

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>COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1991</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>13-3070655</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>914-277-4771</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>813000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1991</u>		2b Employer Identification Number (EIN) <u>13-3070655</u>		2c Plan Sponsor's telephone number <u>914-277-4771</u>		2d Business code (see instructions) <u>813000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1991</u>											
2b Employer Identification Number (EIN) <u>13-3070655</u>											
2c Plan Sponsor's telephone number <u>914-277-4771</u>											
2d Business code (see instructions) <u>813000</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>COMMUNITY BASED SERVICES, INC.</u> <u>3 FIELDS LANE</u> <u>NORTH SALEM, NY 10560-1057</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	VICKI SYLVESTER
	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	131
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	90
a(2) Total number of active participants at the end of the plan year		6a(2)	82
b Retired or separated participants receiving benefits.....		6b	11
c Other retired or separated participants entitled to future benefits		6c	38
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	131
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3D 3H			
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) ☐ 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

A Name of plan <u>COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMMUNITY BASED SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>13-3070655</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B 		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	<u>7491929</u>
	b Actuarial value	2b	<u>7491929</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>11</u>	<u>1259233</u>
	b For terminated vested participants.....	<u>30</u>	<u>671517</u>
	c For active participants	<u>90</u>	<u>4041970</u>
	d Total.....	<u>131</u>	<u>5972720</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.68</u> %
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Total (line 6a + line 6b)	6c	<u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary Type or print name of actuary Firm name Address of the firm	<u>10/03/2022</u> Date <u>20-08189</u> Most recent enrollment number <u>914-861-5108</u> Telephone number (including area code)
	Address of the firm	

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	14073	136426
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	14073	136426
10 Interest on line 9 using prior year's actual return of <u>7.61</u> %	1071	10382
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		865757
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51</u> %		47703
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		913460
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15144	146808

Part III Funding Percentages

14 Funding target attainment percentage	14	122.65 %
15 Adjusted funding target attainment percentage	15	125.36 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/04/2021	50000	0	07/01/2021	50000	0
02/01/2021	50000	0	08/02/2021	50000	0
03/01/2021	50000	0	09/01/2021	50000	0
04/01/2021	50000	0	12/14/2021	1112628	0
05/03/2021	50000	0			
06/01/2021	50000	0			
Totals ▶			18(b)	1562628	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1497534

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1497534	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1497534	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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 COMMUNITY BASED SERVICES, INC., DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY BASED SERVICES, INC.	D Employer Identification Number (EIN) 13-3070655	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(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 33 49 50 71 72	BROKERAGE SERVICES	36857	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY BASED SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>13-3070655</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300000	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	76515
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1714290	811
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	281658	30578
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	191946	0
(5) Partnership/joint venture interests	1c(5)	175042	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4634525	189954
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	197335	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7494796	297858

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	297858
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	297858

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7494796	0
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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)	1562628	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	1562628
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	12307	
(B) U.S. Government securities.....	2b(1)(B)	142	
(C) Corporate debt instruments	2b(1)(C)	7418	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other	2b(1)(F)	3614	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23481
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	544	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	45216	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		45760
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	26721183	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	26536352	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	16292	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1832992
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7423884	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1776719	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9200603
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	2820	
(3) Investment advisory and management fees.....	2i(3)	36857	
(4) Other.....	2i(4)	87508	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		127185
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9327788
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-7494796
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEHMAN FLYNN VOLLARO CPA'S PLLC

(2) EIN: 84-1874983

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.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
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 432244.			

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 COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY BASED SERVICES, INC.	D Employer Identification Number (EIN) 13-3070655

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3070655 33-6134835		
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	114

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Community Based Services, Inc.
Defined Benefit Plan

Report of Independent Auditors and
Financial Statements with Supplemental Schedules
Years ended December 31, 2021 (in liquidation) and 2020 (ongoing)

Community Based Services, Inc. Defined Benefit Plan
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December 31, 2021 (in liquidation) and 2020 (ongoing)

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All other schedules are omitted, as they are not applicable or are not required, based on disclosure requirements of the Employee Retirement Income Security Act of 1974, as amended, and the applicable regulations issued by the Department of Labor.

