

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 BRANDS 401(K) PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/2019</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 BRANDS PARENTCO, LLC</u> <u>9620 EXECUTIVE CENTER DRIVE NORTH</u> <u>SUITE 200</u> <u>ST. PETERSBURG, FL 33702</u>
2b	Employer Identification Number (EIN) <u>47-3250999</u>
2c	Plan Sponsor's telephone number <u>727-329-4493</u>
2d	Business code (see instructions) <u>541511</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	MIKE HENRICKS
	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	1951
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)	1884
a(2) Total number of active participants at the end of the plan year		6a(2)	2161
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	446
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2607
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	2609
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1879
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	83
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: 2A 2E 2F 2G 2J 2K 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 BRANDS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY BRANDS PARENTCO, LLC	D Employer Identification Number (EIN) 47-3250999	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL
94-1737782

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHWAB RETIREMENT PLAN SERVICES, IN

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	85528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARNES WENDLING CPAS INC

34-1463411

(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?
10 50	NONE	57453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGE ADVISORY GROUP

33-0818667

(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?
28 50	NONE	50226	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>COMMUNITY BRANDS 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY BRANDS PARENTCO, LLC</u>	D Employer Identification Number (EIN) <u>47-3250999</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>903362</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INDEXED RET TR FUND 2010</u>			
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>			
c EIN-PN <u>81-0625169-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>594934</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INDEXED RET TR FUND 2015</u>			
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>			
c EIN-PN <u>81-0625169-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>492571</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INDEXED RET TR FUND 2020</u>			
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>			
c EIN-PN <u>81-0625169-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3220256</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INDEXED RET TR FUND 2025</u>			
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>			
c EIN-PN <u>81-0625169-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5241631</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INDEXED RET TR FUND 2030</u>			
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>			
c EIN-PN <u>81-0625169-015</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8925677</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INDEXED RET TR FUND 2035</u>			
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>			
c EIN-PN <u>81-0625169-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14906377</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TR FUND 2040**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8557337
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TR FUND 2045**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10804297
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TR FUND 2050**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10775668
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TR FUND 2055**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6999682
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TR FUND 2060**b** Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 942909
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COMMUNITY BRANDS 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY BRANDS PARENTCO, LLC	D Employer Identification Number (EIN) 47-3250999	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	73358948	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)	245279	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	631864	518199
(9) Value of interest in common/collective trusts.....	1c(9)	0	72364701
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	14472044
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	74236091	87354944

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	74236091	87354944
---	-----------	----------	----------

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)	1513994	
(B) Participants	2a(1)(B)	8081966	
(C) Others (including rollovers).....	2a(1)(C)	3594745	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13190705
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16435	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	32110	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48545
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	661625	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		661625
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		9216601
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		864126
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		23981602
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10669227	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10669227
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	57435	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	50760	
(4) Other.....	2i(4)	85327	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		193522
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10862749
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		13118853
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BARNES WENDLING CPAS, INC.

(2) EIN: 34-1463411

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		100649

	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		3000000
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.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan COMMUNITY BRANDS 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY BRANDS PARENTCO, LLC	D Employer Identification Number (EIN) 47-3250999

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 71-0294708 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

COMMUNITY BRANDS 401(K) PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2021 AND 2020 AND
YEAR ENDED DECEMBER 31, 2021**

COMMUNITY BRANDS 401(K) PLAN

Table of Contents

Independent Auditors' Report.....	1 - 4
-----------------------------------	-------

Financial Statements

Statements of Net Assets Available for Benefits	5
---	---

Statement of Changes in Net Assets Available for Benefits	6
---	---

Notes to Financial Statements.....	7 - 16
------------------------------------	--------

Supplemental Schedules

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.....	17
---	----

Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	18
---	----

Schedule H, Line 4j - Schedule of Reportable Transactions	19
---	----

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Community Brands 401(k) Plan
St. Petersburg, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Community Brands 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Charles Schwab Trust Bank, the trustee of the Plan, a qualified institution, as of and for the year ended December 31, 2021, stating that the certified investment information, as identified in Note C to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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.

