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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|         |                                                                                                                                                                                                                                                                                                                                                                              |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                       |
| 1a      | Name of plan<br>COMMUNITY SYSTEMS, INC. CONTRIBUTORY 403 (B) PLAN                                                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                                                           |
| 1c      | Effective date of plan<br>01/01/2011                                                                                                                                                                                                                                                                                                                                         |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>COMMUNITY SYSTEMS SUPPORT AND MANAGEMENT SERVICES, INC.<br><br>6 BENJAMIN NYE CIRCLE<br>SUITE 1<br>POCASSET, MA 02559 |
| 2b      | Employer Identification Number (EIN)<br>47-1464237                                                                                                                                                                                                                                                                                                                           |
| 2c      | Plan Sponsor's telephone number<br>703-448-0606                                                                                                                                                                                                                                                                                                                              |
| 2d      | Business code (see instructions)<br>624100                                                                                                                                                                                                                                                                                                                                   |

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. | 10/15/2024 | SANDRA COADY                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 1732                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 1297<br><b>6a(2)</b> 1099<br><b>6b</b> 0<br><b>6c</b> 551<br><b>6d</b> 1650<br><b>6e</b> 0<br><b>6f</b> 1650<br><b>6g(1)</b> 1494<br><b>6g(2)</b> 1403<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                               |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2M 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                   |                                                      |     |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                        |                                                      |     |
| A Name of plan<br>COMMUNITY SYSTEMS, INC. CONTRIBUTORY 403 (B) PLAN                                               | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY SYSTEMS SUPPORT AND MANAGEMENT SERVICES, INC. | D Employer Identification Number (EIN)<br>47-1464237 |     |

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

1 Coverage Information:

|                                                                              |
|------------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>THE LINCOLN NATIONAL LIFE INSURANCE COMPANY |
|------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 35-0472300 | 65676         | 89741600007                           | 807                                                                         | 01/01/2023              | 12/31/2023 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 742955**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GIC**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 205449(2) Dividends and credits ..... **7c(2)**(3) Interest credited during the year ..... **7c(3)** 9979(4) Transferred from separate account ..... **7c(4)** 41437(5) Other (specify below) ..... **7c(5)** 519811

▶ LOAN ACT. AND XFER IN FROM PRIOR PROVIDER

(6) Total additions ..... **7c(6)** 776676**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 776676**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 7340(2) Administration charge made by carrier ..... **7e(2)** 2140(3) Transferred to separate account ..... **7e(3)** 4720(4) Other (specify below) ..... **7e(4)** 19521

▶ LOANS ISSUED

(5) Total deductions ..... **7e(5)** 33721**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 742955

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                                                 |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>COMMUNITY SYSTEMS, INC. CONTRIBUTORY 403 (B) PLAN</div>                                               | <div>B</div> <div>Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>COMMUNITY SYSTEMS SUPPORT AND MANAGEMENT SERVICES, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>47-1464237</div> |

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).....

No

Yes

☒
- 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

(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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INST'L OPS CO

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65 37               | NONE                                                                                              | 29018                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

LINCOLN NATIONAL CORPORATION

35-0472300

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65 37               | NONE                                                                                              | 24430                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|                                                                                                                                                                                                                           | For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>                                                                                                                                                                     |                                                                                           |
|                                                                                                                                                                                                                           | <b>A</b> Name of plan<br><b>COMMUNITY SYSTEMS, INC. CONTRIBUTORY 403 (B) PLAN</b>                                                                                                                                                                                            | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>002</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COMMUNITY SYSTEMS SUPPORT AND MANAGEMENT SERVICES, INC.</b>                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><b>47-1464237</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 0                     | 17992           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 458699                | 408230          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 610930                | 664115          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 15871323              | 19716952        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 | 0                     | 742955          |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 16940952              | 21550244        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 16940952              | 21550244        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 783721     |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 1949512    |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 274465     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3007698   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 20901      |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 36922      |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 9979       |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 67802     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 242521     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 242521    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 2668018   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 5986039   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 1298919 |         |
| (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)  |         | 1298919 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         | 20864   |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 3500    |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 53464   |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |         |         |
| (7) Actuarial fees .....                                                             | 2i(7)  |         |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 56964   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 1376747 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 4609292 |
| 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: **COHN REZNICK**

(2) EIN: **22-1478099**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.) .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 12583  |
| <b>b</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.) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.) .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> 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.) .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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. ....                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                   |                                                      |     |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                        |                                                      |     |
| A Name of plan<br>COMMUNITY SYSTEMS, INC. CONTRIBUTORY 403 (B) PLAN                                               | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY SYSTEMS SUPPORT AND MANAGEMENT SERVICES, INC. | D Employer Identification Number (EIN)<br>47-1464237 |     |

|        |               |
|--------|---------------|
| 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):<br><br>EIN(s): 04-2647786 35-0472300 |   |   |
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>15a</b>                                                                             |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>15b</b>                                                                             |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>16a</b>                                                                             |  |
| <b>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>16b</b>                                                                             |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500567A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

**Community Systems, Inc. Contributory 403(b) Plan**

**Financial Statements  
(With Supplementary Information)  
and Independent Auditor's Report**

**December 31, 2023**

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# Community Systems, Inc. Contributory 403(b) Plan

## Index

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## Independent Auditor's Report

To the Plan Administrator and Plan Trustees  
Community Systems, Inc. Contributory 403(b) Plan

### *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit*

We have performed audits of the financial statements of Community Systems, Inc. Contributory 403(b) 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)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### *Opinion*

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the accompanying 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.
- The information in the accompanying 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).

### *Basis for Opinion*

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

### *Responsibilities of Management for the Financial Statements*

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

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

### *Auditor's Responsibilities for the Audit of the Financial Statements*

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 significant likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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 audits 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 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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

#### *Supplemental Schedules Required by ERISA*

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2023 and Schedule of Delinquent Participant Contributions (Schedule H, Line 4a) for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

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 Department of Labor'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 Department of Labor'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).