LEHMAN FLYNN VOLLARO PLLC

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Independent Auditor's Report

To the Administrative Committee of
Community Based Services, Inc.
Defined Benefit Plan

Opinion

We have audited the accompanying financial statements of Community Based Services, Inc. Defined Benefit Pension Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2021 (in liquidation) and the related statements of changes in net assets available for benefits (in liquidation) for the year then ended, the statement of accumulated plan benefits (in liquidation) as of January 1, 2021, the related statement of change in accumulated plan benefits in liquidation for the year then ended, the statement of net assets available for benefits as of December 31, 2020 (ongoing), statement of changes in net assets available for benefits for the year ended December 31, 2020 (ongoing) and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Community Based Services, Inc. Defined Benefit Pension Trust as of December 31, 2021 (in liquidation) and 2020 (ongoing), and the changes in its net assets available for benefits for the year ended December 31, 2021 (in liquidation) and for the year ended December 31, 2020 (ongoing), and the accumulated plan benefits as of January 1, 2021 (in liquidation), and the changes in its accumulated plan benefits for the year then ended (in liquidation) in accordance with accounting principles generally accepted in the United State of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Community Based Services, Inc. Defined Benefit Pension Trust 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.

Emphasis of Matter—Basis of Accounting

As discussed in Note 4 to the financial statements, the governing body of Community Based Services, Inc. Defined Benefit Pension Trust approved a plan of liquidation on October 10, 2021, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2020 financial statements to the liquidation basis used in presenting the 2021 financial statements. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Based Services, Inc. Defined Benefit Pension Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Community Based Services, Inc. Defined Benefit Pension Trust 's Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are

presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Lehman Flynn Vollaro CPA's PLLC". The signature is written in a cursive, flowing style.

Melville, NY
October 14, 2022

LEHMAN FLYNN VOLLARO PLLC
CERTIFIED PUBLIC ACCOUNTANTS

Community Based Services, Inc. Defined Benefit Plan

Statements of Net Assets Available for Benefits

Years ended December 31,

Assets		
	<u>2021 (in liquidation)</u>	<u>2020 (ongoing)</u>
Investments, at fair value		
Cash and cash equivalents	\$ 811	\$ 824,741
Money market funds	-	576
Certificates of deposit	-	888,973
Common stock	-	191,946
Exchange traded funds	-	2,531,896
Mutual funds	-	2,102,629
Hedge funds	189,954	175,042
Corporate bonds and debentures	30,578	281,658
Municipal bonds	-	197,335
	<u>221,343</u>	<u>7,194,796</u>
Total investments		
Contributions receivable	-	300,000
Other receivable	76,515	-
Total receivables	<u>76,515</u>	<u>300,000</u>
Total assets	<u>\$ 297,858</u>	<u>\$ 7,494,796</u>
Liabilities		
Accounts payable	<u>\$ 297,858</u>	<u>\$ -</u>
Total liabilities	<u>297,858</u>	<u>-</u>
Net assets in liquidation available for benefits	<u>\$ -</u>	<u>\$ 7,494,796</u>

See notes to financial statements

Community Based Services, Inc. Defined Benefit Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31,

