allocation Fund	**	2,758
*	Mutual of America	Mutual of America Bond Fund	**	14,053
	T. Rowe Price	T. Rowe Price Blue Chip Growth Portfolio	**	70,604
	Calvert	Calvert BP SRI Balanced Portfolio	**	3,850
*	Mutual of America	Mutual of America Equity Index Fund	**	192,428
	Fidelity	Fidelity VIP Mid Cap Portfolio	**	5,429
	Fidelity	Fidelity VIP Asset Manager Portfolio	**	279
	Fidelity	Fidelity VIP Contrafund Portfolio	**	6,801
	Fidelity	Fidelity VIP Equity-Income Portfolio	**	21,700
*	Mutual of America	Mutual of America Money Market Fund	**	5,984
*	Mutual of America	Mutual of America Mid-Term Bond Fund	**	2,557
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund	**	65,789
*	Mutual of America	Mutual of America Mid-Cap Value Fund	**	437
	Neuberger Berman	Neuberger Berman AMT Sustainable Equity Portfolio	**	914
*	Mutual of America	Mutual of America International Fund	**	14,505
*	Mutual of America	Mutual of America 2020 Retirement Fund	**	34,432
*	Mutual of America	Mutual of America 2025 Retirement Fund	**	173,332
*	Mutual of America	Mutual of America 2030 Retirement Fund	**	319,972
*	Mutual of America	Mutual of America 2035 Retirement Fund	**	524,122
*	Mutual of America	Mutual of America 2040 Retirement Fund	**	240,943
*	Mutual of America	Mutual of America 2045 Retirement Fund	**	1,102,623
*	Mutual of America	Mutual of America 2050 Retirement Fund	**	1,044,076
*	Mutual of America	Mutual of America 2055 Retirement Fund	**	359,333
*	Mutual of America	Mutual of America 2060 Retirement Fund	**	45,894
*	Mutual of America	Mutual of America 2065 Retirement Fund	**	5,678
	Vanguard	Vanguard VIF Real Estate Index Portfolio	**	25,798
	PIMCO	PIMCO VIT Real Return Portfolio	**	5,666
*	Mutual of America	Mutual of America All America Fund	**	891
*	Mutual of America	Mutual of America Small Cap Equity Index Fund	**	20,869
	DWS	DWS Capital Growth VIP	**	8,785
*	Mutual of America	Mutual of America Small Cap Growth Fund	**	14,389
*	Mutual of America	Mutual of America Small Cap Value Fund	**	3,821
	American Century	American Century Investments VP Capital Appreciation Fund	**	11,964
*	Mutual of America	Mutual of America Interest Accumulation Account	**	757,659
	Vanguard	Vanguard VIF Diversified Value Portfolio	**	2,372
	Vanguard	Vanguard VIF International Portfolio	**	34,583
	Vanguard	Vanguard VIF Total Bond Market Index Portfolio	**	50,967
*	TIAA and CREF	TIAA Traditional Non Benefit Responsive	**	646,330
*	TIAA and CREF	TIAA Real Estate	**	39,075
*	TIAA and CREF	CREF Money Market R1	**	90,546
*	TIAA and CREF	CREF Social Choice R1	**	36,885
*	TIAA and CREF	CREF Core Bond R1	**	14,564
*	TIAA and CREF	CREF Global Equities R1	**	169,132
*	TIAA and CREF	CREF Growth R1	**	34,657
*	TIAA and CREF	CREF Equity Index R1	**	80,248
*	TIAA and CREF	CREF Inflation-Linked Bond R1	**	16,549

Communities in Schools, Inc. Defined Contribution Retirement Plan

E.I.N. 58-1289174 Plan No. 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis (Continued)

September 30, 2022

(a) Party-in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	TIAA and CREF	CREF Stock 1	**	222,936
*	TIAA and CREF	TIAA Access Core Bond Plus T4	**	5,321
*	TIAA and CREF	TIAA Access Intl Equity T4	**	27,505
*	TIAA and CREF	TIAA Access Lg-Cap Val T4	**	9,221
*	TIAA and CREF	TIAA Access Lifecycle 2015 T4	**	7,077
*	TIAA and CREF	TIAA Access Lifecycle 2025 T4	**	21,106
*	TIAA and CREF	TIAA Access Lifecycle 2045 T4	**	4,800
*	TIAA and CREF	TIAA Access Mid-Cap Val T4	**	10,789
*	TIAA and CREF	TIAA Access Real Est Secs T4	**	10,226
*	TIAA and CREF	TIAA Access Sm-Cap Bl Idx T4	**	16,651
*	TIAA and CREF	TIAA Access Quant Sml Cp Eq T4	**	3,204
*	TIAA and CREF	TIAA Access Social Ch Eq T4	**	2,401
Total				<u>\$ 7,222,013</u>

* Denotes a party-in-interest to the Plan, as defined by ERISA.

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

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
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022	
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 instr.)
B	This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
	☐ 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 COMMUNITIES IN SCHOOLS, INC DEFINED CONTRIBUTION RETIREMENT PLAN	<table style="width: 100%;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> </table>	1b Three-digit plan number (PN) ►	001						
1b Three-digit plan number (PN) ►	001								
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) COMMUNITIES IN SCHOOLS, INC. 2345 CRYSTAL DRIVE SUITE 700 ARLINGTON VA 22202-4827	<table style="width: 100%;"> <tr> <td style="width: 60%;">1c Effective date of plan 09/03/1994</td> <td style="width: 40%;"></td> </tr> <tr> <td>2b Employer Identification Number (EIN) 58-1289174</td> <td></td> </tr> <tr> <td>2c Plan Sponsor's telephone number 800-247-4543</td> <td></td> </tr> <tr> <td>2d Business code (see instructions) 611000</td> <td></td> </tr> </table>	1c Effective date of plan 09/03/1994		2b Employer Identification Number (EIN) 58-1289174		2c Plan Sponsor's telephone number 800-247-4543		2d Business code (see instructions) 611000	
1c Effective date of plan 09/03/1994									
2b Employer Identification Number (EIN) 58-1289174									
2c Plan Sponsor's telephone number 800-247-4543									
2d Business code (see instructions) 611000									

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	Signed by: <i>Steven McCullough</i> Signature of plan administrator	7/13/2023 Date	STEVEN MCCULLOUGH 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