

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 6047(e), 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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION 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>07/01/1966</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-1002504</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>740-596-5266</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>522110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1966</u>		2b Employer Identification Number (EIN) <u>31-1002504</u>		2c Sponsor's telephone number <u>740-596-5266</u>		2d Business code (see instructions) <u>522110</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1966</u>											
2b Employer Identification Number (EIN) <u>31-1002504</u>											
2c Sponsor's telephone number <u>740-596-5266</u>											
2d Business code (see instructions) <u>522110</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>COMMUNITY BANCSHARES, INC.</u> <u>112 MAIN STREET</u> <u>MCARTHUR, OH 45651</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	BEN CROW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	BEN CROW
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address PLAN COMMITTEE 112 MAIN STREET MCARTHUR, OH 45651		3b Administrator's EIN 31-0882963
		3c Administrator's telephone number 740-596-5266
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	220
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants	6a	147
b Retired or separated participants receiving benefits	6b	36
c Other retired or separated participants entitled to future benefits.....	6c	15
d Subtotal. Add lines 6a , 6b , and 6c	6d	198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	7
f Total. Add lines 6d and 6e	6f	205
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that 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: 1A		
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) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMMUNITY BANCSHARES, INC.</u>	D Employer Identification Number (EIN) <u>31-1002504</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>7101992</u>
b Actuarial value	2b <u>7101992</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>36</u> <u>1604101</u>
b For terminated vested participants.....	3b <u>25</u> <u>1290113</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>20184</u>
(2) Vested benefits	3c(2) <u>4971108</u>
(3) Total active.....	3c(3) <u>159</u> <u>4991292</u>
d Total.....	3d <u>220</u> <u>7885506</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.39 %</u>
6 Target normal cost	6 <u>390274</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/13/2013</u>
	Signature of actuary	Date
<u>DONALD BUNGENSTOCK</u>	Type or print name of actuary	<u>14-05702</u>
		Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>	Firm name	<u>513-784-0005</u>
		Telephone number (including area code)
<u>720 E PETE ROSE WAY</u> <u>SUITE 300</u> <u>CINCINNATI, OH 45202</u>	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.04</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		69780
b Interest on (a) using prior year's effective interest rate of <u>7.10</u> % except as otherwise provided (see instructions)		4954
c Total available at beginning of current plan year to add to prefunding balance		74734
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	90.06 %
15 Adjusted funding target attainment percentage	15	90.06 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.36 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/17/2013	548000	0			
			Totals ►	18(b)	548000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	521772

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	390274	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	783514	130762	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	521036	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	521036	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	521772	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	736	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY BANCSHARES, INC.	D Employer Identification Number (EIN) 31-1002504	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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 ☐

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

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 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY BANCSHARES, INC.</u>	D Employer Identification Number (EIN) <u>31-1002504</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	12304	16662
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	469370	354469
	(2) U.S. Government securities	1c(2)	2856887	3117124
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	126475	218225
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	3578031	4248150
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	58925	171583
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7101992	8126213

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7101992	8126213
---	-----------	---------	---------

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)	548000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		548000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	70	
(B) U.S. Government securities	2b(1)(B)	92672	
(C) Corporate debt instruments	2b(1)(C)	6612	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		99354
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	95712	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2618	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		98330
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5731492	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5464340	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		267152
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	460964	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		460964

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1473800

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	449579	
(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)		449579
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		449579

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1024221
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CROWE HORWATH LLP

(2) EIN: 35-0921680

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY BANCSHARES, INC.</u>	D Employer Identification Number (EIN) <u>31-1002504</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>31-0841368</u>		
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	<u>14</u>

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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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: 0.0% 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): _____

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
McArthur, Ohio

FINANCIAL STATEMENTS
December 31, 2013 and 2012

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
McArthur, Ohio

FINANCIAL STATEMENTS
December 31, 2013 and 2012

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Community Bancshares, Inc.
Employees' Pension Plan
McArthur, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Community Bancshares, Inc. Employees' Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the statements of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility 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; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by US Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2013 and 2012 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

(Continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Crowe Horwath LLP

Crowe Horwath LLP

Columbus, Ohio
October 7, 2014

COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
Investments, at fair value (Note 4)		
Money market mutual fund	\$ 354,469	\$ 469,370
U.S. Treasury and Agency obligations	3,117,124	2,856,887
Corporate notes	218,225	126,475
Common and preferred stocks and investments	4,248,150	3,578,031
Mutual funds	<u>171,583</u>	<u>58,925</u>
Total investments	8,109,551	7,089,688
Receivables		
Accrued income	<u>16,662</u>	<u>12,304</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,126,213</u></u>	<u><u>\$ 7,101,992</u></u>

See accompanying notes to financial statements.

COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions to net assets attributed to:		
Investment income (Note 4)		
Net appreciation in fair value of investments	\$ 728,124	\$ 263,069
Interest and dividends	<u>197,684</u>	<u>197,099</u>
	925,808	460,168
 Employer contributions	 <u>548,000</u>	 <u>375,000</u>
 Total additions	 1,473,808	 835,168
 Deductions from net assets attributed to:		
Benefits paid directly to participants	449,579	197,169
Administrative expenses	<u>8</u>	<u>5</u>
Total deductions	<u>449,587</u>	<u>197,174</u>
 Net increase	 1,024,221	 637,994
 Net assets available for benefits:		
Beginning of year	<u>7,101,992</u>	<u>6,463,998</u>
 End of year	 <u>\$ 8,126,213</u>	 <u>\$ 7,101,992</u>

See accompanying notes to financial statements.

COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits (Notes 2 and 3)		
Vested benefits:		
Participants currently receiving payments	\$ 2,012,132	\$ 1,508,016
Other participants	<u>6,057,445</u>	<u>5,776,354</u>
	8,069,577	7,284,370
 Nonvested benefits	 <u>27,112</u>	 <u>21,212</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 8,096,689</u></u>	 <u><u>\$ 7,305,582</u></u>

See accompanying notes to financial statements.

COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
Years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Actuarial present value of plan benefits at beginning of year	\$ 7,305,582	\$ 6,467,916
Increase for interest due to the decrease in the discount period	495,923	446,244
Benefits accumulated	732,188	487,250
Assumption changes	12,575	101,341
Benefits paid	<u>(449,579)</u>	<u>(197,169)</u>
Actuarial present value of plan benefits at end of year	<u>\$ 8,096,689</u>	<u>\$ 7,305,582</u>

See accompanying notes to financial statements.

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Community Bancshares, Inc. Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit plan which covers substantially all employees of Community Bancshares, Inc. and its wholly-owned subsidiaries, First Bremen Bank and Vinton County National Bank (together referred to as the Company) who have completed one year of service (1,000 hours) and are at least 21 years old. An employee who has attained the age of 35 is eligible for the Plan regardless of the hours of service. However, effective January 1, 2009, the Community Bancshares, Inc. Board of Directors approved freezing the Plan to new participants. Eligible Plan participants as of December 31, 2008 will continue to accrue benefits. The Plan provides for retirement and certain disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits: Benefits for retired or terminated employees or their beneficiaries are based on the employee's years of credited service and fractions thereof multiplied by a specified percentage of monthly plan compensation in effect on the date of retirement. Participants hired before January 1, 2006 become 100% vested upon completion of six years of service. Participants with less than six years of service have a vesting percentage as outlined in the Summary Plan Description. Participants hired on or after January 1, 2006 become 100% vested upon completion of five years of service. Participants with less than five years of service have a vesting percentage as outlined in the Summary Plan Description. The accumulated plan benefits for active employees are based on their years of credited service at the valuation date multiplied by the current benefit amount.

Participants are entitled to monthly pension benefits beginning at normal retirement age (the later of age 65 or completion of five years of participation in the Plan). The Plan allows for early retirement beginning at age 55 and completion of 10 years of experience. The normal form of benefit payment is a life annuity for single participants and a qualified joint and survivor annuity for married participants.

Death and Disability Benefits: If a vested participant dies, a minimum monthly benefit is paid to the employee's surviving spouse. This minimum monthly benefit will be equal to the 50% portion of the Qualified Joint and Survivor Annuity the participant would have received at early or normal retirement. If an employee has no surviving spouse, no death benefit is available. Active employees who become totally disabled and have at least fifteen years of vesting service will be eligible to receive a disability retirement benefit from the Plan beginning on the first day of the month following their normal retirement date. The disability benefit is calculated using the same formula as for a normal retirement benefit using the pay level at the time of disability to normal retirement age.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of actuarial present value of accumulated plan benefits.

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investments: The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of its investments.

Mutual funds and common stocks: The fair values of mutual funds and common stock investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Corporate bonds and U.S. government securities: Corporate bonds and government securities are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

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

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2013 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Bank First American Government Obligation Fund	\$ 354,469	\$ -	\$ -
Common and preferred stocks			
Domestic common stock	4,118,818	-	-
International common stock	129,332	-	-
Mutual funds	171,583	-	-
U.S. Treasury and Agency Obligations	-	3,117,124	-
Corporate notes - domestic	-	218,225	-
	<u>\$ 4,774,202</u>	<u>\$ 3,335,349</u>	<u>\$ -</u>

Fair Value Measurements at December 31, 2012 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Bank First American Treasury Obligation Mutual Fund	\$ 469,370	\$ -	\$ -
Common and preferred stocks			
Domestic common stock	3,278,746	-	-
International common stock	299,285	-	-
Mutual funds	58,925	-	-
U.S. Treasury and Agency Obligations	-	2,856,887	-
Corporate notes - domestic	-	126,475	-
	<u>\$ 4,106,326</u>	<u>\$ 2,983,362</u>	<u>\$ -</u>

Risks and Uncertainties for Investments: The Plan has investments in corporate notes, U.S. government bonds, common stocks and mutual funds. These investment securities are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of 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 the amounts reported in the financial statements.

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Buck Consultants and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2013 and 2012 were as follows:

Life expectancy of participants:	
Mortality Table	IRS Static Mortality Table
Retirement age assumptions:	Graded from age 55-65
Investment return:	7% per annum

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The 2012 change in actuarial assumptions is due to a change in the assumed age at which terminated vested participants commence their retirement benefit from age 65 to age 63 based on plan activity. The 2013 change in actuarial assumptions is due to a change in the mortality assumptions based on Internal Revenue Service projections.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

NOTE 3 - FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan in amounts that are sufficient to provide for all employees' benefits in accordance with the pension benefits described above by the time they retire. Company contributions of \$548,000 and \$375,000 were made in 2013 and 2012, respectively. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2013 and December 31, 2012.