	<u>2021 (in liquidation)</u>	<u>2020 (ongoing)</u>
Additions to net assets attributable to:		
Investment income:		
Net appreciation in fair value investments	\$ 201,123	\$ 385,628
Interest	23,481	48,562
Dividends	45,760	108,780
Less: investment expenses	<u>(39,677)</u>	<u>(49,958)</u>
Net investment income	230,687	493,012
Contributions:		
Employer contributions	<u>1,562,628</u>	<u>900,000</u>
Total additions to net assets	<u>1,793,315</u>	<u>1,393,012</u>
Deductions from net assets to:		
Benefits paid directly to participants	7,423,884	307,056
Purchase of annuity contracts	1,776,719	-
PBGC insurance premium	<u>87,508</u>	<u>-</u>
Total deductions from net assets	<u>9,288,111</u>	<u>307,056</u>
Net (decrease)/increase	<u>(7,494,796)</u>	<u>1,085,956</u>
Net assets available for benefits		
Beginning of year	<u>7,494,796</u>	<u>6,408,840</u>
End of year	<u><u>-</u></u>	<u><u>7,494,796</u></u>

See notes to financial statements

Community Based Services, Inc. Defined Benefit Plan
Statement of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits
Year Ended January 1, 2021

Actuarial present value of accumulated plan benefits in liquidation:

Vested benefits:

Participants currently receiving payments	\$ 1,259,233
Other participants (active and separated vested)	4,713,487
	<u>5,972,720</u>
Nonvested benefits	<u>3,445</u>

Total actuarial present value of accumulated plan benefits in liquidation	<u><u>\$ 5,976,165</u></u>
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Change in actuarial present value of accumulated benefits:

Actuarial present value of accumulated plan benefits at January 1, 2020 (ongoing)	\$ 6,249,207
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Increase (decrease) during year attributable to:

Benefits accumulated - net experience gain or loss, changes in data	-
Actuarial (gain) loss	34,014
Benefits paid	<u>(307,056)</u>
Net decrease	<u>(273,042)</u>

Actuarial present value of accumulated plan benefits in liquidation at January 1, 2021	<u><u>\$ 5,976,165</u></u>
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See notes to financial statements

Community Based Services, Inc.
Defined Benefit Plan
Notes to Financial Statements
December 31, 2021 (in liquidation) and 2020 (ongoing)

Note 1 - Description of plan

The following brief description of the Community Based Services, Inc. Defined Benefit Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The plan was terminated on October 10, 2021. All distributions were paid to plan participants and all liabilities related to future annuity payments from the plan were assumed by Companion Life Insurance Company on December 20, 2021.

General

The Plan is a defined benefit pension plan covering substantially all employees of Community Based Services, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefit.

Non-union employees with one or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to the greater of 45.5% times the average annual compensation up to the participants covered compensation for the plan year plus 52.15% times average annual compensation in excess of the participant's covered compensation for the year or 1/12 of the minimum accrued benefit. The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. As of January 1, 2020 the Plan has been frozen and no new benefits will be accumulated.

Termination of Employment

Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement. For each employee electing a life annuity, payments will not be less than the greater of (a) the employee's accumulated contributions plus interest or (b) an annuity for five years.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Community Based Services, Inc.
Defined Benefit Plan
Notes to Financial Statements
December 31, 2021 (in liquidation) and 2020 (ongoing)

Plan Administration

The Plan is administrated by Community Based Services, Inc. Employee Benefits Committee (“the Benefits Committee”) (the “Plan Administrator”) and the actuarial services for the Plan are outsourced to PenServ, Inc. The Plan’s assets are held in trust by Morgan Stanley (the “Trustee”). The Plan Administrator has the authority to appoint the trustee and to determine the investments of the Plan. Investments are managed by the Trustee.

Related Party Transactions

Certain assets of the Plan are managed by the Trustee. Such investment management services qualify as party-in-interest transactions. The total assets managed by the Trustee amounted to \$297,858 and \$7,494,796 as of December 31, 2021 and 2020, respectively. Fees paid by the Plan for investment management services to the Trustee were \$39,676 and \$49,958 for the years ended December 31, 2021 and 2020, respectively.

At December 31, 2021 the Plan owed the Plan sponsor \$297,858 for money laid out by the Plan sponsor in regards to liquidating the plan and paying off all Plan obligations. This money is expected to be repaid within the next year.

