

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>CBI 401(K) RETIREMENT PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ONECBI, LLC DBA CBI</u> <u>4020 YANCEY ROAD</u> <u>CHARLOTTE, NC 28217</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>02/01/2015</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>47-0966094</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>240-535-1553</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541400</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/2015</u>		2b Employer Identification Number (EIN) <u>47-0966094</u>		2c Plan Sponsor's telephone number <u>240-535-1553</u>		2d Business code (see instructions) <u>541400</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2b Employer Identification Number (EIN) <u>47-0966094</u>											
2c Plan Sponsor's telephone number <u>240-535-1553</u>											
2d Business code (see instructions) <u>541400</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.	10/10/2022	EDGAR GARCIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 155
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 140 6a(2) 135 6b 0 6c 34 6d 169 6e 0 6f 169 6g 127 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: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CBI 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ONECBI, LLC DBA CBI	D Employer Identification Number (EIN) 47-0966094

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

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	810198	127	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1002539
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	5786137

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

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

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

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

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

b	Balance at the end of the previous year	7b	1027686
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c	Additions: (1) Contributions deposited during the year	7c(1)	241900	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	7577	
	(4) Transferred from separate account.....	7c(4)	15142	
	(5) Other (specify below)	7c(5)	41009	

▶ EBA CREDITS,FORFEITURE CREDITS,LOAN INTEREST PAID,LOAN PRINCIPAL

(6)Total additions	7c(6)	305628
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1333314
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	143969	
	(2) Administration charge made by carrier.....	7e(2)	8143	
	(3) Transferred to separate account.....	7e(3)	105477	
	(4) Other (specify below)	7e(4)	73186	

▶ FEES, TRANSFER, LOAN ISSUED

(5) Total deductions	7e(5)	330775
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1002539
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CBI 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONECBI, LLC DBA CBI	D Employer Identification Number (EIN) 47-0966094	

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
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	13581	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RAYMOND JAMES FINANCIAL SERVICES AD

59-2937883

(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?
27	INVESTMENT ADVISORY	32784	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>CBI 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ONECBI, LLC DBA CBI</u>	D Employer Identification Number (EIN) <u>47-0966094</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EAFE EQUITY INDEX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>			
c EIN-PN <u>82-5217478-054</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>129698</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>			
c EIN-PN <u>39-0989781-997</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>823513</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MID CAP EQ INDEX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>			
c EIN-PN <u>82-5217478-377</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>346845</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK RUSSELL 2000 IDX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>			
c EIN-PN <u>82-5217478-055</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>107210</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US DEBT INDEX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>			
c EIN-PN <u>82-5217478-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7778</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US TIPS INDEX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>			
c EIN-PN <u>82-5217478-357</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1328</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYWAYRETIREMENT BALANCED RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>			
c EIN-PN <u>82-5217478-376</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>130</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT CORE BD RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-375	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21740
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT EMRG MKT RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-383	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12028
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT GLOBAL BD RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-379	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3687
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX MOD 2025 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 588728
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX AGG 2025 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-058	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 726433
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX MOD 2035 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 973822
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX AGG 2035 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-059	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 857202
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX MOD 2045 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48669
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX CONSV 2055 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162155
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX MOD 2055 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83719
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETMENT IDX AGG 2055 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-061	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25868
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INDEX 2065 RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-371	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3606
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INTL GR RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-374	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193874
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INTL VALUE RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-241	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 775
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT LG CAP GR RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-367	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 359040
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT LG CAP VAL RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-381	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71082
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MID CAP GR RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-366	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47704
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MID CP VAL RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-382	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1686
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MLTSCTR BD RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-365	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99307
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT REAL EST RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-380	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36196
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT SM CAP GR RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-373	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31715
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT SM CAP VAL RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-372	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20599
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL MD CP VAL RT OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-916	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-840	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS EUROPACIFIC GR RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-842	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-628	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-056	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INF PROTECTED SEC PRTF RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-526	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL LARGE CAP RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-073	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP INDEX RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **HARTFORD MID CAP RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INS CO**