*CohnReznick LLP*

Boston, Massachusetts  
October 14, 2024

**Community Systems, Inc. Contributory 403(b) Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2023 and 2022**

|                                    | <u>2023</u>                 | <u>2022</u>                 |
|------------------------------------|-----------------------------|-----------------------------|
| Assets                             |                             |                             |
| Noninterest-bearing cash           | <u>\$ 17,992</u>            | <u>\$ -</u>                 |
| Investments                        |                             |                             |
| Investments, at fair value         | 20,855,990                  | 16,330,022                  |
| Investments, at contract value     | <u>12,147</u>               | <u>-</u>                    |
| Total investments                  | <u>20,868,137</u>           | <u>16,330,022</u>           |
| Receivables                        |                             |                             |
| Notes receivable from participants | <u>664,115</u>              | <u>610,930</u>              |
| Net assets available for benefits  | <u><u>\$ 21,550,244</u></u> | <u><u>\$ 16,940,952</u></u> |

See Notes to Financial Statements.

**Community Systems, Inc. Contributory 403(b) Plan**

**Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2023**

|                                                       |                      |
|-------------------------------------------------------|----------------------|
| Additions                                             |                      |
| Investment income                                     |                      |
| Net appreciation in fair value of investments         | \$ 2,677,847         |
| Interest and dividends                                | <u>263,572</u>       |
| Total investment income                               | <u>2,941,419</u>     |
| Interest income on notes receivable from participants | <u>36,922</u>        |
| Contributions                                         |                      |
| Participants                                          | 1,949,512            |
| Employer                                              | 783,721              |
| Rollovers                                             | <u>274,465</u>       |
| Total contributions                                   | <u>3,007,698</u>     |
| Total additions                                       | <u>5,986,039</u>     |
| Deductions                                            |                      |
| Benefits paid to participants                         | 1,319,783            |
| Administrative expenses                               | <u>56,964</u>        |
| Total deductions                                      | <u>1,376,747</u>     |
| Increase in net assets                                | 4,609,292            |
| Net assets available for benefits                     |                      |
| Beginning of year                                     | <u>16,940,952</u>    |
| End of year                                           | <u>\$ 21,550,244</u> |

See Notes to Financial Statements.

## **Community Systems, Inc. Contributory 403(b) Plan**

### **Notes to Financial Statements December 31, 2023**

#### **Note 1 - Description of the Plan**

The following description of the Community Systems, Inc. Contributory 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

##### **General**

The Plan is a defined contribution plan covering all employees of the Community Systems Support and Management Services, Inc., Community Systems, Inc. - Connecticut, Community Systems, Inc. - Delaware, Community Systems, Inc. - Virginia and Community Systems, Inc. - Massachusetts (collectively referred to as the Company and Plan Sponsor) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), except for nonresident aliens, employees still in the introductory period and relief workers. Employees must complete six months of service prior to being eligible for Company contributions. The Company's Board of Directors are responsible for oversight of the Plan and determining the appropriateness of the Plan's investment offerings and monitors investment performance.

##### **Contributions**

Each year, participants may contribute up to 100 percent of their annual compensation, as defined by the Plan and limited by the Internal Revenue Code ("IRC"). Participants who attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan has also elected to allow participants to make additional "qualified organization" catch-up contributions provided they have completed at least 15 years of service. Participants may also contribute amounts representing distributions from other qualified plans (rollover), as allowed in the Plan document. Participants direct the investment of their contributions into various investment options offered by the Plan.

Each year, the Company provides a non-elective contribution of 1% of each participant's eligible compensation to the Plan. In addition, the Company will make a matching contribution of 1% of eligible compensation, provided the participant makes a salary deferral contribution of at least 2% of their eligible compensation to the Plan. The Company may also make a nonelective contribution to the Plan, however, none was elected for the year ended December 31, 2023. The plan was amended on February 1, 2023, to remove the exclusion of employees on their introductory period and to modify the employer matching contributions to 100% of the first 2% of pay. The nonelective employer contributions were removed. Participants also direct the investment of Company contributions. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

##### **Participant accounts**

Each participant's account is credited with the participant's contribution and the Company's contribution, as well as allocations of Plan earnings. Participants accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, 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 all contributions to their account plus actual earnings thereon.

## **Community Systems, Inc. Contributory 403(b) Plan**

### **Notes to Financial Statements December 31, 2023**

#### **Notes receivable from participants**

Participants may borrow from their accounts a minimum of \$1,000, up to a maximum of \$50,000 or 50% of the vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates at the prime rate plus one percent as of the date of the loan election. Principal and interest are repaid directly by the participant to the Plan.

#### **Payment of benefits**

On termination of service for any reason, participants will receive benefits equal to the value of the vested interest in his or her account, or installments. Participants with a vested account balance less than \$1,000 will receive a mandatory lump-sum distribution. For terminated participants with a vested account balance greater than \$1,000 but less than \$5,000, the Plan administrator will make a direct rollover of the participant's account to an individual retirement account designated by the Plan administrator. Participants with a vested account balance greater than \$5,000 may elect to receive their benefits either as a lump-sum or installment payments or defer payment of benefits until a later date.

Participants who are at least 59 1/2 years of age or who have become disabled may withdraw all or a portion of the balance in their account prior to termination for any reason. Withdrawals from certain portions of a participant's account balance may also be made in the event of a financial hardship, in accordance with the provisions specified in the Plan.

#### **Forfeiture accounts**

At December 31, 2023 and 2022, forfeiture nonvested accounts totaled \$3,220 and \$2,996, respectively. These accounts will be used to reduce the Company contributions or pay administrative expenses. During the year ended December 31, 2023, no forfeitures were used to offset employer contributions or pay administrative expenses.