Vesting

Participants who have completed five years of service, as defined in the Plan document, are 100% vested and entitled to receive a retirement benefit at the normal retirement date, or the settlement date, equal to the participant’s vested benefit.

Note 2 - Significant accounting policies

Basis of accounting

The financial statements for the year ended December 31, 2020 are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, as applied to defined benefit plans.

The plan was terminated in 2021 and the accompanying financial statements are prepared on the liquidation basis of accounting as of the date of the election of plan termination.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets.

Estimates

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

Community Based Services, Inc.
Defined Benefit Plan
Notes to Financial Statements
December 31, 2021 (in liquidation) and 2020 (ongoing)

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

Accumulated plan benefits are those future periodic payment, including lump-sum distributions, which are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable, as calculated in accordance with the Plan, under all circumstances, (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the date as of which the benefit information is presented (the "Valuation Date").

The actuarial present value of accumulated plan benefits is determined by an enrolled actuary from the firm of PenServ Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the Valuation Date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2021 were (a) life expectancy of participants using Mortality Table 2020 430– Optional combined N2018-02, (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return which includes a reduction to reflect anticipated administration expenses. The 2020 valuation assumed a rate of interest of 5.0%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Community Based Services, Inc.
Defined Benefit Plan
Notes to Financial Statements
December 31, 2021 (in liquidation) and 2020 (ongoing)

Payment of benefits

Benefits payments to participants are recorded upon distributions.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Risks and uncertainties

Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with investments, it is reasonably possible that changes in the values of investment securities will occur in the near term and that those changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements. The plan actuary has confirmed that the Plan meets the minimum funding standard that there's no funding deficiency as of January 1, 2021.

Note 3 - Fair value measurements and disclosures

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consist with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs are observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs were not available.

Community Based Services, Inc.
Defined Benefit Plan
Notes to Financial Statements
December 31, 2021 (in liquidation) and 2020 (ongoing)

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

Level 1 – The fair values of common stock, preferred stock, exchange traded funds, mutual funds and U.S. government securities are based on quoted market prices in active markets.

The values of money market funds and interest-bearing checking is based on the stated value of the account.

Level 2 – The fair values of certificates of deposit, corporate bonds and debentures, and municipal bonds are measured using a market approach based on yields currently available on comparable securities of issuers with similar credit ratings.

Level 3 – There are no Level 3 investments

The Plan's interest in unit trusts (pooled) funds and hedge funds are based on the net asset value (NAV) after adjustments to reflect all fund investments at fair value. The NAV is quoted on a private market that is not active; however, the unit price is based on the underlying investments that are traded on an active market. The investment in the trust is carried at fair value based on the closing price on NASDAQ. Unit values are determined by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. ASC 820 allows NAV per share as a practical expedient to estimate fair value.

The Plan administrator determines the fair value measurement policies and procedures, subject to oversight by the Company's employee benefit committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurement are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

Community Based Services, Inc.
Defined Benefit Plan

Notes to Financial Statements
December 31, 2021 (in liquidation) and 2020 (ongoing)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020.

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

	Total	Fair value measurements at report date using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
<u>December 31, 2021</u>				
Corporate bonds and debentures	\$ 30,578	\$ -	\$ 30,578	\$ -
Interest bearing bank accounts	811	811	-	-
	<u>\$ 31,389</u>	<u>\$ 811</u>	<u>\$ 30,578</u>	<u>\$ -</u>
<u>December 31, 2020</u>				
Money market funds	\$ 576	\$ 576	\$ -	\$ -
Certificates of deposit	888,973	-	888,973	-
Common stock	191,946	191,946	-	-
Exchange traded funds	2,531,896	2,531,896	-	-
Mutual funds	2,102,629	2,102,629	-	-
Corporate bonds and debentures	281,658	-	281,658	-
Municipal bonds	197,335	-	197,335	-
Interest bearing checking	824,741	824,741	-	-
	<u>\$ 7,019,754</u>	<u>\$ 5,651,788</u>	<u>\$ 1,367,966</u>	<u>\$ -</u>

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively.