c EIN-PN 39-0989781-870	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO EQUITY AND INCOME RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INS CO**

c EIN-PN 82-5217478-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NUVEEN SMALL CAP VALUE RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INS CO**

c EIN-PN 39-0989781-947	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEUBERGER BERMAN GENESIS RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INS CO**

c EIN-PN 82-5217478-041	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO INCOME RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INS CO**

c EIN-PN 39-0989781-899	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TA VANGUARD REIT INDEX RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INS CO**

c EIN-PN 39-0989781-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON GLOBAL BOND RET OPT**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INS CO**

c EIN-PN 39-0989781-863	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MYWAYRETIREMENT INDEX RETIREMENT RE**

b Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INS CO**

c EIN-PN 82-5217478-067	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CBI 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ONECBI, LLC DBA CBI	D Employer Identification Number (EIN) 47-0966094	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	20	15
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	32131	31560
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4318511	5786137
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1027686	1002539
(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	5378348	6820251

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5378348	6820251
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	363605	
(B) Participants	2a(1)(B)	716842	
(C) Others (including rollovers).....	2a(1)(C)	19489	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1099936
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1694	
(F) Other	2b(1)(F)	7577	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9271
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		752723
(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		1861930
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	373662	
(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)		373662
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)	32784	
(4) Other.....	2i(4)	13581	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		46365
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		420027
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1441903
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GREER WALKER, LLP

(2) EIN: 56-1434747

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

A Name of plan <u>CBI 401(K) RETIREMENT 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>ONECBI, LLC DBA CBI</u>	D Employer Identification Number (EIN) <u>47-0966094</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>13-3689044</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	

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

****Printing Instructions****

In order to ensure that the signature on the following document prints,
please make sure your settings in Adobe are set to print
“document and markups” or similar.

ONECBI, LLC

Financial Statements for the
Years Ended December 31, 2021 and 2020
and Independent Auditors' Report



GreerWalker



GreerWalker

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of ONECBI, LLC:

Opinion

We have audited the financial statements of ONECBI, LLC (the "Company"), which comprise the balance sheets as of December 31, 2021 and 2020, and the related statements of operations, changes in member's equity, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2021 and 2020, and the results of its operations and cash flows for the years then ended in accordance with generally accepted accounting principles in the United States of America ("GAAP").

Basis for Opinion

We conducted our audits in accordance with generally accepted auditing standards in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP; 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditors' Responsibilities for the Audit of the Financial Statements

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

GreerWalker LLP | GreerWalker Wealth LLC | GreerWalker Corporate Finance LLC

Charlotte Office The Carillon | 227 West Trade St., Suite 1100 | Charlotte, NC 28202 | USA | Tel 704.377.0239

Greenville Office Wells Fargo Center | 15 South Main St., Suite 800 | Greenville, SC 29601 | USA | Tel 864.752.0080

In performing an audit in accordance with GAAS, we:

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

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

GreenWalker LLP

Certified Public Accountants
April 12, 2022
Charlotte, NC

ONECBI, LLC

BALANCE SHEETS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
<u>ASSETS</u>		
CURRENT ASSETS:		
Accounts receivable, net	\$ 14,286,540	\$ 15,895,990
Contract retainage receivable	103,329	885,732
Employee retention credit receivable	1,224,180	-
Work in process	10,344,842	5,815,290
Prepaid expenses	<u>706,946</u>	<u>1,003,182</u>
Total current assets	26,665,837	23,600,194
PROPERTY, NET	2,304,138	2,260,570
GOODWILL, NET	<u>39,776,563</u>	<u>44,935,462</u>
TOTAL	<u>\$ 68,746,538</u>	<u>\$ 70,796,226</u>
<u>LIABILITIES AND MEMBER'S EQUITY</u>		
CURRENT LIABILITIES:		
Current portion of long-term debt	\$ 250,000	\$ 250,000
Accounts payable	3,946,715	2,370,992
Accrued expenses	2,594,654	7,239,874
Advance payments on contracts	<u>15,144,838</u>	<u>8,977,382</u>
Total current liabilities	<u>21,936,207</u>	<u>18,838,248</u>
NON-CURRENT LIABILITIES:		
Line of credit	14,598,000	15,475,000
Notes payable, net of current portion	6,500,000	6,750,000
Fair value of derivative instrument	<u>201,861</u>	<u>578,739</u>
Total non-current liabilities	<u>21,299,861</u>	<u>22,803,739</u>
MEMBER'S EQUITY	<u>25,510,470</u>	<u>29,154,239</u>
TOTAL	<u>\$ 68,746,538</u>	<u>\$ 70,796,226</u>