### **Note 2 - Summary of accounting policies**

#### **Basis of accounting**

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

#### **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### **Investment valuation and income recognition**

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing

## **Community Systems, Inc. Contributory 403(b) Plan**

### **Notes to Financial Statements December 31, 2023**

information provided by the investment advisers, trustee and custodian. See Note 3 for discussion of fair value measurements.

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

#### **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. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

#### **Payments of benefits**

Benefits are recorded when paid.

#### **Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

#### **Subsequent events**

The Plan has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

### **Note 3 - Fair value measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

## Community Systems, Inc. Contributory 403(b) Plan

### Notes to Financial Statements December 31, 2023

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

*Mutual funds and money market funds:* Valued at the daily closing price as reported by the funds. Mutual funds and money market funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds and money market funds held by the Plan are deemed to be actively traded.

*Group variable annuities:* Valued using the accumulation unit value, which is based on the fair value of the underlying assets of the accounts. The underlying investments consist of a combination of various index funds and a stable value fund, where the weighting of these investments is determined by the target retirement date and risk objective of each investment option. The accumulation unit value is deemed equivalent to NAV, which is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the account will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

| Assets at fair value as of December 31, 2023 |                      |             |             |                      |
|----------------------------------------------|----------------------|-------------|-------------|----------------------|
|                                              | Level 1              | Level 2     | Level 3     | Total                |
| Mutual funds                                 | \$ 11,855,514        | \$ -        | \$ -        | \$ 11,855,514        |
| Money market funds                           | 408,230              | -           | -           | 408,230              |
| Investments measured at NAV (a)              |                      |             |             | 8,592,246            |
| Total investments, at fair value             | <u>\$ 12,263,744</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 20,855,990</u> |
| Assets at fair value as of December 31, 2022 |                      |             |             |                      |
|                                              | Level 1              | Level 2     | Level 3     | Total                |
| Mutual funds                                 | \$ 15,871,323        | \$ -        | \$ -        | \$ 15,871,323        |
| Money market funds                           | 458,699              | -           | -           | 458,699              |
| Total investments, at fair value             | <u>\$ 16,330,022</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 16,330,022</u> |

## Community Systems, Inc. Contributory 403(b) Plan

### Notes to Financial Statements December 31, 2023

- (a) In accordance with Subtopic 820-10, investments measured at NAV per share (or its equivalent) are not classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

#### Fair value of investments in entities that use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| December 31, 2023        | Fair value          | Unfunded commitments | Redemption frequency (if currently eligible) | Redemption notice period |
|--------------------------|---------------------|----------------------|----------------------------------------------|--------------------------|
| Group variable annuities | <u>\$ 8,592,246</u> | None                 | Daily                                        | 1 day                    |

#### Note 4 - 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.

#### Note 5 - Fully benefit-responsive investment contracts

During 2023, the Plan entered into a fully benefit-responsive investment contract, referred to as the Lincoln Stable Value Account ("Stable Value Account"), through a group annuity contract issued by the Lincoln National Life Insurance Company. The Stable Value Account is a fixed annuity contract that is managed to earn a competitive interest rate without risking a loss of principal. The fund totaled \$12,147 as of December 31, 2023. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.00%. Such interest rates are reviewed on a quarterly basis.

The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the Lincoln National Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; (4) the failure of the trust to qualify for exemption from federal income taxes or any required

## **Community Systems, Inc. Contributory 403(b) Plan**

### **Notes to Financial Statements December 31, 2023**

prohibited transaction exemption under ERISA; or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include: (1) an uncured violation of the Plan's investment guidelines; (2) a breach of material obligation under the contract; (3) a material misrepresentation; or (4) a material amendment to the agreement without the consent of the issuer.

#### **Note 6 - Related party transactions and party-in-interest transactions**

Certain Plan investments were invested in funds managed by affiliated entities of Fidelity Management Trust Company ("FMTC"), the trustee, and Lincoln Financial Group Trust Company Inc. ("Lincoln"), the custodian, as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Indirect fees incurred by the Plan for investment management services paid to the trustee are included in the net appreciation in fair value of investments. During the year ended December 31, 2023, expenses incurred and paid directly by the Plan for administration and fees totaled \$56,964. The Plan allows participants to take loans against their account balances, which also qualify as party-in-interest transactions.

#### **Note 7 - Tax status**

The Plan has been designed using a volume submitter 403(b) plan document sponsored by PASI, LLC. PASI, LLC received an advisory letter dated March 31, 2017 in which the Internal Revenue Service ("IRS") stated that the volume submitter 403(b) plan document satisfies the applicable requirements of the IRC. Although the Plan itself has not received a determination letter from the IRS, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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.

#### **Note 8 - Certified investments**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and notes receivable from participants held at December 31, 2023 and 2022, and investment income and interest income on notes receivable from participants for the year ended December 31, 2023, that are disclosed in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i), were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by FMTC and Lincoln, the trustee and custodian, respectively, of the Plan.

## **Community Systems, Inc. Contributory 403(b) Plan**

### **Notes to Financial Statements December 31, 2023**

FMTCC held certain plan investment and assets and executed investment transactions as of December 31, 2023 and 2022 and for the year ended December 31, 2023. Lincoln held certain plan investment assets and executed investment transactions as of December 31, 2023 and for the period February 1, 2023 to December 31, 2023.

#### **Note 9 - Risks and uncertainties**

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

#### **Note 10 - Nonexempt transactions**

As reported on the supplemental Schedule of Delinquent Participant Contributions (Schedule H, Line 4a), certain participant contributions were not remitted to the Plan within the time frame specified by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Company for the year ended December 31, 2023. The Company will make necessary corrective lost earnings contributions for the effected participants in 2024.