	Fair value at 12/31/21	Unfunded Commitments	Redemptions Frequency (if currently eligible)	Redemption Notice Period
Hedge funds	\$ 189,954	None	Quarterly	95 Days
	Fair value at 12/31/20	Unfunded Commitments	Redemptions Frequency (if currently eligible)	Redemption Notice Period
Hedge funds	\$ 175,042	None	Quarterly	95 Days

Community Based Services, Inc.
Defined Benefit Plan
Notes to Financial Statements
December 31, 2021 (in liquidation) and 2020 (ongoing)

Changes in fair value levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuations techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2021 and 2020, there were no significant transfers in or out of levels 1, 2 or 3.

Funding policy

The Company's funding policy is to make annual contributions to the Plan based on actuarially determined calculations of amounts necessary to fund the Plan's benefits.

The Company has discontinued its contributions as of October 2021 and has terminated the Plan subject to the provisions set forth in ERISA.

Note 4 - Plan termination

As of October 10, 2021 the plan has been terminated and all benefits have been paid or annuity contracts purchased.

Note 5 - Tax status

The Internal Revenue Service has determined and informed the Employer by a letter dated March 31, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Subsequent to this determination by the Internal Revenue Service, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Committee believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended and restated, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effect of the tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and as concluded that as of December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taking jurisdictions; however, there are currently no audits for any tax periods.

Community Based Services, Inc.
Defined Benefit Plan
Notes to Financial Statements
December 31, 2021 (in liquidation) and 2020 (ongoing)

Note 6 - Reconciliation of financial statements to Form 5500

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

	Amounts per the Financial Statements	Classifications of investment expenses	Amounts per the Form 5500
Additions			
Investment income	\$ 230,687	\$ 39,677	\$ 270,364
Company contributions	1,562,628	-	1,562,628
Total additions	<u>1,793,315</u>	<u>39,677</u>	<u>1,832,992</u>
Deductions			
Benefits paid directly to participants	7,423,884	-	7,423,884
Benefits paid directly to insurance carriers	1,776,719	-	1,776,719
PBGC Insurance premium	87,508	-	87,508
Investment advisory and management fees	-	39,677	39,677
Total deductions	<u>9,288,111</u>	<u>39,677</u>	<u>9,327,788</u>
Net increase (decrease)	<u><u>\$(7,494,796)</u></u>	<u><u>\$ -</u></u>	<u><u>\$(7,494,796)</u></u>

Note 7 - Guaranteed Investment Contract with Mutual of Omaha

In 2021, the Plan entered into a guaranteed investment contract with Companion Life Insurance Company (Companion), under which the Plan paid Companion \$1,776,719 to continue to make the annuity payments for those participants who did not choose the lump sum payment option. Purchased annuities are contracts under which Companion is obligated to pay benefits to named employees or their beneficiaries.

Note 8 - Plan amendment

Effective January 1, 2017 the Plan was amended that no further benefits shall be accrued under the Plan after January 1, 2017.

Note 9 - Subsequent events

The plan has performed an evaluation of subsequent events through October 14, 2022.

Community Based Services, Inc.
Defined Benefit Plan
EIN: 13-3070655
Plan Number 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021 (in liquidation)

a	b	c	d	e
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Citibank	Bank Account	\$ 280	\$ 280
*	Morgan Stanley	Bank Account	531	531
		Bank Account Total	811	811
	AIP ANSLT RTNSTS	Hedge Fund	150,000	189,954
		Hedge Fund Total	150,000	189,954
	America Movil Sab De Cv	Corporate Bond 6.45% Matures 12/05/2022	51,890	30,578
		Corporate Bond Total	51,890	30,578
			<u>\$ 202,701</u>	<u>\$ 221,343</u>
	* Parties-in-interest			