NOTE 4 - INVESTMENTS – UNAUDITED INFORMATION

U.S. Bank, N.A., the trustee of the Plan, holds investment assets and executes transactions therein, and substantially all information pertaining to investments included in the financial statements has been certified by them. This information has not been audited by independent accountants.

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 4 - INVESTMENTS – UNAUDITED INFORMATION (Continued)

The following information was certified by the trustee:

	<u>2013</u>	<u>2012</u>
Investments at fair value, based on quoted market prices:		
U.S. Bank First American Treasury Obligation Mutual Fund	\$ -	\$ 469,370
U.S. Bank First American Government Obligation Fund	354,469	-
Common and preferred stocks	4,248,150	3,578,031
Mutual funds	<u>171,583</u>	<u>58,925</u>
Total investments at fair value	4,774,202	4,106,326
Investments at estimated fair value:		
U.S. Treasury and Agency Obligations	3,117,124	2,856,887
Corporate notes	<u>218,225</u>	<u>126,475</u>
Total investments at estimated fair value	<u>3,335,349</u>	<u>2,983,362</u>
Total investments	<u>\$ 8,109,551</u>	<u>\$ 7,089,688</u>

The following table represents the fair value of investments at December 31, 2013 and 2012 that represent 5% or more of the Plan's net assets.

	<u>2013</u>	<u>2012</u>
Investments at fair value, based on quoted market prices:		
U.S. Bank First American Treasury Obligation Fund	\$ -	\$ 469,370
U.S. Bank First American Government Obligation Fund	354,469	-

During 2013 and 2012, the Plan's investments (including investments bought, sold and held during the year) appreciated/(depreciated) in fair value as follows:

	<u>Net Appreciation/ (Depreciation) in Fair Value</u>	
	<u>2013</u>	<u>2012</u>
U.S. Government bonds	\$ (152,097)	\$ (27,904)
Corporate notes	(1,315)	8,623
Mutual funds	4,313	25,712
Common and preferred stocks	<u>877,223</u>	<u>256,638</u>
	<u>\$ 728,124</u>	<u>\$ 263,069</u>

During 2013 and 2012, the Plan had interest and dividend income of \$197,684 and \$197,099, respectively.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue contributions and terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 5 - PLAN TERMINATION (Continued)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 24, 2005, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the Determination Letter. However, plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS or Department of Labor; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE 7 - PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Professional fees for the administration and audit of the Plan were paid by the plan sponsor.

Plan transactions with parties-in-interest during the years ended December 31, 2013 and 2012, were as follows:

<u>Identity</u>	<u>Relationship</u>	<u>2013</u>	<u>2012</u>
U.S. Bank, N.A.	Plan Trustee fees	\$ <u>8</u>	\$ <u>5</u>

The Plan held the following party-in-interest investments (at fair value):

	<u>2013</u>	<u>2012</u>
U.S. Bank First American Treasury Obligation Mutual Fund	\$ -	\$ 469,370
U.S. Bank First American Government Obligation Fund	<u>354,469</u>	<u>-</u>
Total	<u>\$ 354,469</u>	<u>\$ 469,370</u>

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 8 - SUBSEQUENT EVENT

Plan management has evaluated subsequent events for recognition and disclosure through October 7, 2014 which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Name of Plan Sponsor:	<u>Community Bancshares, Inc.</u>
Employer Identification Number:	<u>31-1002504</u>
Three-Digit Plan Number:	<u>001</u>

<u>(a)</u>	<u>(b)</u> Identify of Issue Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment	<u>(d)</u> Cost	<u>(e)</u> Current Value
*	U.S. Bank First American Government Obligation	Money Market Mutual Fund Total Money Market Mutual Fund	\$ 354,469 354,469	\$ 354,469 354,469
	FNMA GTD REMC	Note, 2.00%, due 2/25/43	54,178	52,842
	FNMA GTD REMC	Note, 2.50%, due 9/25/41	63,749	53,707
	FNMA GTD REMC	Note, 2.50%, due 12/25/42	175,106	175,789
	FNMA GTD REMC	Note, 2.50%, due 7/25/42	163,254	161,542
	FNMA GTD REMC	Note, 2.50%, due 10/25/42	95,979	94,306
	FNMA GTD REMC	Note, 2.50%, due 3/25/33	169,633	179,882
	FNMA GTD REMC	Note, 2.50%, due 4/25/43	172,444	161,992
	FNMA GTD REMC	Note, 2.50%, due 10/25/41	8,980	8,420
	FNMA GTD REMC	Note, 3.00%, due 4/25/43	89,079	82,994
	FNMA GTD REMC	Note, 3.00%, due 6/25/43	136,086	135,116
	FNMA GTD REMC	Note, 3.00%, due 11/25/42	94,569	90,995
	FNMA GTD REMC	Note, 3.00%, due 5/25/33	95,173	95,387
	FNMA GTD REMC	Note, 3.00%, due 5/25/41	21,031	20,820
	FNMA GTD REMC	Note, 3.00%, due 10/25/42	90,271	94,015
	FNMA GTD REMC	Note, 3.50%, due 11/25/43	98,450	102,493
	FNMA GTD REMC	Note, 4.00%, due 12/25/41	114,138	110,278
	FNMA GTD REMC	Note, 4.00%, due 1/25/41	17,044	16,570
	FNMA GTD REMC	Note, 4.00%, due 11/25/41	68,262	67,966
	FNMA GTD REMC	Note, 5.50%, due 11/25/34	6,257	6,315
	FNMA GTD REMC	Note, 5.50%, due 9/25/35	3,545	3,525
	FHLMC MLTCL MTG	Note, 2.50%, due 1/15/41	89,598	87,155
	FHLMC MLTCL MTG	Note, 3.00%, due 1/15/42	73,487	64,302
	FHLMC MLTCL MTG	Note, 3.00%, due 11/15/41	63,529	54,309
	FHLMC MLTCL MTG	Note, 3.00%, due 3/15/41	178,582	154,486
	FHLMC MLTCL MTG	Note, 3.00%, due 7/15/41	40,458	36,075
	FHLMC MLTCL MTG	Note, 3.00%, due 7/15/42	87,887	83,292
	FHLMC MLTCL MTG	Note, 3.50%, due 11/15/41	50,786	49,246
	FHLMC MLTCL MTG	Note, 3.50%, due 12/15/41	106,007	102,957
	FHLMC MLTCL MTG	Note, 4.50%, due 10/25/39	193	190
	FHLMC MLTCL MTG	Note, 3.00%, due 7/15/41	19,277	17,912
	FHLMC MLTCL MTG	Note, 4.00%, due 10/15/40	33,072	33,140
	FHLMC MLTCL MTG	Note, 5.50%, due 4/15/33	11,233	10,962
	GNMA GTD REMIC	Note, 2.50%, due 9/20/42	86,303	82,213
	GNMA GTD REMIC	Note, 2.50%, due 6/20/42	94,104	88,396
	GNMA GTD REMIC	Note, 2.50%, due 5/20/43	94,069	84,292
	GNMA GTD REMIC	Note, 4.00%, due 1/20/41	70	70
	GNMA GTD REMIC	Note, 4.00%, due 10/20/40	54,616	54,083
	GNMA GTD REMIC	Note, 3.00%, due 5/20/43	87,758	84,057