See notes to financial statements.

ONECBI, LLC

STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
REVENUES	\$ 84,420,720	\$ 134,856,873
COST OF REVENUES	<u>54,727,155</u>	<u>88,762,313</u>
GROSS PROFIT	<u>29,693,565</u>	<u>46,094,560</u>
OPERATING EXPENSES:		
Personnel	13,465,565	15,373,247
Installation services	10,569,279	13,329,176
Occupancy	2,798,304	2,678,088
Management expenses	6,834,124	7,377,477
Sales and marketing	882,563	812,952
Technology	<u>1,126,386</u>	<u>879,473</u>
Total operating expenses	<u>35,676,221</u>	<u>40,450,413</u>
INCOME (LOSS) FROM OPERATIONS	<u>(5,982,656)</u>	<u>5,644,147</u>
OTHER INCOME (EXPENSE):		
Interest expense	(1,061,648)	(1,241,650)
Other income, net	<u>4,469,508</u>	<u>826,765</u>
Total other (expense) income, net	<u>3,407,860</u>	<u>(414,885)</u>
NET INCOME (LOSS)	<u>\$ (2,574,796)</u>	<u>\$ 5,229,262</u>

See notes to financial statements.

ONECBI, LLCSTATEMENTS OF CHANGES IN MEMBER'S EQUITY
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

BALANCE, DECEMBER 31, 2019	\$ 28,919,620
Net income	5,229,262
Distributions	<u>(4,994,643)</u>
BALANCE, DECEMBER 31, 2020	29,154,239
Net loss	(2,574,796)
Distributions	<u>(1,068,973)</u>
BALANCE, DECEMBER 31, 2021	<u><u>\$ 25,510,470</u></u>

See notes to financial statements.

ONECBI, LLC

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net income (loss)	\$ (2,574,796)	\$ 5,229,262
Adjustments to reconcile net income (loss) to net cash from operating activities:		
Depreciation and amortization	5,505,386	5,328,159
Loss on disposal of property	-	406
Allowance for doubtful accounts	-	150,000
(Gain) loss on derivative instrument	(376,878)	564,663
Changes in operating assets and liabilities:		
Accounts receivable	385,270	10,416,861
Contract retainage receivable	782,403	(885,732)
Work in process	(4,529,552)	3,554,719
Prepaid expenses	296,236	(133,665)
Accounts payable	1,575,723	(1,644,256)
Accrued expenses	(719,550)	(357,009)
Advance payments on contracts	6,167,456	(4,053,660)
Net cash provided by operating activities	<u>6,511,698</u>	<u>18,169,748</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of property	(390,055)	(301,119)
Purchase of net assets of GBI	-	(1,110,511)
Net cash applied to investing activities	<u>(390,055)</u>	<u>(1,411,630)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayments under line of credit, net	(877,000)	(13,369,000)
Principal payments on long-term debt	(250,000)	-
Distributions paid	(4,994,643)	(3,389,118)
Net cash applied to financing activities	<u>(6,121,643)</u>	<u>(16,758,118)</u>
NET CHANGE IN CASH	-	-
CASH, BEGINNING OF YEAR	-	-
CASH, END OF YEAR	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements.