See independent auditor's report

Community Based Services, Inc.
Defined Benefit Plan
EIN: 13-3070655
Plan Number 001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2021 (in liquidation)

Single transactions which exceeded 5% of plan assets as of the beginning of the plan year:

a	b	c	d	e	f	g	h	i
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expenses incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
PIMCO Enhanced Shrt Mtrt	Mutual Fund	N/A	\$585,322	N/A	N/A	\$579,001	\$585,322	\$6,321
PIMCO Total Return	Mutual Fund	N/A	\$393,462	N/A	N/A	\$398,526	\$393,462	(\$5,064)
US Treasury Bill	Treasury Bond	\$2,999,932	N/A	N/A	N/A	\$2,999,932	\$2,999,932	\$0
US Treasury Bill	Treasury Bond	\$2,999,940	N/A	N/A	N/A	\$2,999,940	\$2,999,940	\$0
US Treasury Bill	Treasury Bond	\$5,999,877	N/A	N/A	N/A	\$5,999,877	\$5,999,877	\$0
US Treasury Bill	Treasury Bond	\$999,982	N/A	N/A	N/A	\$999,982	\$999,982	\$0
US Treasury Bill	Treasury Bond	\$5,999,791	N/A	N/A	N/A	\$5,999,791	\$5,999,791	\$0

Series of transactions involving securities of the same issuer, that, in the aggregate, exceeded 5% of plan assets as of the beginning of the plan year were:

a	b	c	d	e	f	g	h	i
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expenses incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
Wisdom Floating Rate	Savings Account	\$379,806	N/A	N/A	N/A	\$379,806	\$379,806	\$0
PIMCO 1-5 Year USIDX FD	Mutual Fund	\$195,494	\$197,350	N/A	N/A	\$195,489	\$197,350	\$1,861
PIMCO Enhanced ST	Mutual Fund	\$579,001	\$585,322	N/A	N/A	\$579,001	\$585,322	\$6,321
US Treasury Bill	Treasury Bond	\$6,999,773	\$6,999,773	N/A	N/A	\$6,999,773	\$6,999,773	\$0
PIMCO Total Return	Mutual Fund	\$398,526	\$393,462	N/A	N/A	\$398,526	\$393,462	(\$5,064)

See independent auditor's report

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 1/1/2021 and ending 12/31/2021

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

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

A Name of plan COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMUNITY BASED SERVICES, INC.	D Employer Identification Number (EIN) 13-3070655
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date:	1/1/2021
2 Assets:	
a Market value	2a 7491929
b Actuarial value	2b 7491929
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 11 (2) Vested Funding Target 1259233 (3) Total Funding Target 1259233
b For terminated vested participants.....	30 671517 671517
c For active participants	90 4041970 4045415
d Total.....	131 5972720 5976165
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 5.68 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses	6b 0
c Total (line 6a + line 6b)	6c 0

Statement by Enrolled Actuary

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

SIGN HERE		10/3/2022
ZHIHUA LIU	Signature of actuary	Date
LIU ACTUARIAL CONSULTING SERVICES	Type or print name of actuary	2008189
108 SAGAMORE ROAD APT. 5E TUCKAHOE NY 10707	Firm name	Most recent enrollment number
	Address of the firm	914-861-5108
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2021
v. 210624

COMMUNITY BASED SERVICES, INC. DEFINED BENEFIT PENSION TRUST
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN
Plan EIN: 13-3070655
Plan Number: 001

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment: 4.75%

Second Segment: 5.36%

Third Segment: 6.11%

IRC404 Funding Yield Curve Segmented Rates

First Segment: 1.75%

Second Segment: 3.04%

Third Segment: 3.65%

PBGC Segmented Rates

First Segment: 0.51%

Second Segment: 2.26%

Third Segment: 3.01%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table 2021 430 Optional Combined N2019-67