*Denotes party-in-interest

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Name of Plan Sponsor:	<u>Community Bancshares, Inc.</u>
Employer Identification Number:	<u>31-1002504</u>
Three-Digit Plan Number:	<u>001</u>

<u>(a)</u>	<u>(b)</u> Identify of Issue Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment	<u>(d)</u> Cost	<u>(e)</u> Current Value
	GNMA GTD REMIC	Note, 3.00%, due 11/20/43	\$ 193,767	\$ 188,361
	GNMA GTD REMIC	Note, 4.00%, due 4/20/40	30,218	29,730
	GNMA GTM REMIC	Note, 4.00%, due 9/20/40	92,947	90,588
	GNMA GTM REMIC	Note, 4.00%, due 8/16/33	<u>6,214</u>	<u>6,354</u>
		Total U.S. Treasury & Agency Obligations	3,231,392	3,117,124
	Banc Amer Fdg Corp.	Corporate Note, 5.50% Due January 25, 2036	30,742	31,622
	Bank of America	Corporate Note, 5.750% Due August 15, 2016	75,187	82,711
	Countrywide	Corporate Note, 4.9999% Due August 25, 2033	4,512	4,760
	Prospect Capital	Corporate Note, 5.00% Due October 15, 2018	<u>100,000</u>	<u>99,132</u>
		Total Corporate Notes	210,441	218,225
	Abbvie Inc	Common Stock	88,434	139,946
	American Tower Corp	Common Stock	63,308	63,856
	Baxter International Inc.	Common Stock	101,949	121,713
	Blackrock Inc.	Common Stock	106,672	189,882
	Cedar Fair LP	Common Stock	97,647	148,740
	Chevron Corporation	Common Stock	127,036	149,892
	Cisco Systems Inc.	Common Stock	141,579	140,187
	CSX Corporation	Common Stock	120,367	135,219
	Walt Disney Co.	Common Stock	100,453	175,720
	Ecolab Inc.	Common Stock	50,764	104,270
	Expeditors Intl Wash Inc.	Common Stock	119,424	137,175
	Exxon Mobil Corp.	Common Stock	121,053	169,510
	General Mills Inc.	Common Stock	103,980	134,757
	Gilead Sciences Inc.	Common Stock	69,967	225,300
	International Business Machines Corp.	Common Stock	86,096	131,299
	Johnson & Johnson	Common Stock	82,381	153,413
	Kinder Morgan Energy Partners	Common Stock	103,813	143,172
	McCormick Co. Inc.	Common Stock	113,768	124,056
	McDonalds Corp.	Common Stock	96,405	135,842
	Microsoft Corp.	Common Stock	102,405	123,453
	National Oilwell Varco	Common Stock	100,504	111,342
	Nextera Energy, Inc.	Common Stock	59,951	85,620
	Oracle Corporation	Common Stock	76,930	107,128
	Pepsico Inc.	Common Stock	87,903	124,410
	Phillip Morris Intl	Common Stock	121,683	152,477
	Realty Income Corp.	Common Stock	98,551	93,325
	Stericycle Inc.	Common Stock	57,082	127,787

*Denotes party-in-interest

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Name of Plan Sponsor:	<u>Community Bancshares, Inc.</u>
Employer Identification Number:	<u>31-1002504</u>
Three-Digit Plan Number:	<u>001</u>