ONECBI, LLC

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

1. SUMMARY OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

Operations - ONECBI, LLC (the "Company") is a leading provider of premier interior office furniture. The Company offers project management, office relocation, furniture installation and space planning services as part of its entire interior solutions package. The Company serves a variety of industries throughout the United States, including automotive, commercial office, finance, healthcare, and education. The Company is a wholly-owned subsidiary of CBI Holding Company, LLC ("Holding").

Use of Accounting Estimates - The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Cash - The Company maintains cash deposits with financial institutions that, at times, may exceed federally insured limits.

Working Capital - Checks outstanding in excess of certain cash balances totaling approximately \$1,383,000 and \$334,000, are included in accounts payable in the accompanying balance sheets as of December 31, 2021 and 2020, respectively.

Accounts Receivable - The Company extends credit to its customers. By their nature, accounts receivable involve risk, including the credit risk of nonpayment by the customer. Accounts receivable are considered past due based on contractual and invoice terms. Accounts deemed uncollectible are charged against the allowance for doubtful accounts or bad debt expense, as applicable. The Company maintains allowances (\$150,000 as of December 31, 2021 and 2020), which management believes is adequate to absorb estimated losses to be incurred in realizing the recorded amounts of its accounts receivable. These allowances are determined by management through a specific identification process.

The Company did not have any write-offs of accounts receivable from customers during the year ended December 31, 2021. During the year ended December 31, 2020, the Company recognized bad debt expenses on accounts receivable from customers of approximately \$330,000.

Work in process - The Company accumulates the cost of products and installation in work in process and charges these costs to cost of revenues when the related revenues are recognized.

Property - Property is recorded at cost. Depreciation and amortization are computed using straight-line methods based on the estimated useful lives of the respective assets.

Goodwill - Goodwill represents the excess of the purchase price over the fair value of net assets acquired. The Company amortizes goodwill on a straight-line basis over 10 years from the date of acquisition (see Note 4). The Company tests goodwill for impairment annually. No impairment was recorded for the years ended December 31, 2021 and 2020.

Income Taxes - The Company is a limited liability company. As such, taxable income and tax credits are passed through to its ultimate member for inclusion in its income tax return. Accordingly, no provision for income taxes has been recognized in the accompanying financial statements.

The Company records liabilities for income tax positions taken or expected to be taken when those positions are deemed uncertain to be upheld in an examination by taxing authorities. No liabilities for uncertain income tax positions were recorded as of December 31, 2021 and 2020.

Fair Value Measurement - Generally accepted accounting principles in the United States of America provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

The inputs used for valuing the Company's assets and liabilities are summarized in the three broad levels listed below:

- Level 1 - quoted prices in active markets for identical assets
- Level 2 - other significant observable inputs either directly or indirectly (including quoted prices for similar securities, interest rates, yield curves, credit risk, etc.)
- Level 3 - significant unobservable inputs

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The inputs or methodology used for valuing the Company's assets and liabilities are not necessarily an indication of the risk associated with those assets and liabilities.

Revenue Recognition - The significant majority of the Company's contracts with its customers are for project management, office relocation, furniture installation, interior construction and space planning services. The contracts are generally accounted for as having a single performance obligation as the promise to transfer is not separately identifiable from other promises, and therefore, not distinct. All contracts are short-term in nature, not exceeding one year in duration. The transaction price is agreed upon in the contract. Revenue is recognized upon satisfaction of the performance obligation which is typically at a point in time that when control is transferred to the customer. Control is transferred upon substantial completion, as defined.

The Company's standard terms and conditions requires a 50% deposit at contract inception and a 50% payment upon substantial completion on contracts under \$25,000. For contracts exceeding \$25,000 the Company requires a 50% deposit at contract inception, a 40% payment upon delivery of furnishings, and the remaining 10% upon substantial completion. Final payment is due within 30 days of the invoice date, however, timing of payment and progress payments with specific customers may be separately negotiated.

Certain customers of the Company contract directly with the furniture and equipment manufacturer. The Company manages delivery and installation for a fee. Under these arrangements, the Company is acting as an agent of the manufacturer. The Company recognizes revenue in the amount of the fee to which it is entitled. Total fees received were approximately \$153,000 and \$237,000 for the years ended December 31, 2021 and 2020, respectively. These fees are included in revenues in the accompanying statements of operations.