Other Matter - 2021 Supplemental Schedules Required by ERISA

The supplemental schedules as listed in the table of contents as of and for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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

In our opinion:

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

Other Matter - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits as of December 31, 2020 and the related notes to the financial statements (2020 Financial Statements) of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 Financial Statements, and (b) the form and content of the information included in the 2020 Financial Statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Wendling CPAs

Cleveland, Ohio
October 16, 2022

COMMUNITY BRANDS 401(K) PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2021	2020
ASSETS		
Cash	\$ -0-	\$ 73,358,948
Investments, at fair value:		
Common/collective trusts	72,364,701	-0-
Mutual funds	14,472,044	-0-
	<u>86,836,745</u>	<u>-0-</u>
Receivables:		
Participant contributions	-0-	245,279
Notes receivable from participants	518,199	631,864
	<u>518,199</u>	<u>877,143</u>
Net assets available for benefits	<u>\$ 87,354,944</u>	<u>\$ 74,236,091</u>

See Notes to Financial Statements

COMMUNITY BRANDS 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

Additions to (deductions from) net assets attributed to:		
Investment income (expense):		
Net appreciation in fair value of investments	\$ 10,080,727	
Interest and dividends	678,060	
	<u>10,758,787</u>	
Investment expenses	<u>(50,760)</u>	
		\$ 10,708,027
Interest income on notes receivable from participants		
		32,110
Contributions:		
Participant	8,081,966	
Rollovers	3,594,745	
Employer	<u>1,513,994</u>	
		<u>13,190,705</u>
Total additions		<u>23,930,842</u>
Deductions from net assets attributed to:		
Benefits paid to participants	10,669,227	
Recordkeeping expenses	85,327	
Administrative expenses	<u>57,435</u>	
Total deductions		<u>10,811,989</u>
Net increase		13,118,853
Net assets available for benefits:		
Beginning of year		<u>74,236,091</u>
End of year		<u><u>\$ 87,354,944</u></u>

See Notes to Financial Statements

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE A - DESCRIPTION OF PLAN

The following description of Community Brands 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Community Brands ParentCo, LLC (Plan Sponsor and Plan Administrator) and eligible employees of the 2021 adopting employers for the year ended December 31, 2021, which include:

Education Brands, LLC
GiveSmart US, Inc.
World-Wide Registration Systems, Inc. dba Expo Logic
YourMembership.com, Inc.
Site Organic, LLC (d/b/a Ministry Brands, a Community Brands company) (Site Organic)

The Plan Sponsor and the adopting employers are herein referred to as the Company. Employees not eligible through merger agreements become eligible upon completion of three months of service as defined by the Plan if they are not union employees, leased employees, interns, temporary employees, per diem employees, senior event specialists, event specialists, assistant event specialists, or nonresident aliens. The Plan was amended on April 1, 2021 to eliminate the three month service requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The below list includes additional adopting employers from 2020, for which employees were transferred to one of the employers listed above as a 2021 adopting employer effective January 1, 2021. As these employers no longer had any employees in 2021, they ceased being adopting employers of the Plan as of January 1, 2021.

501 Auctions	Abila, Inc.
Aptify Corporation	Attendee Interactive, LLC
Auctions by Cellular, LLC dba Gesture	Auncor, Inc. dba TADS
Configio My Custom I.T. LLC	Core-Apps, LLC
Diamond Mind Business Services, LLC	Higher Education Services
InRESONANCE	Pathable, Inc.
Tripbuilder Media Inc.	VanDamme Associates, Inc., dba NimbleUser

Effective December 31, 2020, Ministry Brands, a Community Brands company, 401(k) Plan (Ministry Brands Plan), which was a plan also sponsored by Community Brands ParentCo, LLC, merged into the Plan. The list on the following page includes additional adopting employers from 2020, for which employees were transferred to one of the 2021 adopting employers listed in the first paragraph above.