<u>(a)</u>	<u>(b)</u> Identify of Issue Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment	<u>(d)</u> Cost	<u>(e)</u> Current Value
	Stryker Corp.	Common Stock	\$ 80,157	\$ 97,682
	United Technologies Corp.	Common Stock	85,602	136,560
	Wal Mart Stores Inc.	Common Stock	80,604	118,035
		Total Domestic Common Stock	2,960,726	4,118,818
	Schlumberger Ltd.	Common Stock	107,854	129,332
		Total Foreign Stock	107,854	129,332
		Total Common and Preferred Stocks	3,068,580	4,248,150
	I Shares MSCI Emerging Markets	Mutual Fund	107,364	104,487
	I Shares MSCI EAFE ETF	Mutual Fund	63,177	67,095
		Total Mutual Funds	170,541	171,582
		Total Assets Held for Investment	\$ 7,035,423	\$ 8,109,551

*Denotes party-in-interest

See Independent Auditor's Report

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2013

Name of Plan Sponsor: Community Bancshares, Inc.
Employer Identification Number: 31-1002504
Three-Digit Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
Category (i): A single transaction in excess of 5% of the current value of plan assets:								
U.S. Bank	First American Government Obligation Fund	\$ 455,877	\$ -	\$ -	\$ -	\$ 455,877	\$ 455,877	\$ -
U.S. Bank	First American Government Obligation Fund	548,000	-	-	-	548,000	548,000	-
U.S. Bank	First American Treasury Obligation Fund	-	455,247	-	-	455,247	455,247	-
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
U.S. Bank	First American Government Obligation Fund	\$ 3,127,870	\$ -	\$ -	\$ -	\$ 3,127,870	\$ 3,127,870	\$ -
U.S. Bank	First American Government Obligation Fund	-	2,773,401	-	-	2,773,401	2,773,401	-
U.S. Bank	First American Treasury Obligation Fund	3,899	-	-	-	3,899	3,899	-
U.S. Bank	First American Treasury Obligation Fund	-	473,269	-	-	473,269	473,369	-

See Independent Auditor's Report

Community Bancshares, Inc. Employees' Pension Plan

EIN / PN: 31-1002504 / 001

Schedule SB, Line 26 - Schedule of Active Participant Data

	CREDITED SERVICE										
AGE	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	2	5	0	0	0	0	0	0	0	7
30 - 34	0	1	11	2	0	0	0	0	0	0	14
35 - 39	0	3	6	2	4	0	0	0	0	0	15
40 - 44	0	0	4	3	7	3	1	0	0	0	18
45 - 49	0	1	6	3	5	1	5	0	0	0	21
50 - 54	0	0	7	4	7	3	1	1	0	0	23
55 - 59	0	0	9	8	7	2	5	3	0	0	34
60 - 64	0	1	2	4	4	0	1	1	0	1	14
65 - 69	0	1	3	1	0	0	1	2	0	1	9
70+	0	1	0	1	0	0	2	0	0	0	4
Total	0	10	53	28	34	9	16	7	0	2	159

Community Bancshares, Inc. Employees' Pension Plan

EIN/PN: 31-1002504 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:	Segment Rates with no lookback:	
	First Segment Rate	1.62%
	Second Segment Rate	4.40%
	Third Segment Rate	5.45%

In accordance with MAP-21, the first, second and third Segment Rates are constrained to an 85%-115% Corridor around the average Segment Rates for the 25-year period ending September 30, 2012, or **4.94%**, **6.15%** and **6.76%**, respectively for minimum funding and benefit restrictions but not for maximum tax-deductible purposes.

Effective Interest Rate	6.39%
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Prior Year:	Segment Rates with no lookback:	
	First Segment Rate	1.98%
	Second Segment Rate	5.07%
	Third Segment Rate	6.19%

In accordance with MAP-21, the first, second and third Segment Rates are constrained to a 90%-110% Corridor around the average Segment Rates for the 25-year period ending September 30, 2011, or **5.54%**, **6.85%** and **7.52%**, respectively for minimum funding and benefit restrictions but not for maximum tax-deductible purposes.

Effective Interest Rate	7.10%
-------------------------	-------

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

Community Bancshares, Inc. Employees' Pension Plan

EIN/PN: 31-1002504 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Non-Prescribed Funding Assumptions and Methods

Salary increases

Current Year:	3.50%
Prior Year:	3.50%

Expense Load

None. Plan administrative expenses are paid by the Plan Sponsor.

Frequency of optional payment forms

One third of participants are assumed to take each of the following annuities: 10 Year Certain and Life, Single Life Annuity, and 100% Joint and Survivor.

Marital percentage

85% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Mortality table

The mortality table is applied on a static basis. Separate annuitant and non-annuitant tables were used.

Retirement rates

Age	Assumption
Less than 55	0%
55-59	2%
60	10%
61	15%
62	25%
63	15%
64	20%
65 and older	100%

Terminated vested participants are assumed to commence receiving retirement benefits at age 63.

Community Bancshares, Inc. Employees' Pension Plan

EIN/PN: 31-1002504 / 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Withdrawal rates¹

Sample rates as follows:

Attained		
Age	Males	Females
20	12.5%	15.0%
25	9.0%	11.0%
30	6.5%	8.0%
35	4.5%	5.5%
40	2.6%	3.5%
45	1.3%	1.7%
50	0.3%	0.7%
55	0.0%	0.0%

Asset valuation method

Market Value.

¹ For active participants not eligible for retirement.