Revenue is recognized in an amount that reflects the consideration the Company expects to be entitled to in exchange for the goods. Consideration for product sales is primarily fixed in nature with insignificant amounts recognized for sales discounts, rebates and product returns. The Company's estimates for sales discounts, rebates and product returns reduce revenue recognized at the time of sale. Additionally, the Company provides an assurance-type standard warranty that the product will conform to certain specifications agreed to by the customer. This type of warranty does not represent a separate performance obligation. Manufacturer's warranties on products are transferred to the customer with the change in control.

Various economic factors affect the Company's revenues and cash flow. Revenue is disaggregated by sales region. The Company's overall revenues for the years ended December 31, 2021 and 2020 consisted of the following:

	<u>2021</u>	<u>2020</u>
Charlotte, NC	\$ 44,682,360	\$ 72,222,711
Middle Tennessee	9,010,229	12,674,830
Raleigh, NC	6,057,341	13,952,204
Eastern Tennessee	5,275,289	6,416,045
Greenville, SC	5,052,777	2,786,215
South Florida	5,047,818	7,760,988
Jacksonville, FL	4,452,661	12,721,079
Piedmont Triad, NC	2,635,079	1,840,111
Charleston, SC	<u>2,207,166</u>	<u>4,482,690</u>
Total	<u>\$ 84,420,720</u>	<u>\$ 134,856,873</u>

Sales and other taxes the Company collects concurrent with revenue-producing activities are excluded from revenue. Incremental costs incurred to obtain contracts, such as sales commissions, are expensed when incurred as the amortization period of any related assets would be less than one year.

The timing of revenue recognition, billings and cash collections results in billed accounts receivable. The balance of accounts receivable resulting from contracts with customers was \$14,286,540, \$15,895,990 and \$25,984,258 at December 31, 2021, 2020, and 2019, respectively.

As discussed above, the Company receives payments from customers based upon contractual terms. These payments represent contract liabilities. Additionally, the Company incurs costs related to contracts with customers prior to recognition of revenue. These costs represent contract assets. Retainage billed to the customer that cannot be collected until the contract work has been completed and approved is also considered a contract asset.

The Company's contract assets and contract liabilities consisted of the following as of December 31, 2021, 2020, and 2019:

	<u>2021</u>	<u>2020</u>	<u>2019</u>
<i>Contract assets:</i>			
Work in process	\$ 10,344,842	\$ 5,815,290	\$ 8,643,115
Contract retainage receivable	<u>103,329</u>	<u>885,732</u>	<u>-</u>
Total	<u>\$ 10,448,171</u>	<u>\$ 6,701,022</u>	<u>\$ 8,643,115</u>
<i>Contract liabilities:</i>			
Advance payments on contracts	<u>\$ 15,144,838</u>	<u>\$ 8,977,382</u>	<u>\$ 11,388,328</u>

Shipping and Handling Costs - The Company considers shipping and handling costs to be a contract fulfillment cost. These costs are included in cost of revenues, as incurred.

Subsequent Events - In preparing its financial statements, the Company has evaluated subsequent events through April 12, 2022, which is the date the financial statements were available to be issued.

2. ACQUISITION

In June 2020, the Company purchased the net assets of GBI, LLC ("GBI") for \$2,110,511. The purchase price was paid with \$1,110,511 in cash and issuance of a note payable for \$1,000,000.