## **Supplementary Information**

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2023**

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description                   | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|--------------------------------------|-------------------------|
|     | Mutual funds                                                   |                                      |                         |
| *   | Fidelity Investments                                           | Fidelity Freedom 2040 Fund           | \$ 2,313,192            |
| *   | Fidelity Investments                                           | Fidelity Freedom 2050 Fund           | 1,791,230               |
| *   | Fidelity Investments                                           | Fidelity Freedom 2045 Fund           | 1,467,791               |
| *   | Fidelity Investments                                           | Fidelity Freedom 2035 Fund           | 1,426,728               |
| *   | Fidelity Investments                                           | Fidelity Freedom 2030 Fund           | 1,200,575               |
| *   | Fidelity Investments                                           | Fidelity Freedom 2025 Fund           | 855,706                 |
| *   | Fidelity Investments                                           | Fidelity Freedom 2055 Fund           | 425,154                 |
| *   | Fidelity Investments                                           | Fidelity Freedom 2020 Fund           | 381,641                 |
| *   | Fidelity Investments                                           | Fidelity 500 Index                   | 207,970                 |
| *   | Fidelity Investments                                           | Fidelity Freedom 2060 Fund           | 198,737                 |
| *   | Fidelity Investments                                           | Fidelity Freedom 2015 Fund           | 151,714                 |
| *   | Fidelity Investments                                           | Fidelity Freedom Index 2035 Fund     | 136,429                 |
| *   | Fidelity Investments                                           | Fidelity 500 Index Fund              | 130,401                 |
| *   | Fidelity Investments                                           | Fidelity Nasdaq Comp Index Fund      | 111,263                 |
| *   | Fidelity Investments                                           | Fidelity Mid Cap Index Fund          | 85,005                  |
| *   | Fidelity Investments                                           | Fidelity Blue Chip Growth            | 78,283                  |
| *   | Fidelity Investments                                           | Fidelity Freedom 2065 Fund           | 70,467                  |
| *   | Fidelity Investments                                           | Fidelity Smal Cap Index Fund         | 69,714                  |
| *   | Fidelity Investments                                           | Fidelity Portfolio Fund              | 57,455                  |
|     | MFS                                                            | MFS Growth Fund                      | 39,573                  |
| *   | Fidelity Investments                                           | Fidelity Intermediate Bond Fund      | 35,165                  |
| *   | Fidelity Investments                                           | Fidelity Select Biotech Fund         | 33,408                  |
| *   | Fidelity Investments                                           | Fidelity Select Technology Fund      | 30,173                  |
| *   | Fidelity Investments                                           | Fidelity Total Bond Fund             | 29,898                  |
| *   | Fidelity Investments                                           | Fidelity Overseas Fund               | 29,867                  |
| *   | Fidelity Investments                                           | Fidelity Freedom 2005 Fund           | 26,860                  |
| *   | Fidelity Investments                                           | Fidelity Contrafund Fund             | 26,064                  |
| *   | Fidelity Investments                                           | Fidelity Extended Market Index Fund  | 25,662                  |
| *   | Fidelity Investments                                           | Fidelity Canada Fund                 | 25,367                  |
| *   | Fidelity Investments                                           | Fidelity Balanced Fund               | 24,614                  |
| *   | Fidelity Investments                                           | Fidelity Growth Discovery Fund       | 21,697                  |
| *   | Fidelity Investments                                           | Fidelity Low Priced Stock Fund       | 20,300                  |
| *   | Fidelity Investments                                           | Fidelity Small Cap Discovery Fund    | 20,178                  |
| *   | Fidelity Investments                                           | Fidelity Latin America Fund          | 18,478                  |
| *   | Fidelity Investments                                           | Fidelity Mid Cap Index Fund          | 16,458                  |
| *   | Fidelity Investments                                           | Fidelity Financial Fund              | 15,821                  |
| *   | Fidelity Investments                                           | Fidelity Select Semiconductor Fund   | 15,737                  |
| *   | Fidelity Investments                                           | Fidelity Select Software Fund        | 14,541                  |
| *   | Fidelity Investments                                           | Fidelity Total Emerging Markets Fund | 14,517                  |
| *   | Fidelity Investments                                           | Fidelity Mega Cap Stock Fund         | 14,059                  |