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2013

Name of Plan Sponsor: Community Bancshares, Inc.
Employer Identification Number: 31-1002504
Three-Digit Plan Number: 001

(a) Identify of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
Category (ii): A single transaction in excess of 5% of the current value of plan assets:								
U.S. Bank	First American Government Obligation Fund	\$ 455,877	\$ -	\$ -	\$ -	\$ 455,877	\$ 455,877	\$ -
U.S. Bank	First American Government Obligation Fund	548,000	-	-	-	548,000	548,000	-
U.S. Bank	First American Treasury Obligation Fund	-	455,247	-	-	455,247	455,247	-
Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:								
U.S. Bank	First American Government Obligation Fund	\$ 3,127,870	\$ -	\$ -	\$ -	\$ 3,127,870	\$ 3,127,870	\$ -
U.S. Bank	First American Government Obligation Fund	-	2,773,401	-	-	2,773,401	2,773,401	-
U.S. Bank	First American Treasury Obligation Fund	3,899	-	-	-	3,899	3,899	-
U.S. Bank	First American Treasury Obligation Fund	-	473,269	-	-	473,269	473,369	-

See Independent Auditor's Report

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan COMMUNITY BANCSHARES, INC. EMPLOYEES' PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMUNITY BANCSHARES, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 31-1002504</td> </tr> </table>	D Employer Identification Number (EIN) 31-1002504	
D Employer Identification Number (EIN) 31-1002504			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500			

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a		7101992
b Actuarial value	2b		7101992
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	36	1604101
b For terminated vested participants	3b	25	1290113
c For active participants:			
(1) Non-vested benefits	3c(1)		20184
(2) Vested benefits	3c(2)		4971108
(3) Total active	3c(3)	159	4991292
d Total	3d	220	7885506
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.39%
6 Target normal cost	6		390274

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>October 13, 2014</u> Date
DONALD BUNGENSTOCK Type or print name of actuary		1405702 Most recent enrollment number
BUCK CONSULTANTS, LLC Firm name		513-784-0005 Telephone number (including area code)
720 E PETE ROSE WAY SUITE 300 CINCINNATI OH 45202 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.04%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		69780
b Interest on (a) using prior year's effective interest rate of <u>7.10%</u> except as otherwise provided (see instructions)		4954
c Total available at beginning of current plan year to add to prefunding balance		74734
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	90.06 %
15 Adjusted funding target attainment percentage	15	90.06 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.36 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/17/2013	548000	0			
Totals ▶			18(b)	548000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	521772

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	390274	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	783514		130762
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	521036	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	521036	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	521772	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	736	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Community Bancshares, Inc. Employees' Pension Plan

EIN / PN: 31-1002504 / 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	84.3093	0.0188	1.5849	87.1703
56	90.5595	0.0193	1.7495	97.9694
57	94.6073	0.0193	1.8302	104.3214
58	98.5389	0.0196	1.9283	111.8386
59	103.3377	0.0192	1.9838	117.0421
60	105.0398	0.0951	9.9887	599.3227
61	100.7148	0.1438	14.4843	883.5439
62	88.8855	0.2356	20.9394	1,298.2421
63	67.6310	0.1431	9.6778	609.7041
64	59.6784	0.1929	11.5132	736.8460
65	49.9107	1.0000	49.9107	3,244.1956
66	4.0000	1.0000	4.0000	264.0000
67	1.0000	1.0000	1.0000	67.0000
68	0.0000	1.0000	0.0000	0.0000
69	3.0000	0.6667	2.0000	138.0000
70	1.9937	1.0000	1.9937	139.5566
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	3.0000	1.0000	<u>3.0000</u>	<u>222.0000</u>
Total			137.5844	8,720.7527
Weighted Average Retirement Age = 8720.7527 / 137.5844				63.38
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculations.

Community Bancshares, Inc. Employees' Pension Plan

EIN/PN: 31-1002504 / 001

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

Original Plan

July 1, 1966

Restated Plan

January 1, 2012

Plan Year

The 12 month period ending December 31st.

Participation Requirements

An Employee shall become a Participant on the earlier of the Entry date following completion of 1,000 hours of service during an Anniversary Year, measured from his date of hire, provided he has attained age 21, or the Entry Date following attainment of age 35. No one hired after December 31, 2008 can enter the Plan.

Entry Date

January 1, 1984 and each subsequent January 1 or July 1.

Normal Retirement Date

The later of a Participant's 65th birthday or the fifth anniversary of plan participation.

Monthly Retirement Income

Monthly income payable in the normal form commencing on the first day of the month following Normal Retirement Date equal to the greater of the following:

- a. 80% of Monthly Plan Compensation up to monthly Social Security Covered Compensation plus 1.45% of Monthly Plan Compensation in excess of Social Security Covered Compensation, the total multiplied by years of Credited Service (maximum of 35 years).
- b. 2% of Monthly Plan Compensation multiplied by years of Credited Service while the plan was Top Heavy, excluding years fully completed prior to January 1, 1984, maximum of 10 years of Credited Service.

Normal Form of Benefit

Monthly income commencing on a Participant's retirement date and payable for life.

Automatic Form of Benefit (for married participants)

Actuarially equivalent reduced Joint and 50% to Surviving Spouse if married at commencement of benefits, unless other election is made.

Monthly Plan Compensation

Highest average of Base Monthly Earnings during sixty consecutive months preceding actuarial retirement date. Base Earnings means compensation excluding bonuses, overtime payments, commissions and extra compensations and extra compensation paid.

Community Bancshares, Inc. Employees' Pension Plan

EIN/PN: 31-1002504 / 001

Schedule SB, Part V – Summary of Plan Provisions

Social Security Covered Compensation

Monthly amounts as set forth in the attached table, determined with respect to the calendar year in which the Participant's Normal Retirement Date falls.