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

As the below employers no longer had any employees in 2021, they ceased being adopting employers as of January 1, 2021.

American Checked, Inc.	Data Diver Technologies
DonorDirect.com	Faith Direct
FO Newco, LLC dba Fellowship One	High Ground Solutions, Inc.
In10sity Interactive, LLC	Ministry Brands, a Community Brands company
MinistryLINQ	Parishsoft, LLC
Protect My Ministry	ShareFaith
Shelby Systems, Inc.	Shield Screen, LLC
Simple Church, LLC	The Rocket Company, LLC

2021 Spin-Off

In connection with a corporate spin-off of Site Organic, LLC and the related Site Organic, LLC employees, effective December 27, 2021, the Plan was amended to remove Site Organic, LLC as an adopting employer of the Plan, and therefore, the Plan no longer accepted contributions from the affected participants after December 27, 2021. As further described in Note J, in March of 2022, the related assets of the affected participants totaling \$13,873,716 were transferred to Ministry Brands 401(k) Plan.

Change in Service Providers

During December of 2020 all investments held by the Plan were liquidated and held in cash at December 31, 2020 in connection with a change in the Plan's custodian. The assets were transferred from the custodian to the new trustee in January of 2021.

2020 Plan Merger

Effective December 31, 2020, Ministry Brands, a Community Brands company, 401(k) Plan (Ministry Brands Plan), which was a plan also sponsored by Community Brands ParentCo, LLC, merged into the Plan. A transfer in of assets from the Ministry Brands Plan totaling \$17,461,532 was recorded at December 31, 2020.

In January of 2021, the cash received was invested in the funds of the Plan as designated by the Plan Sponsor and thus were considered non-participant directed transactions. Subsequent to the initial investments in funds designated by the Plan Sponsor, participants were permitted to transfer funds to other investments of the Plan.

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Contributions

Participants may elect to defer up to 100% of their eligible compensation as defined by the Plan on either a pre-tax or after-tax basis. The Plan provided for a discretionary employer matching contribution for each eligible participant, which was 25% of the first 10% of annual compensation (as defined by the Plan) that a participant contributed to the Plan during the year ended December 31, 2021. The Plan also provides for a discretionary employer profit sharing contribution. There was no discretionary employer profit sharing contribution during the year ended December 31, 2021. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (the Code). The Plan also provides for catch-up contributions for participants who reach the age of 50 by the end of the Plan year. Participants direct the investment of their contributions into various options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with any transferred balances from other plans, the participant's contributions, and the Company's matching contributions, as well as an allocation of the Company's profit sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based upon participant account earnings, compensation, specific participant transactions, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their deferral and rollover contributions plus actual earnings thereon. Vesting in the discretionary employer matching and profit sharing contributions plus actual earnings thereon is based on years of continuous service. Participants are fully vested in their discretionary employer matching and profit sharing contributions upon completion of two years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000, or 50% of their vested account balance, subject to certain Department of Labor (DOL) and IRS requirements. Notes receivable terms range from 1 - 5 years or longer for the purchase of a primary residence. Notes receivable are secured by the balances in the participants' accounts and bear interest at the prime rate plus 1.00%. Interest rates on notes receivable ranged from 4.25% to 7.25% at December 31, 2021. Principal and interest are paid ratably through bi-weekly payroll deductions.

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants (Continued)

In accordance with the provisions of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), the Plan elected to allow eligible participants to take a coronavirus-related note receivable during the 180-day period beginning on March 27, 2020 or to delay repayment of a new or existing note receivable for a period of one year for note receivable repayments due from March 27, 2020 through December 31, 2020.

Payment of Benefits

Upon the attainment of age 59½, termination of service, or permanent disability, a participant, or a participant's beneficiary in the event of the death of the participant, may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, subject to Plan provisions. If the value of the vested benefits credited to the participant's account is \$5,000 or less (excluding rollovers) at the time of termination, the entire account will be automatically distributed to a participant without the participant's consent.