The following table summarizes the fair value of the assets acquired and liabilities assumed in the GBI acquisition as of the acquisition date:

Assets acquired:

Accounts receivable	\$ 478,593
Work in process	726,894
Goodwill	3,000,000
Other assets	<u>269,187</u>

Total assets acquired	<u>4,474,674</u>
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Liabilities assumed:

Accounts payable	689,895
Accrued expenses	31,555
Deferred revenue	<u>1,642,713</u>

Total liabilities assumed	<u>2,364,163</u>
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Net assets acquired	<u>\$ 2,110,511</u>
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3. PROPERTY

Property consisted of the following as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Leasehold improvements	\$ 2,314,578	\$ 2,087,605
Equipment	339,684	266,272
Computer equipment	33,053	11,615
Furniture and fixtures	48,096	48,096
Assets not in service	<u>264,416</u>	<u>196,184</u>
Subtotal	2,999,827	2,609,772
Less accumulated depreciation and amortization	<u>(695,689)</u>	<u>(349,202)</u>
Total, net	<u>\$ 2,304,138</u>	<u>\$ 2,260,570</u>

Total depreciation and amortization of property was \$346,487 and \$294,259 for the years ended December 31, 2021 and 2020, respectively.

4. GOODWILL

Goodwill consisted of the following as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Goodwill	\$ 51,588,995	\$ 51,588,995
Less: accumulated amortization	<u>(11,812,432)</u>	<u>(6,653,533)</u>
Total, net	<u>\$ 39,776,563</u>	<u>\$ 44,935,462</u>

Total amortization of goodwill was \$5,158,899 and \$5,033,900 for the years ended December 31, 2021 and 2020, respectively. Estimated amortization expense for the next five years and thereafter is as follows:

Year ending December 31:	
2022	\$ 5,158,899
2023	5,158,899
2024	5,158,899
2025	5,158,899
2026	5,158,899
Thereafter	<u>13,982,068</u>
Total	<u>\$ 39,776,563</u>

5. INTEREST RATE SWAP AGREEMENT

The Company has an interest rate swap agreement with a bank under which the Company is paying a fixed interest rate. As of December 31, 2021 and 2020, the Company's interest rate swap agreement consisted of the following:

<u>Original Notional Amount</u>	<u>Outstanding Notional</u>	<u>Fixed Payment Rate</u>	<u>Termination Date</u>	<u>Fair Value Liability</u>
<u>2021</u>				
\$15,000,000	\$ 15,000,000	1.58%	September 2024	\$ (201,861)
<u>2020</u>				
\$15,000,000	\$ 15,000,000	1.58%	September 2024	\$ (578,739)

The estimated fair value of the agreement is determined by broker quotations and represents the estimated amount that the Company would pay or receive to terminate the agreement at the reporting date, taking into account current interest rates and creditworthiness of the counterparty. The estimated fair value does not necessarily reflect the potential gain or loss that would be realized on an actual settlement of the agreement.

As of December 31, 2021 and 2020, the total estimated fair value of the Company's derivatives are included in non-current liabilities in the accompanying balance sheets. The Company has elected not to apply hedge accounting. Accordingly, a gain of \$376,878 and a loss of \$564,663 for the years ended December 31, 2021 and 2020, respectively, are included in the accompanying statements of operations.

6. LINE OF CREDIT

The Company has a line of credit agreement that provides for borrowings up to a maximum of \$35,000,000, reduced on a quarterly basis, as defined in the agreement, maturing in August 2024. As of December 31, 2021, the maximum borrowings on the line was \$30,625,000. The agreement provides for quarterly interest payments on outstanding borrowings at the Daily LIBOR Rate plus an applicable margin, as defined, (2.10% at December 31, 2021). The line is collateralized by substantially all of the Company's assets. The line is subject to certain financial covenants, of which the Company was in compliance or received the appropriate waivers as of December 31, 2021.

7. NOTES PAYABLE

Notes payable as of December 31, 2021 and 2020, consisted of the following:

	<u>2021</u>	<u>2020</u>
Note payable to a member of Holding with an interest rate of 7.5%, compounding monthly. The agreement provides for semi-annual interest payments. All outstanding principal and unpaid interest is due in February 2025. The note is subordinated to the bank line of credit.	\$ 4,500,000	\$ 4,500,000
Note payable to a member of Holding with an interest rate of 7.5%, compounding monthly. The agreement provides for semi-annual interest payments. All outstanding principal and unpaid interest is due in February 2025. The note is subordinated to the bank line of credit.	1,500,000	1,500,000
Note payable to an unrelated third party. The agreement provides for annual payments of \$250,000 through 2024. The note is non-interest bearing. The note is subordinated to the bank line of credit.	<u>750,000</u>	<u>1,000,000</u>
Total	6,750,000	7,000,000
Less: current portion	<u>250,000</u>	<u>250,000</u>
Long-term portion	<u>\$ 6,500,000</u>	<u>\$ 6,750,000</u>