Credited Service

One year of Credited Service for each Plan year during which an Employee completes 1,800 hours of service. Partial Service is credited in the proportion that actual hours worked bears to 1,800, to the nearest tenth. Maximum Credited Service is 35 years. One year of Vesting Service is granted for each plan year during which an employee completes 1,000 hours.

Accrued Benefit

The greater of (a) or (b) where (a) is the projected Monthly Retirement Income at Normal Retirement Date, based on Monthly Plan Compensation and Credited Service at the date of computation plus the Supplemental Benefit for certain former First Bremen employees and (b) is 2% of Monthly Plan Compensation for each year that the plan is Top-Heavy, subject to a maximum of 10 years.

Vesting

Years of Vesting Service	Vesting Percentage	
	Hired Before 1/1/2006	Hired on or After 1/1/2006
0	0%	0%
1	0%	0%
2	20%	0%
3	40%	0%
4	60%	0%
5	80%	100%
6+	100%	100%

Deferred Retirement Benefit

Monthly Retirement Income based on Monthly Plan Compensation and Credited Service as of the Participant's deferred retirement date.

Eligibility for Early Retirement

Age 55 and 10 years of vesting service.

Early Retirement Benefit

Accrued benefit payable at age 65, reduced for immediate commencement by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months and actuarially thereafter.

Eligibility for Pre-Retirement Death Benefit

2 years of vesting service.

Community Bancshares, Inc. Employees' Pension Plan

EIN/PN: 31-1002504 / 001

Schedule SB, Part V – Summary of Plan Provisions

Pre-Retirement Death Benefit

A married participant's spouse shall receive 50% of his accrued benefit reduced as if he had retired the day before his death and had elected to receive his benefit in the Joint and 50% Annuity Form on the earliest possible date.

Eligibility for Disability Benefit

15 years of Vesting Service.

Disability Benefit

Monthly Retirement Income commencing on Normal Retirement Date based on continuation of service while disabled (except for purposes of eligibility for this benefit) and based on continuation of the rate of compensation in effect on January 1 preceding disability.

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Name of Plan Sponsor:	<u>Community Bancshares, Inc.</u>
Employer Identification Number:	<u>31-1002504</u>
Three-Digit Plan Number:	<u>001</u>

<u>(a)</u>	<u>(b)</u> Identify of Issue Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment	<u>(d)</u> Cost	<u>(e)</u> Current Value
*	U.S. Bank First American Government Obligation	Money Market Mutual Fund Total Money Market Mutual Fund	\$ 354,469 354,469	\$ 354,469 354,469
	FNMA GTD REMC	Note, 2.00%, due 2/25/43	54,178	52,842
	FNMA GTD REMC	Note, 2.50%, due 9/25/41	63,749	53,707
	FNMA GTD REMC	Note, 2.50%, due 12/25/42	175,106	175,789
	FNMA GTD REMC	Note, 2.50%, due 7/25/42	163,254	161,542
	FNMA GTD REMC	Note, 2.50%, due 10/25/42	95,979	94,306
	FNMA GTD REMC	Note, 2.50%, due 3/25/33	169,633	179,882
	FNMA GTD REMC	Note, 2.50%, due 4/25/43	172,444	161,992
	FNMA GTD REMC	Note, 2.50%, due 10/25/41	8,980	8,420
	FNMA GTD REMC	Note, 3.00%, due 4/25/43	89,079	82,994
	FNMA GTD REMC	Note, 3.00%, due 6/25/43	136,086	135,116
	FNMA GTD REMC	Note, 3.00%, due 11/25/42	94,569	90,995
	FNMA GTD REMC	Note, 3.00%, due 5/25/33	95,173	95,387
	FNMA GTD REMC	Note, 3.00%, due 5/25/41	21,031	20,820
	FNMA GTD REMC	Note, 3.00%, due 10/25/42	90,271	94,015
	FNMA GTD REMC	Note, 3.50%, due 11/25/43	98,450	102,493
	FNMA GTD REMC	Note, 4.00%, due 12/25/41	114,138	110,278
	FNMA GTD REMC	Note, 4.00%, due 1/25/41	17,044	16,570
	FNMA GTD REMC	Note, 4.00%, due 11/25/41	68,262	67,966
	FNMA GTD REMC	Note, 5.50%, due 11/25/34	6,257	6,315
	FNMA GTD REMC	Note, 5.50%, due 9/25/35	3,545	3,525
	FHLMC MLTCL MTG	Note, 2.50%, due 1/15/41	89,598	87,155
	FHLMC MLTCL MTG	Note, 3.00%, due 1/15/42	73,487	64,302
	FHLMC MLTCL MTG	Note, 3.00%, due 11/15/41	63,529	54,309
	FHLMC MLTCL MTG	Note, 3.00%, due 3/15/41	178,582	154,486
	FHLMC MLTCL MTG	Note, 3.00%, due 7/15/41	40,458	36,075
	FHLMC MLTCL MTG	Note, 3.00%, due 7/15/42	87,887	83,292
	FHLMC MLTCL MTG	Note, 3.50%, due 11/15/41	50,786	49,246
	FHLMC MLTCL MTG	Note, 3.50%, due 12/15/41	106,007	102,957
	FHLMC MLTCL MTG	Note, 4.50%, due 10/25/39	193	190
	FHLMC MLTCL MTG	Note, 3.00%, due 7/15/41	19,277	17,912
	FHLMC MLTCL MTG	Note, 4.00%, due 10/15/40	33,072	33,140
	FHLMC MLTCL MTG	Note, 5.50%, due 4/15/33	11,233	10,962
	GNMA GTD REMIC	Note, 2.50%, due 9/20/42	86,303	82,213
	GNMA GTD REMIC	Note, 2.50%, due 6/20/42	94,104	88,396
	GNMA GTD REMIC	Note, 2.50%, due 5/20/43	94,069	84,292
	GNMA GTD REMIC	Note, 4.00%, due 1/20/41	70	70
	GNMA GTD REMIC	Note, 4.00%, due 10/20/40	54,616	54,083
	GNMA GTD REMIC	Note, 3.00%, due 5/20/43	87,758	84,057