Active participants may elect hardship withdrawals from all vested account balances, subject to Plan provisions. During 2020, the Plan elected to allow eligible participants to request coronavirus-related distributions from the Plan between March 27 and December 31, 2020 in accordance with the provisions of the CARES Act. The coronavirus-related distributions can be repaid in one or more contributions to the Plan over a 3-year period commencing on the date the distribution was received.

Forfeited Accounts

Forfeitures may be used to reduce future employer contributions, or to pay Plan expenses. Unallocated forfeitures as of December 31, 2021 and 2020 were \$175,401 and \$57,083, respectively. Forfeitures of \$62,603 were used to pay Plan expenses for the year ended December 31, 2021.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment Valuation

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. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note D for discussion of fair value measurements.

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021. If a participant ceases to make repayments on a note receivable and the Plan Administrator deems the note receivable to be uncollectible, the balance on the note receivable from the participant is reclassified to benefits paid to participants.

Investment Income Recognition

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

Contributions

Participant and employer contributions are recorded and credited to each participant's account when received by the trustee from the Company. Any contributions attributable to the Plan year but not received by the trustee by the last day of the Plan year are recorded as a receivable.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participants' accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments on the accompanying statement of changes in net assets available for benefits.

Income Taxes

The Company adopted a non-standardized pre-approved profit sharing, money purchase plan with a cash or deferred arrangement which received an opinion letter from the IRS dated September 21, 2020 stating that the Plan was designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the opinion letter, the Plan Sponsor believes that the Plan is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

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

NOTE C - CERTIFICATION

Investment information and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in the fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021 were obtained by management and agreed to or derived from information certified as complete and accurate by the trustee as of and for the year ended December 31, 2021 and custodian as of December 31, 2020.

NOTE D - FAIR VALUE MEASUREMENTS

The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investments accounted for at fair value as of December 31, 2021 are summarized below:

	<u>Level 1</u>	<u>Total</u>
Mutual funds	<u>\$ 14,472,044</u>	<u>\$ 14,472,044</u>
Total investments in the fair value hierarchy	<u>\$ 14,472,044</u>	14,472,044
Investments measured at net asset value		<u>72,364,701</u>
Total investments at fair value		<u>\$ 86,836,745</u>

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

Mutual funds are valued at the net asset values of shares held by the Plan at year end, as reported on the active markets in which the investments are traded.

Common/collective trusts are valued at the net asset values of units held by the Plan at year end. The net asset values, as provided by the custodian, are used as a practical expedient to estimate fair values. The net asset values are based on the fair values of the trusts' underlying assets, less their liabilities. The assets of these trusts are further described in Note E. This practical expedient is not used when it is determined to be probable that the funds will sell the investments for amounts different than the reported net asset values.

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

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE E - INVESTMENT IN COMMON/COLLECTIVE TRUSTS

The Plan's investments in the Morley Stable Value Fund and the Schwab Indexed Retirement Trust Funds 2010, 2015, 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060 are common/collective trust funds.

Participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balances. A transfer of assets from the Morley Stable Value Fund (the Fund) to a competing investment vehicle must first be held in a non-competing investment vehicle for 30 days before the transfer to the competing investment vehicle may be elected. The Fund requires a twelve month advance written notice in the case of a full or partial withdrawal of Plan assets from the Fund due to Company directed actions or to a competing investment option.

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their total participant account balances.

NOTE G - RISKS AND UNCERTAINTIES

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

NOTE H - RELATED-PARTY TRANSACTIONS AND PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest transactions include the investment in the funds of the trustee, and related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

Charles Schwab Trust Bank (Charles Schwab) provides certain administrative services to the Plan. Charles Schwab received revenue for these services at crediting rates per investment ranging from .015% to 1.090% of the funds' balances as of December 31, 2021. These fees reduce the rate of return credited to the Plan for these investments and are netted within net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE I - DELINQUENT PARTICIPANT CONTRIBUTIONS

As required by ERISA Section 2510.3-102, the Company is required to segregate participant contributions to the Plan from its general assets as soon as practicable, but in no event more than 15 business days following the end of the month in which amounts are withheld from wages.