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2023**

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description                                              | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------|
| *   | Fidelity Investments                                           | Fidelity Global US Index Fund                                   | 13,415                  |
| *   | Fidelity Investments                                           | Fidelity International Small Cap Fund                           | 12,585                  |
| *   | Fidelity Investments                                           | Fidelity Stock Select Mid Cap Fund                              | 11,972                  |
| *   | Fidelity Investments                                           | Fidelity Growth & Income Fund                                   | 11,842                  |
| *   | Fidelity Investments                                           | Fidelity International Index Fund                               | 11,554                  |
| *   | Fidelity Investments                                           | Fidelity Real Estate Investors Fund                             | 11,515                  |
| *   | Fidelity Investments                                           | Fidelity Freedom Index 2050 Fund                                | 11,123                  |
| *   | Fidelity Investments                                           | Fidelity Small Cap Growth Fund                                  | 11,027                  |
| *   | Fidelity Investments                                           | Fidelity Select Retailing Fund                                  | 9,960                   |
|     | The Bank of New York Mellon Corporation                        | BNY Mellon International Stock Fund                             | 7,047                   |
| *   | Fidelity Investments                                           | Fidelity Select Medical Tech Fund                               | 6,563                   |
| *   | Fidelity Investments                                           | Fidelity Select Tech Service Fund                               | 5,863                   |
|     | PIMCO Funds                                                    | PIMCO International Bond Us Dollar Hedged Institutional Fund    | 5,769                   |
|     | BlackRock                                                      | iShares US Aggregate Bond Index Fund                            | 5,622                   |
| *   | Fidelity Investments                                           | Fidelity International Discovery Fund                           | 4,923                   |
| *   | Fidelity Investments                                           | Fidelity Select Energy Fund                                     | 4,720                   |
| *   | Fidelity Investments                                           | Fidelity Emerging Markets Fund                                  | 3,740                   |
|     | Schwab Funds                                                   | Schwab Small Cap Index Fund                                     | 3,312                   |
| *   | Fidelity Investments                                           | Fidelity Natural Residential Fund                               | 2,813                   |
|     | MFS                                                            | MFS Mid Cap Growth Fund                                         | 2,787                   |
| *   | Fidelity Investments                                           | Fidelity Freedom 2010 Fund                                      | 2,761                   |
|     | Hartford Mutual Funds                                          | Hartford Schrodgers Emerging Markets Equity Fund                | 2,213                   |
|     | Hartford Mutual Funds                                          | The Hartford Equity Income Fund                                 | 2,177                   |
|     | Nuveen                                                         | TIAA Cerf Social Choice International Equity Institutional Fund | 2,152                   |
|     | Principal Financial Group                                      | Principal Real Estate Securities Fund                           | 2,105                   |
|     | Allspring                                                      | Allspring Special Mid Cap Value Fund                            | 2,083                   |
| *   | Fidelity Investments                                           | Fidelity Global Commodity Stock Fund                            | 2,073                   |
| *   | Fidelity Investments                                           | Fidelity Large Cap Stock Fund                                   | 1,734                   |
| *   | Fidelity Investments                                           | Fidelity Select Defense Fund                                    | 1,659                   |
|     | Nuveen                                                         | TIAA CREF Social Choice Equity Fund                             | 1,494                   |
|     | BlackRock                                                      | iShares MSCI EAFE International Index Fund                      | 1,449                   |
| *   | Fidelity Investments                                           | Fidelity Dividend Growth Fund                                   | 1,414                   |
| *   | Fidelity Investments                                           | Fidelity Worldwide Fund                                         | 1,340                   |
| *   | Fidelity Investments                                           | Fidelity China Region Fund                                      | 1,198                   |
| *   | Fidelity Investments                                           | Fidelity Select Health Care Service Fund                        | 1,135                   |
| *   | Fidelity Investments                                           | Fidelity Float Right High Income Fund                           | 1,077                   |
| *   | Fidelity Investments                                           | Fidelity Select Telecom Fund                                    | 953                     |
| *   | Fidelity Investments                                           | Fidelity Select Pharmaceutical Fund                             | 906                     |
| *   | Fidelity Investments                                           | Fidelity Select Utilities Fund                                  | 893                     |

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2023**

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description                             | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|------------------------------------------------|-------------------------|
| *   | Fidelity Investments                                           | Fidelity Freedom Income Fund                   | 809                     |
| *   | Fidelity Investments                                           | Fidelity Select Comm Service Fund              | 803                     |
| *   | Fidelity Investments                                           | Fidelity Select Gold Fund                      | 698                     |
| *   | Fidelity Investments                                           | Fidelity Puritan Fund                          | 674                     |
| *   | Fidelity Investments                                           | Fidelity Corporate Bond Fund                   | 500                     |
|     | PGIM                                                           | Prim Jennison Small Company Fund               | 476                     |
| *   | Fidelity Investments                                           | Fidelity Emerging Asia Fund                    | 473                     |
|     | Delaware Investments                                           | Delaware Small Cap Value Fund                  | 473                     |
| *   | Fidelity Investments                                           | Fidelity Select Discovery Fund                 | 464                     |
| *   | Fidelity Investments                                           | Fidelity Select Insurance Fund                 | 455                     |
| *   | Fidelity Investments                                           | Fidelity Elite Fund                            | 395                     |
| *   | Fidelity Investments                                           | Fidelity Small Cap Value Fund                  | 368                     |
| *   | Fidelity Investments                                           | Fidelity Small Cap Stock Fund                  | 296                     |
| *   | Fidelity Investments                                           | Fidelity Select Tech Hardware Fund             | 294                     |
| *   | Fidelity Investments                                           | Fidelity Telecom & Utilities Fund              | 290                     |
| *   | Fidelity Investments                                           | Fidelity Select Wireless Fund                  | 272                     |
| *   | Fidelity Investments                                           | Fidelity Real Estate Index Fund                | 172                     |
| *   | Fidelity Investments                                           | Fidelity Select Constr/House Fund              | 95                      |
| *   | Fidelity Investments                                           | Fidelity Environmental Alternative Energy Fund | 90                      |
| *   | Fidelity Investments                                           | Fidelity Select Automotive Fund                | 87                      |
| *   | Fidelity Investments                                           | Fidelity Blue Chip Value Fund                  | 86                      |
| *   | Fidelity Investments                                           | Fidelity Freedom Index 2060 Fund               | 54                      |
| *   | Fidelity Investments                                           | Fidelity Asset Manager 85% Fund                | 47                      |
| *   | Fidelity Investments                                           | Fidelity Multi Asset Index Fund                | 47                      |
| *   | Fidelity Investments                                           | Fidelity Strategy Dividend & Income Fund       | 44                      |
| *   | Fidelity Investments                                           | Fidelity Select Healthcare Fund                | 43                      |
|     | PIMCO Funds                                                    | PIMCO Income Institutional Fund                | 43                      |
|     | American Funds                                                 | American Funds Inflation Linked Bond Fund      | 42                      |
| *   | Fidelity Investments                                           | Fidelity New Millen Fund                       | 32                      |
| *   | Fidelity Investments                                           | Fidelity Us Sustainable Index Fund             | 32                      |
|     |                                                                |                                                | 11,855,514              |
|     | Group variable annuities                                       |                                                |                         |
| *   | Lincoln Financial Group                                        | YourPath 2030 Moderate Fund                    | 1,771,706               |
| *   | Lincoln Financial Group                                        | YourPath 2045 Moderate Fund                    | 1,376,989               |
| *   | Lincoln Financial Group                                        | YourPath 2035 Moderate Fund                    | 1,144,504               |
| *   | Lincoln Financial Group                                        | YourPath 2040 Moderate Fund                    | 1,112,979               |
| *   | Lincoln Financial Group                                        | YourPath 2025 Moderate Fund                    | 1,014,404               |
| *   | Lincoln Financial Group                                        | YourPath 2050 Moderate Fund                    | 659,556                 |
| *   | Lincoln Financial Group                                        | YourPath 2055 Moderate Fund                    | 570,704                 |