IRC417(e)(3) Interest Assumption

Same as the Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table 2021 417 Applicable Mortality Table N2019-67

IRC417(e)(3) Retirement Mortality

Mortality Table 2021 417 Applicable Mortality Table N2019-67

Retirement Benefit Form Assumption

100% of participants will elect the Plan Normal Form

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings 5% Effective annual rate

Mortality Table 1983 IAM MALE

COMMUNITY BASED SERVICES, INC. DEFINED BENEFIT PENSION TRUST
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Plan Name: COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN
Plan EIN: 13-3070655
Plan Number: 001

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings 5% Effective annual rate

Mortality Table 2021 417 Applicable Mortality Table N2019-67

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings 5.5% Effective annual rate

COMMUNITY BASED SERVICES, INC. DEFINED BENEFIT PENSION TRUST
Schedule SB, Part V - Summary of Plan Provisions
Plan Name: COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN
Plan EIN: 13-3070655
Plan Number: 001

Plan Effective Date	January 1, 1991
Plan Anniversary Date	December 31, 2021
Beginning of Plan Year	January 1, 2021
Participation Eligibility	Minimum age: 21 and Minimum months of service: 12
Plan Entry Date	01/01 or 07/01 coincident with or following the satisfaction of the requirements
Normal Retirement Date	65th birthday and the completion of 5 years of participation
Normal Form of Benefit	Single Life Annuity (Qualified Joint and Survivor annuity is the required standard option)
Retirement Benefit Optional Forms	50% Monthly Joint and Survivor Annuity Lump Sum (single payment)
Normal Retirement Benefit	Benefit Formula: Maximum total years of service: 35 Maximum years of past service: 0 IRC415 maximum annual benefit: \$230,000 Actuarially adjusted under IRC415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation Minimum benefit: 2% of compensation per year of topheavy plan participation up to 10
Compensation Definition	Highest consecutive 5 year average salary over all service Annual salary up to \$290,000 considered
Vested Retirement Benefit	Vesting Schedule: Cliff vesting (100% after 5 years) Computation Period: Employment Years Based on periods of service rounded to nearest year
Accrued Retirement Benefit	No further benefits shall be accrued under the Plan after 1/1/2017. The accrued benefit is the total of the accrued benefit as of 01/01/2012 and the accruals under the current plan formula for years of service after 01/01/2012 to the benefit determination date

COMMUNITY BASED SERVICES, INC. DEFINED BENEFIT PENSION TRUST
Schedule SB, line 26 - Schedule of Active Participant Data
Plan Name: COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN
Plan EIN: 13-3070655
Plan Number: 001

Age	Years of Credited Service																			
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40+	
	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.	#	Avg. Comp.
<25																				
25-29					2															
30-34					1															
35-39					6		4		1											
40-44					3		2		2											
45-49					3		4		4				1							
50-54					4		1		4		2		1		1					
55-59					4		3		6		2		2							
60-64					6		1		3		3		2				2			
65-69					2		2		2						1					
70+							1		2											

Age is attained age as of the valuation date.

indicates the number of active participants in an age and service category.

Active employees include employees who are active and deferring retirement.

COMMUNITY BASED SERVICES, INC. DEFINED BENEFIT PENSION TRUST
Schedule SB, line 19 - Discounted Employer Contributions
Plan Name: COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN
Plan EIN: 13-3070655
Plan Number: 001

Date	Amount	Plan Year	Effective Rate of Interest	Discounted Amount
01/04/2021	50000.00	2021	5.68%	49977.00
02/01/2021	50000.00	2021	5.68%	49766.00
03/01/2021	50000.00	2021	5.68%	49555.00
04/01/2021	50000.00	2021	5.68%	49324.00
05/03/2021	50000.00	2021	5.68%	49085.00
06/01/2021	50000.00	2021	5.68%	48870.00
07/01/2021	50000.00	2021	5.68%	48649.00
08/02/2021	50000.00	2021	5.68%	48414.00
09/01/2021	50000.00	2021	5.68%	48194.00
12/14/2021	1112628.30	2021	5.68%	1055700.00
Total for Minimum Required Contribution	1562628.30			1497534.00