During 2021, the Company failed to remit \$4,987 of participant deferrals and loan repayments to the Plan timely. As of December 31, 2021, the participant deferrals and the lost earnings associated with \$345 and the lost earnings associated with \$4,642 of these delinquent contributions have not been remitted to the Plan.

During 2020, the Company failed to remit \$48,171 of participant deferrals and loan repayments to the Plan timely. As of December 31, 2021, the participant deferrals and the lost earnings associated with \$47,885 and the lost earnings associated with \$286 of these delinquent contributions have not been remitted to the Plan.

During 2019, the Company failed to remit \$12,012 of participant deferrals and loan repayments to the Plan timely. As of December 31, 2021, \$11,963 of the late remittances have not yet been remitted to the Plan and lost earnings associated with \$12,012 of the late remittances have not been remitted to the Plan.

During 2018, the plan sponsors for Aptify Corporation 401(k) Plan; YourMembership.com, Inc. 401(k) Profit Sharing Plan & Trust; and Abila 401(k) Retirement Plan, which are plans merged into the Plan during 2019, failed to remit \$19,140, \$9, and \$2,571, respectively, timely to the plans, of which \$21,105 has not been remitted to the Plan as of December 31, 2020. As of December 31, 2021, lost earnings associated with delinquent contributions totaling \$21,720 have not been remitted to the Plan.

In connection with the 2020 Plan merger with the Ministry Brands Plan described in Note A, there were \$13,759 of delinquent participant contributions which transferred to the Community Brands Plan. Of those delinquent participant contributions, \$7,223 and \$4,004 are attributable to the 2020 and 2019 Plan years, respectively. The remaining \$2,532 of delinquent participant contributions relate to the Plan Sponsor of the Site Organic, LLC 401(k) Plan from the 2018 and 2017 Plan years. As of December 31, 2021, the participant deferrals and lost earnings associated with all of these delinquent contributions have not been remitted to the Plan.

COMMUNITY BRANDS 401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020 and Year Ended December 31, 2021

NOTE J - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 16, 2022, the date which the financial statements were available to be issued.

As of October 15, 2022, the Plan's investments decreased in value by approximately 18%, primarily as a result of a decline in market performance due to current market conditions. The total value of Plan investments as of October 15, 2022 was \$55,804,941.

In March of 2022, the related assets of the Site Organic plan totaling \$13,873,716 were transferred to Ministry Brands 401(k) Plan.

COMMUNITY BRANDS 401(K) PLAN

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2021

EIN - 47-3250999

Plan Number - 001

Total that Constitutes Nonexempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒				
\$ 13,759	\$ 13,759			
21,720	21,720			
12,012	12,012			
48,171	48,171			
4,987	4,987			
\$ 100,649	\$ 100,649			