As of December 31, 2021, scheduled principal maturities of the notes payable were as follows:

Year ending December 31:	
2022	\$ 250,000
2023	250,000
2024	250,000
2025	<u>6,000,000</u>
Total	<u>\$ 6,750,000</u>

8. EMPLOYEE RETENTION CREDIT

The Employee Retention Credit ("ERC") was enacted by the Federal government to provide financial relief to certain businesses impacted by COVID-19. The ERC is a refundable tax credit against certain employment taxes based on certain qualified wages an eligible employer pays to employees each quarter during calendar years 2021 and 2020. Employers must meet several eligibility requirements on a quarterly basis to qualify for the ERC. The Company believes it met these requirements for the first, second, and third quarters of 2021 and, accordingly, filed for the credits during 2021 and recognized \$2,752,353 which is included in other income in the accompanying statement of operations. As of December 31, 2021, the Company had a receivable of \$1,224,180 related to credits that had not yet been received.

9. MEMBER'S EQUITY

The Company's ultimate member is subject to the terms of an operating agreement. In accordance with the terms of this agreement, the member's liability is limited to the capital it has contributed to the Company. In general, the agreement states that income and losses and distributions of cash are to be allocated to the member in proportion to its membership interest. The agreement also provides certain restrictions on the sale of the member's interest.

10. LEASE COMMITMENTS

The Company leases certain facilities from entities related to the Company through common ownership under agreements classified as operating leases expiring at various dates through 2026. Rent expense under these agreements totaled approximately \$1,502,000 and \$1,459,000 for the years ended December 31, 2021 and 2020, respectively.

The Company also leases facilities and vehicles from unrelated parties under agreements classified as operating leases expiring at various dates through 2027. Rent expense under these agreements totaled approximately \$1,189,000 and \$1,091,000 for the years ended December 31, 2021 and 2020, respectively.

Approximate future minimum lease payments under all lease agreements as of December 31, 2021 are as follows:

Year ending December 31:	
2022	\$ 2,443,000
2023	2,360,000
2024	2,292,000
2025	2,165,000
2026	1,906,000
Thereafter	<u>363,000</u>
Total minimum lease payments	<u>\$ 11,529,000</u>

11. EMPLOYEE BENEFIT PLAN

The Company maintains a retirement plan under which eligible employees can defer a portion of their compensation under the provisions of section 401(k) of the Internal Revenue Code. The Company matched participant contributions equal to 100% of the first 3% of compensation and 50% of the next 2% of compensation. Additionally, the plan allows for a Company contribution that is determined at the discretion of management. Company contributions to the plan totaled approximately \$331,000 for each of the years ended December 31, 2021 and 2020.

12. CONCENTRATIONS

During the years ended December 31, 2021 and 2020, the Company had sales to one major customer representing approximately 30% and 26%, respectively, of the Company's total revenues.

Receivables outstanding from one customer represented approximately 25% of total accounts receivable as of December 31, 2021.

For the years ended December 31, 2021 and 2020, products purchased from the Company's largest supplier accounted for approximately 46% and 49%, respectively, of total product purchases.

13. CONTINGENCIES

The Company is subject to various claims and legal proceedings covering a wide range of matters that arise in the ordinary course of its business activities, including liability claims. It is management's opinion that the resolution of these matters will not materially affect the Company's financial position or the results of its operations.