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2023**

| (a)                    | (b)<br>Identity of issue, borrower,<br>lessor or similar party                                         | (c)<br>Description                                                                                             | (e)<br>Current<br>value |
|------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------|
| *                      | Lincoln Financial Group                                                                                | YourPath 2020 Moderate Fund                                                                                    | 445,338                 |
| *                      | Lincoln Financial Group                                                                                | YourPath 2060 Moderate Fund                                                                                    | 264,100                 |
| *                      | Lincoln Financial Group                                                                                | YourPath 2065 Moderate Fund                                                                                    | 107,958                 |
| *                      | Lincoln Financial Group                                                                                | YourPath 2015 Moderate Fund                                                                                    | 87,055                  |
| *                      | Lincoln Financial Group                                                                                | YourPath 2035 Aggressive Fund                                                                                  | 13,433                  |
| *                      | Lincoln Financial Group                                                                                | YourPath 2060 Aggressive Fund                                                                                  | 6,215                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2030 Aggressive Fund                                                                                  | 5,107                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2055 Conservative Fund                                                                                | 4,195                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2065 Aggressive Fund                                                                                  | 1,981                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2050 Aggressive Fund                                                                                  | 1,949                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2055 Aggressive Fund                                                                                  | 1,949                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2040 Aggressive Fund                                                                                  | 1,946                   |
| *                      | Lincoln Financial Group                                                                                | YourPath Income Aggressive Fund                                                                                | 60                      |
| *                      | Lincoln Financial Group                                                                                | YourPath Income Moderate Fund                                                                                  | 59                      |
| *                      | Lincoln Financial Group                                                                                | YourPath Income Conservative Fund                                                                              | 59                      |
|                        |                                                                                                        |                                                                                                                | 8,592,246               |
|                        |                                                                                                        |                                                                                                                |                         |
| Money market funds     |                                                                                                        |                                                                                                                |                         |
| *                      | Fidelity Investments                                                                                   | Fidelity Government Money Market                                                                               | 267,686                 |
| *                      | Fidelity Investments                                                                                   | Fidelity Treasury Only Money Market Fund                                                                       | 60,380                  |
| *                      | Fidelity Investments                                                                                   | Fidelity Government Cash Reserves                                                                              | 52,181                  |
| *                      | Fidelity Investments                                                                                   | Fidelity Government Money Market Premium                                                                       | 27,983                  |
|                        |                                                                                                        |                                                                                                                | 408,230                 |
|                        |                                                                                                        |                                                                                                                |                         |
| Group annuity contract |                                                                                                        |                                                                                                                |                         |
|                        | Company                                                                                                | Lincoln Stable Value Account                                                                                   | 12,147                  |
|                        |                                                                                                        |                                                                                                                |                         |
| *                      | Participants loans                                                                                     | Interest rates ranging from 4.25% to 9.50%, maturity at various dates, secured by participant account balances | 664,115                 |
|                        |                                                                                                        |                                                                                                                | \$ 21,532,252           |
|                        |                                                                                                        |                                                                                                                |                         |
| *                      | Party-in-interest.                                                                                     |                                                                                                                |                         |
|                        | Column (d) is omitted as the cost of participant-directed investments is not required to be disclosed. |                                                                                                                |                         |

See Independent Auditor's Report.

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Delinquent Participant Contributions (Schedule H, Line 4a)**  
**Year Ended December 31, 2023**

|                                                                    |                                                                         | Total that constitutes<br>non-exempt prohibited transactions |                                            |                                                   | Total fully corrected<br>under Voluntary<br>Fiduciary Correction<br>Program ("VFCP")<br>and Prohibited<br>Transaction<br>Exemption<br>2002-51 |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Participant<br>contributions<br>transferred<br>late<br>to the Plan | Check here if<br>late participant<br>loan<br>repayments<br>are included | Contributions<br>not corrected                               | Contributions<br>corrected<br>outside VFCP | Contributions<br>pending<br>correction in<br>VFCP |                                                                                                                                               |
| <u>\$ 12,583</u>                                                   |                                                                         | <u>\$ 12,583</u>                                             |                                            |                                                   |                                                                                                                                               |

See Independent Auditor's Report.