COMMUNITY BRANDS 401(K) PLAN

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

December 31, 2021

EIN - 47-3250999

Plan Number - 001

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value		
	Identity of issue, borrower, lessor, or similar party		Cost	Current value
	Common/Collective Trusts			
	Morley Stable Value Fund	Common/Collective Trust	**	\$ 903,362
*	Schwab Indexed Retirement Trust Fund 2010	Common/Collective Trust	**	594,934
*	Schwab Indexed Retirement Trust Fund 2015	Common/Collective Trust	**	492,571
*	Schwab Indexed Retirement Trust Fund 2020	Common/Collective Trust	**	3,220,256
*	Schwab Indexed Retirement Trust Fund 2025	Common/Collective Trust	**	5,241,631
*	Schwab Indexed Retirement Trust Fund 2030	Common/Collective Trust	**	8,925,677
*	Schwab Indexed Retirement Trust Fund 2035	Common/Collective Trust	**	14,906,377
*	Schwab Indexed Retirement Trust Fund 2040	Common/Collective Trust	**	8,557,337
*	Schwab Indexed Retirement Trust Fund 2045	Common/Collective Trust	**	10,804,297
*	Schwab Indexed Retirement Trust Fund 2050	Common/Collective Trust	**	10,775,668
*	Schwab Indexed Retirement Trust Fund 2055	Common/Collective Trust	**	6,999,682
*	Schwab Indexed Retirement Trust Fund 2060	Common/Collective Trust	**	942,909
				<u>72,364,701</u>
	Mutual Funds			
	Allspring Special Small Cap Value Fund - Class R6	Mutual Fund	**	196,769
	American Funds New World Fund Class R6	Mutual Fund	**	814,594
	Baird Core Plus Bond Fund Class Institutional	Mutual Fund	**	136,178
	BlackRock Mid-Cap Growth Equity Portfolio Class K	Mutual Fund	**	1,651,765
	ClearBridge International Growth Fund Class IS	Mutual Fund	**	255,010
	Cohen & Steers Real Estate Securities Fund, Inc. Class Z	Mutual Fund	**	545,612
	Fidelity 500 Index Fund	Mutual Fund	**	3,828,722
	Fidelity Mid Cap Index Fund	Mutual Fund	**	612,210
	Fidelity Small Cap Index Fund	Mutual Fund	**	1,032,683
	Fidelity Total International Index Fund	Mutual Fund	**	596,224
	Fidelity U.S. Bond Index Fund	Mutual Fund	**	421,641
	Janus Henderson Triton Fund Class N	Mutual Fund	**	506,836
	JPMorgan International Equity Fund Class R6	Mutual Fund	**	246,062
	MFS Mid Cap Value Fund Class R6	Mutual Fund	**	109,941
	PIMCO Income Fund Institutional Class	Mutual Fund	**	269,701
	T. Rowe Price Blue Chip Growth Fund I Class	Mutual Fund	**	2,390,402
	Vanguard Equity-Income Fund Admiral Shares	Mutual Fund	**	857,694
				<u>14,472,044</u>
*	Participant Loans	4.25% - 7.25%	-0-	<u>518,199</u>
				<u><u>\$ 87,354,944</u></u>

* Represents a party-in-interest to the Plan.

** Cost omitted for participant directed investments.

COMMUNITY BRANDS 401(K) PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2021

EIN - 47-3250999

Plan Number - 001

(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 (loss)
Category 1 - Single Transactions in Excess of 5% of Plan Assets								
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2025	\$ 6,963,806	N/A	N/A	N/A	\$ 6,963,806	\$ 6,963,806	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2030	\$ 8,964,597	N/A	N/A	N/A	\$ 8,964,597	\$ 8,964,597	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2035	\$ 14,541,142	N/A	N/A	N/A	\$ 14,541,142	\$ 14,541,142	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2040	\$ 9,248,989	N/A	N/A	N/A	\$ 9,248,989	\$ 9,248,989	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2045	\$ 10,998,441	N/A	N/A	N/A	\$ 10,998,441	\$ 10,998,441	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2050	\$ 12,149,435	N/A	N/A	N/A	\$ 12,149,435	\$ 12,149,435	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2055	\$ 5,789,037	N/A	N/A	N/A	\$ 5,789,037	\$ 5,789,037	\$ -0-
*Charles Schwab Trust Bank	Schwab Government Money Inv	N/A	\$ 73,358,948	N/A	N/A	\$ 73,358,948	\$ 73,358,948	\$ -0-

(a) Represents single transactions in securities of the same issue in excess of 5% of the Plan's market value as of January 1, 2021.

* Represents a party-in-interest to the Plan.