COMMUNITY BASED SERVICES, INC. DEFINED BENEFIT PENSION TRUST
Schedule SB, line 22 - Description of Weighted Average Retirement Age
Plan Name: COMMUNITY BASED SERVICES, INC, DEFINED BENEFIT PLAN
Plan EIN: 13-3070655
Plan Number: 001

The weighted average retirement age of 65 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% as of the participant's assumed retirement age.

Community Based Services, Inc.
 Defined Benefit Plan
 EIN: 13-3070655
 Plan Number 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
 December 31, 2021 (in liquidation)

a	b	c	d	e
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Citibank	Bank Account	\$ 280	280
	Morgan Stanley	Bank Account	531	531
		Bank Account Total	811	811
	AIP ANSLT RTNSTS	Hedge Fund	150,000	189,954
		Hedge Fund Total	150,000	189,954
	America Movil Sab De Cv	Corporate Bond 6.45% Matures 12/05/2022	51,890	30,578
		Corporate Bond Total	51,890	30,578
	* Parties-in-interest		\$ 202,701	\$ 221,343

See independent auditor's report

LEHMAN FLYNN VOLLARO PLLC
 CERTIFIED PUBLIC ACCOUNTANTS

Community Based Services, Inc.
Defined Benefit Plan
 EIN: 13-3070655
 Plan Number 001

Schedule H, Line 4j – Schedule of Reportable Transactions
 Year Ended December 31, 2021 (in liquidation)

Single transactions which exceeded 5% of plan assets as of the beginning of the plan year:

a	b	c	d	e	f	g	h	i
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expenses incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
PIMCO Enhanced Shrt Mtrt	Mutual Fund	N/A	\$585,322	N/A	N/A	\$579,001	\$585,322	\$6,321
PIMCO Total Return	Mutual Fund	N/A	\$393,462	N/A	N/A	\$398,526	\$393,462	(\$5,064)
US Treasury Bill	Treasury Bond	\$2,999,932	N/A	N/A	N/A	\$2,999,932	\$2,999,932	\$0
US Treasury Bill	Treasury Bond	\$2,999,940	N/A	N/A	N/A	\$2,999,940	\$2,999,940	\$0
US Treasury Bill	Treasury Bond	\$5,999,877	N/A	N/A	N/A	\$5,999,877	\$5,999,877	\$0
US Treasury Bill	Treasury Bond	\$999,982	N/A	N/A	N/A	\$999,982	\$999,982	\$0
US Treasury Bill	Treasury Bond	\$5,999,791	N/A	N/A	N/A	\$5,999,791	\$5,999,791	\$0

Series of transactions involving securities of the same issuer, that, in the aggregate, exceeded 5% of plan assets as of the beginning of the plan year were:

a	b	c	d	e	f	g	h	i
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expenses incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
Wisdom Floating Rate	Savings Account	\$379,806	N/A	N/A	N/A	\$379,806	\$379,806	\$0
PIMCO 1-5 Year USIDX FD	Mutual Fund	\$195,494	\$197,350	N/A	N/A	\$195,489	\$197,350	\$1,861
PIMCO Enhanced ST	Mutual Fund	\$579,001	\$585,322	N/A	N/A	\$579,001	\$585,322	\$6,321
US Treasury Bill	Treasury Bond	\$6,999,773	\$6,999,773	N/A	N/A	\$6,999,773	\$6,999,773	\$0
PIMCO Total Return	Mutual Fund	\$398,526	\$393,462	N/A	N/A	\$398,526	\$393,462	(\$5,064)

See independent auditor's report

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 CERTIFIED PUBLIC ACCOUNTANTS