**Independent Member of Nexia International**

**[cohnreznick.com](http://cohnreznick.com)**

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2023**

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description                   | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|--------------------------------------|-------------------------|
|     | Mutual funds                                                   |                                      |                         |
| *   | Fidelity Investments                                           | Fidelity Freedom 2040 Fund           | \$ 2,313,192            |
| *   | Fidelity Investments                                           | Fidelity Freedom 2050 Fund           | 1,791,230               |
| *   | Fidelity Investments                                           | Fidelity Freedom 2045 Fund           | 1,467,791               |
| *   | Fidelity Investments                                           | Fidelity Freedom 2035 Fund           | 1,426,728               |
| *   | Fidelity Investments                                           | Fidelity Freedom 2030 Fund           | 1,200,575               |
| *   | Fidelity Investments                                           | Fidelity Freedom 2025 Fund           | 855,706                 |
| *   | Fidelity Investments                                           | Fidelity Freedom 2055 Fund           | 425,154                 |
| *   | Fidelity Investments                                           | Fidelity Freedom 2020 Fund           | 381,641                 |
| *   | Fidelity Investments                                           | Fidelity 500 Index                   | 207,970                 |
| *   | Fidelity Investments                                           | Fidelity Freedom 2060 Fund           | 198,737                 |
| *   | Fidelity Investments                                           | Fidelity Freedom 2015 Fund           | 151,714                 |
| *   | Fidelity Investments                                           | Fidelity Freedom Index 2035 Fund     | 136,429                 |
| *   | Fidelity Investments                                           | Fidelity 500 Index Fund              | 130,401                 |
| *   | Fidelity Investments                                           | Fidelity Nasdaq Comp Index Fund      | 111,263                 |
| *   | Fidelity Investments                                           | Fidelity Mid Cap Index Fund          | 85,005                  |
| *   | Fidelity Investments                                           | Fidelity Blue Chip Growth            | 78,283                  |
| *   | Fidelity Investments                                           | Fidelity Freedom 2065 Fund           | 70,467                  |
| *   | Fidelity Investments                                           | Fidelity Smal Cap Index Fund         | 69,714                  |
| *   | Fidelity Investments                                           | Fidelity Portfolio Fund              | 57,455                  |
|     | MFS                                                            | MFS Growth Fund                      | 39,573                  |
| *   | Fidelity Investments                                           | Fidelity Intermediate Bond Fund      | 35,165                  |
| *   | Fidelity Investments                                           | Fidelity Select Biotech Fund         | 33,408                  |
| *   | Fidelity Investments                                           | Fidelity Select Technology Fund      | 30,173                  |
| *   | Fidelity Investments                                           | Fidelity Total Bond Fund             | 29,898                  |
| *   | Fidelity Investments                                           | Fidelity Overseas Fund               | 29,867                  |
| *   | Fidelity Investments                                           | Fidelity Freedom 2005 Fund           | 26,860                  |
| *   | Fidelity Investments                                           | Fidelity Contrafund Fund             | 26,064                  |
| *   | Fidelity Investments                                           | Fidelity Extended Market Index Fund  | 25,662                  |
| *   | Fidelity Investments                                           | Fidelity Canada Fund                 | 25,367                  |
| *   | Fidelity Investments                                           | Fidelity Balanced Fund               | 24,614                  |
| *   | Fidelity Investments                                           | Fidelity Growth Discovery Fund       | 21,697                  |
| *   | Fidelity Investments                                           | Fidelity Low Priced Stock Fund       | 20,300                  |
| *   | Fidelity Investments                                           | Fidelity Small Cap Discovery Fund    | 20,178                  |
| *   | Fidelity Investments                                           | Fidelity Latin America Fund          | 18,478                  |
| *   | Fidelity Investments                                           | Fidelity Mid Cap Index Fund          | 16,458                  |
| *   | Fidelity Investments                                           | Fidelity Financial Fund              | 15,821                  |
| *   | Fidelity Investments                                           | Fidelity Select Semiconductor Fund   | 15,737                  |
| *   | Fidelity Investments                                           | Fidelity Select Software Fund        | 14,541                  |
| *   | Fidelity Investments                                           | Fidelity Total Emerging Markets Fund | 14,517                  |
| *   | Fidelity Investments                                           | Fidelity Mega Cap Stock Fund         | 14,059                  |

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2023**

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description                                              | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------|
| *   | Fidelity Investments                                           | Fidelity Global US Index Fund                                   | 13,415                  |
| *   | Fidelity Investments                                           | Fidelity International Small Cap Fund                           | 12,585                  |
| *   | Fidelity Investments                                           | Fidelity Stock Select Mid Cap Fund                              | 11,972                  |
| *   | Fidelity Investments                                           | Fidelity Growth & Income Fund                                   | 11,842                  |
| *   | Fidelity Investments                                           | Fidelity International Index Fund                               | 11,554                  |
| *   | Fidelity Investments                                           | Fidelity Real Estate Investors Fund                             | 11,515                  |
| *   | Fidelity Investments                                           | Fidelity Freedom Index 2050 Fund                                | 11,123                  |
| *   | Fidelity Investments                                           | Fidelity Small Cap Growth Fund                                  | 11,027                  |
| *   | Fidelity Investments                                           | Fidelity Select Retailing Fund                                  | 9,960                   |
|     | The Bank of New York Mellon Corporation                        | BNY Mellon International Stock Fund                             | 7,047                   |
| *   | Fidelity Investments                                           | Fidelity Select Medical Tech Fund                               | 6,563                   |
| *   | Fidelity Investments                                           | Fidelity Select Tech Service Fund                               | 5,863                   |
|     | PIMCO Funds                                                    | PIMCO International Bond Us Dollar Hedged Institutional Fund    | 5,769                   |
|     | BlackRock                                                      | iShares US Aggregate Bond Index Fund                            | 5,622                   |
| *   | Fidelity Investments                                           | Fidelity International Discovery Fund                           | 4,923                   |
| *   | Fidelity Investments                                           | Fidelity Select Energy Fund                                     | 4,720                   |
| *   | Fidelity Investments                                           | Fidelity Emerging Markets Fund                                  | 3,740                   |
|     | Schwab Funds                                                   | Schwab Small Cap Index Fund                                     | 3,312                   |
| *   | Fidelity Investments                                           | Fidelity Natural Residential Fund                               | 2,813                   |
|     | MFS                                                            | MFS Mid Cap Growth Fund                                         | 2,787                   |
| *   | Fidelity Investments                                           | Fidelity Freedom 2010 Fund                                      | 2,761                   |
|     | Hartford Mutual Funds                                          | Hartford Schroders Emerging Markets Equity Fund                 | 2,213                   |
|     | Hartford Mutual Funds                                          | The Hartford Equity Income Fund                                 | 2,177                   |
|     | Nuveen                                                         | TIAA Cerf Social Choice International Equity Institutional Fund | 2,152                   |
|     | Principal Financial Group                                      | Principal Real Estate Securities Fund                           | 2,105                   |
|     | Allspring                                                      | Allspring Special Mid Cap Value Fund                            | 2,083                   |
| *   | Fidelity Investments                                           | Fidelity Global Commodity Stock Fund                            | 2,073                   |
| *   | Fidelity Investments                                           | Fidelity Large Cap Stock Fund                                   | 1,734                   |
| *   | Fidelity Investments                                           | Fidelity Select Defense Fund                                    | 1,659                   |
|     | Nuveen                                                         | TIAA CREF Social Choice Equity Fund                             | 1,494                   |
|     | BlackRock                                                      | iShares MSCI EAFE International Index Fund                      | 1,449                   |
| *   | Fidelity Investments                                           | Fidelity Dividend Growth Fund                                   | 1,414                   |
| *   | Fidelity Investments                                           | Fidelity Worldwide Fund                                         | 1,340                   |
| *   | Fidelity Investments                                           | Fidelity China Region Fund                                      | 1,198                   |
| *   | Fidelity Investments                                           | Fidelity Select Health Care Service Fund                        | 1,135                   |
| *   | Fidelity Investments                                           | Fidelity Float Right High Income Fund                           | 1,077                   |
| *   | Fidelity Investments                                           | Fidelity Select Telecom Fund                                    | 953                     |
| *   | Fidelity Investments                                           | Fidelity Select Pharmaceutical Fund                             | 906                     |
| *   | Fidelity Investments                                           | Fidelity Select Utilities Fund                                  | 893                     |