COMMUNITY BRANDS 401(K) PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2021

EIN - 47-3250999

Plan Number - 001

(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 (loss)
Category 1 - Single Transactions in Excess of 5% of Plan Assets								
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2025	\$ 6,963,806	N/A	N/A	N/A	\$ 6,963,806	\$ 6,963,806	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2030	\$ 8,964,597	N/A	N/A	N/A	\$ 8,964,597	\$ 8,964,597	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2035	\$ 14,541,142	N/A	N/A	N/A	\$ 14,541,142	\$ 14,541,142	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2040	\$ 9,248,989	N/A	N/A	N/A	\$ 9,248,989	\$ 9,248,989	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2045	\$ 10,998,441	N/A	N/A	N/A	\$ 10,998,441	\$ 10,998,441	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2050	\$ 12,149,435	N/A	N/A	N/A	\$ 12,149,435	\$ 12,149,435	\$ -0-
*Charles Schwab Trust Bank	Schwab Indexed Retirement Trust Fund 2055	\$ 5,789,037	N/A	N/A	N/A	\$ 5,789,037	\$ 5,789,037	\$ -0-
*Charles Schwab Trust Bank	Schwab Government Money Inv	N/A	\$ 73,358,948	N/A	N/A	\$ 73,358,948	\$ 73,358,948	\$ -0-

(a) Represents single transactions in securities of the same issue in excess of 5% of the Plan's market value as of January 1, 2021.

* Represents a party-in-interest to the Plan.

Community Brands 401(k) Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2021

EIN:
Plan Number:

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR:	Community Brands ParentCo, LLC
NAME OF PLAN:	Community Brands 401(k) Plan
EIN:	47-3250999
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 7.25%)		518,199
	MORLEY STABLE VALUE FUND	Common Collective Trust Fund		903,362
*	SCHWAB INDEXED RET 2010 I	Common Collective Trust Fund		594,934
*	SCHWAB INDEXED RET 2015 I	Common Collective Trust Fund		492,571
*	SCHWAB INDEXED RET 2020 I	Common Collective Trust Fund		3,220,256
*	SCHWAB INDEXED RET 2025 I	Common Collective Trust Fund		5,241,631
*	SCHWAB INDEXED RET 2030 I	Common Collective Trust Fund		8,925,677
*	SCHWAB INDEXED RET 2035 I	Common Collective Trust Fund		14,906,377
*	SCHWAB INDEXED RET 2040 I	Common Collective Trust Fund		8,557,337
*	SCHWAB INDEXED RET 2045 I	Common Collective Trust Fund		10,804,297
*	SCHWAB INDEXED RET 2050 I	Common Collective Trust Fund		10,775,668
*	SCHWAB INDEXED RET 2055 I	Common Collective Trust Fund		6,999,682
*	SCHWAB INDEXED RET 2060 I	Common Collective Trust Fund		942,909
	ALLSPRING SPE SMALL CAP VAL R6	Registered Investment Company		196,768
	AMERICAN FUNDS NEW WORLD R6	Registered Investment Company		814,594
	BAIRD CORE PLUS BOND INST	Registered Investment Company		136,178
	BLACKROCK MD CAP GWTH PORT K	Registered Investment Company		1,651,765
	CLEARBRIDGE INTL GROWTH IS	Registered Investment Company		255,010
	COHEN & STEERS REAL ESTATE Z	Registered Investment Company		545,612
	FIDELITY 500 INDEX	Registered Investment Company		3,828,723
	FIDELITY MID CAP INDEX	Registered Investment Company		612,210
	FIDELITY SMALL CAP INDEX	Registered Investment Company		1,032,683
	FIDELITY TOTAL INTERN INDEX	Registered Investment Company		596,224
	FIDELITY US BOND INDEX	Registered Investment Company		421,641
	JANUS HENDERSON TRITON N	Registered Investment Company		506,836
	JPMORGAN INTL EQT FD CL R6	Registered Investment Company		246,062
	MFS MID CAP VALUE R6	Registered Investment Company		109,941
	PIMCO INCOME INSTITUTIONAL	Registered Investment Company		269,701
	TROWE PRICE BLUE CHIP GRTH INS	Registered Investment Company		2,390,402
	VANGUARD EQUITY INCOME ADMIRAL	Registered Investment Company		857,694

* Party-in-interest