*Denotes party-in-interest

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Name of Plan Sponsor:	<u>Community Bancshares, Inc.</u>
Employer Identification Number:	<u>31-1002504</u>
Three-Digit Plan Number:	<u>001</u>

<u>(a)</u>	<u>(b)</u> Identify of Issue Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment	<u>(d)</u> Cost	<u>(e)</u> Current Value
	GNMA GTD REMIC	Note, 3.00%, due 11/20/43	\$ 193,767	\$ 188,361
	GNMA GTD REMIC	Note, 4.00%, due 4/20/40	30,218	29,730
	GNMA GTM REMIC	Note, 4.00%, due 9/20/40	92,947	90,588
	GNMA GTM REMIC	Note, 4.00%, due 8/16/33	<u>6,214</u>	<u>6,354</u>
		Total U.S. Treasury & Agency Obligations	3,231,392	3,117,124
	Banc Amer Fdg Corp.	Corporate Note, 5.50% Due January 25, 2036	30,742	31,622
	Bank of America	Corporate Note, 5.750% Due August 15, 2016	75,187	82,711
	Countrywide	Corporate Note, 4.9999% Due August 25, 2033	4,512	4,760
	Prospect Capital	Corporate Note, 5.00% Due October 15, 2018	<u>100,000</u>	<u>99,132</u>
		Total Corporate Notes	210,441	218,225
	Abbvie Inc	Common Stock	88,434	139,946
	American Tower Corp	Common Stock	63,308	63,856
	Baxter International Inc.	Common Stock	101,949	121,713
	Blackrock Inc.	Common Stock	106,672	189,882
	Cedar Fair LP	Common Stock	97,647	148,740
	Chevron Corporation	Common Stock	127,036	149,892
	Cisco Systems Inc.	Common Stock	141,579	140,187
	CSX Corporation	Common Stock	120,367	135,219
	Walt Disney Co.	Common Stock	100,453	175,720
	Ecolab Inc.	Common Stock	50,764	104,270
	Expeditors Intl Wash Inc.	Common Stock	119,424	137,175
	Exxon Mobil Corp.	Common Stock	121,053	169,510
	General Mills Inc.	Common Stock	103,980	134,757
	Gilead Sciences Inc.	Common Stock	69,967	225,300
	International Business Machines Corp.	Common Stock	86,096	131,299
	Johnson & Johnson	Common Stock	82,381	153,413
	Kinder Morgan Energy Partners	Common Stock	103,813	143,172
	McCormick Co. Inc.	Common Stock	113,768	124,056
	McDonalds Corp.	Common Stock	96,405	135,842
	Microsoft Corp.	Common Stock	102,405	123,453
	National Oilwell Varco	Common Stock	100,504	111,342
	Nextera Energy, Inc.	Common Stock	59,951	85,620
	Oracle Corporation	Common Stock	76,930	107,128
	Pepsico Inc.	Common Stock	87,903	124,410
	Phillip Morris Intl	Common Stock	121,683	152,477
	Realty Income Corp.	Common Stock	98,551	93,325
	Stericycle Inc.	Common Stock	57,082	127,787

*Denotes party-in-interest

(Continued)

COMMUNITY BANCSHARES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Name of Plan Sponsor:	<u>Community Bancshares, Inc.</u>
Employer Identification Number:	<u>31-1002504</u>
Three-Digit Plan Number:	<u>001</u>

(a)	(b) Identify of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Stryker Corp.	Common Stock	\$ 80,157	\$ 97,682
	United Technologies Corp.	Common Stock	85,602	136,560
	Wal Mart Stores Inc.	Common Stock	<u>80,604</u>	<u>118,035</u>
		Total Domestic Common Stock	<u>2,960,726</u>	<u>4,118,818</u>
	Schlumberger Ltd.	Common Stock	<u>107,854</u>	<u>129,332</u>
		Total Foreign Stock	<u>107,854</u>	<u>129,332</u>
		Total Common and Preferred Stocks	<u>3,068,580</u>	<u>4,248,150</u>
	I Shares MSCI Emerging Markets	Mutual Fund	107,364	104,487
	I Shares MSCI EAFE ETF	Mutual Fund	<u>63,177</u>	<u>67,095</u>
		Total Mutual Funds	<u>170,541</u>	<u>171,582</u>
		Total Assets Held for Investment	<u>\$ 7,035,423</u>	<u>\$ 8,109,551</u>

*Denotes party-in-interest

See Independent Auditor's Report

Community Bancshares, Inc. Employees' Pension Plan

EIN / PN: 31-1002504 / 001

Schedule SB, Line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of January 1, 2013	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	\$783,514	1/1/2013	7	\$130,762