14. SUPPLEMENTAL CASH FLOW INFORMATION

Supplemental cash flow information for the years ended December 31, 2021 and 2020 was as follows:

	<u>2021</u>	<u>2020</u>
Cash payments for interest	\$ 1,060,359	\$ 873,264
<u>Non-cash transaction:</u>		
Acquisition financed through issuance of note payable	\$ -	\$ 1,000,000

CBI 401(k) Retirement Plan
EIN No.: 47-0966094, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Life Ins. Co.	Insurance Company/General Account	\$ 1,002,539
		Total Fixed Funds	\$ 1,002,539
*	Transamerica Life Ins. Co.	BlackRock EAFE Equity Index Ret Opt	\$ 129,698
*	Transamerica Life Ins. Co.	BlackRock Equity Index Ret Opt	\$ 823,513
*	Transamerica Life Ins. Co.	BlackRock Mid Cap Eq Index Ret Opt	\$ 346,845
*	Transamerica Life Ins. Co.	BlackRock Russell 2000 Idx Ret Opt	\$ 107,210
*	Transamerica Life Ins. Co.	BlackRock U.S. Debt Index Ret Opt	\$ 7,778
*	Transamerica Life Ins. Co.	BlackRock U.S. Tips Index Ret Opt	\$ 1,328
*	Transamerica Life Ins. Co.	MyWayRetirement Balanced Ret Opt	\$ 130
*	Transamerica Life Ins. Co.	MyWayRetirement Core Bd Ret Opt	\$ 21,741
*	Transamerica Life Ins. Co.	MyWayRetirement Emrg Mkt Ret Opt	\$ 12,028
*	Transamerica Life Ins. Co.	MyWayRetirement Global Bd Ret Opt	\$ 3,687
*	Transamerica Life Ins. Co.	MyWayRetment Idx Mod 2025 Ret Opt	\$ 588,728
*	Transamerica Life Ins. Co.	MyWayRetment Idx Agg 2025 Ret Opt	\$ 726,433
*	Transamerica Life Ins. Co.	MyWayRetment Idx Mod 2035 Ret Opt	\$ 973,822
*	Transamerica Life Ins. Co.	MyWayRetment Idx Agg 2035 Ret Opt	\$ 857,202
*	Transamerica Life Ins. Co.	MyWayRetment Idx Mod 2045 Ret Opt	\$ 48,669
*	Transamerica Life Ins. Co.	MyWayRetment Idx Consv 2055 Ret Opt	\$ 162,155
*	Transamerica Life Ins. Co.	MyWayRetment Idx Mod 2055 Ret Opt	\$ 83,719
*	Transamerica Life Ins. Co.	MyWayRetment Idx Agg 2055 Ret Opt	\$ 25,868
*	Transamerica Life Ins. Co.	MyWayRetirement Index 2065 Ret Opt	\$ 3,606
*	Transamerica Life Ins. Co.	MyWayRetirement Intl Gr Ret Opt	\$ 193,874
*	Transamerica Life Ins. Co.	MyWayRetirement Intl Value Ret Opt	\$ 775
*	Transamerica Life Ins. Co.	MyWayRetirement Lg Cap Gr Ret Opt	\$ 359,040
*	Transamerica Life Ins. Co.	MyWayRetirement Lg Cap Val Ret Opt	\$ 71,082
*	Transamerica Life Ins. Co.	MyWayRetirement Mid Cap Gr Ret Opt	\$ 47,704
*	Transamerica Life Ins. Co.	MyWayRetirement Mid Cp Val Ret Opt	\$ 1,686
*	Transamerica Life Ins. Co.	MyWayRetirement Mltsctr Bd Ret Opt	\$ 99,307
*	Transamerica Life Ins. Co.	MyWayRetirement Real Est Ret Opt	\$ 36,196
*	Transamerica Life Ins. Co.	MyWayRetirement Sm Cap Gr Ret Opt	\$ 31,715
*	Transamerica Life Ins. Co.	MyWayRetirement Sm Cap Val Ret Opt	\$ 20,599
		Total Separate Accounts	\$ 5,786,137
*	Participants	Notes Receivable with interest rates of 4.25% to 6.50%	\$ 31,560
		TOTAL PLAN ASSETS	\$ 6,820,236

* Indicates Party-In-Interest to the Plan