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2023**

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description                             | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|------------------------------------------------|-------------------------|
| *   | Fidelity Investments                                           | Fidelity Freedom Income Fund                   | 809                     |
| *   | Fidelity Investments                                           | Fidelity Select Comm Service Fund              | 803                     |
| *   | Fidelity Investments                                           | Fidelity Select Gold Fund                      | 698                     |
| *   | Fidelity Investments                                           | Fidelity Puritan Fund                          | 674                     |
| *   | Fidelity Investments                                           | Fidelity Corporate Bond Fund                   | 500                     |
|     | PGIM                                                           | Prim Jennison Small Company Fund               | 476                     |
| *   | Fidelity Investments                                           | Fidelity Emerging Asia Fund                    | 473                     |
|     | Delaware Investments                                           | Delaware Small Cap Value Fund                  | 473                     |
| *   | Fidelity Investments                                           | Fidelity Select Discovery Fund                 | 464                     |
| *   | Fidelity Investments                                           | Fidelity Select Insurance Fund                 | 455                     |
| *   | Fidelity Investments                                           | Fidelity Elite Fund                            | 395                     |
| *   | Fidelity Investments                                           | Fidelity Small Cap Value Fund                  | 368                     |
| *   | Fidelity Investments                                           | Fidelity Small Cap Stock Fund                  | 296                     |
| *   | Fidelity Investments                                           | Fidelity Select Tech Hardware Fund             | 294                     |
| *   | Fidelity Investments                                           | Fidelity Telecom & Utilities Fund              | 290                     |
| *   | Fidelity Investments                                           | Fidelity Select Wireless Fund                  | 272                     |
| *   | Fidelity Investments                                           | Fidelity Real Estate Index Fund                | 172                     |
| *   | Fidelity Investments                                           | Fidelity Select Constr/House Fund              | 95                      |
| *   | Fidelity Investments                                           | Fidelity Environmental Alternative Energy Fund | 90                      |
| *   | Fidelity Investments                                           | Fidelity Select Automotive Fund                | 87                      |
| *   | Fidelity Investments                                           | Fidelity Blue Chip Value Fund                  | 86                      |
| *   | Fidelity Investments                                           | Fidelity Freedom Index 2060 Fund               | 54                      |
| *   | Fidelity Investments                                           | Fidelity Asset Manager 85% Fund                | 47                      |
| *   | Fidelity Investments                                           | Fidelity Multi Asset Index Fund                | 47                      |
| *   | Fidelity Investments                                           | Fidelity Strategy Dividend & Income Fund       | 44                      |
| *   | Fidelity Investments                                           | Fidelity Select Healthcare Fund                | 43                      |
|     | PIMCO Funds                                                    | PIMCO Income Institutional Fund                | 43                      |
|     | American Funds                                                 | American Funds Inflation Linked Bond Fund      | 42                      |
| *   | Fidelity Investments                                           | Fidelity New Millen Fund                       | 32                      |
| *   | Fidelity Investments                                           | Fidelity Us Sustainable Index Fund             | 32                      |
|     |                                                                |                                                | 11,855,514              |
|     | Group variable annuities                                       |                                                |                         |
| *   | Lincoln Financial Group                                        | YourPath 2030 Moderate Fund                    | 1,771,706               |
| *   | Lincoln Financial Group                                        | YourPath 2045 Moderate Fund                    | 1,376,989               |
| *   | Lincoln Financial Group                                        | YourPath 2035 Moderate Fund                    | 1,144,504               |
| *   | Lincoln Financial Group                                        | YourPath 2040 Moderate Fund                    | 1,112,979               |
| *   | Lincoln Financial Group                                        | YourPath 2025 Moderate Fund                    | 1,014,404               |
| *   | Lincoln Financial Group                                        | YourPath 2050 Moderate Fund                    | 659,556                 |
| *   | Lincoln Financial Group                                        | YourPath 2055 Moderate Fund                    | 570,704                 |

**Community Systems, Inc. Contributory 403(b) Plan**  
**EIN 47-1464237**  
**Plan Number 002**

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)**  
**December 31, 2023**

| (a)                    | (b)<br>Identity of issue, borrower,<br>lessor or similar party                                         | (c)<br>Description                                                                                             | (e)<br>Current<br>value |
|------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------|
| *                      | Lincoln Financial Group                                                                                | YourPath 2020 Moderate Fund                                                                                    | 445,338                 |
| *                      | Lincoln Financial Group                                                                                | YourPath 2060 Moderate Fund                                                                                    | 264,100                 |
| *                      | Lincoln Financial Group                                                                                | YourPath 2065 Moderate Fund                                                                                    | 107,958                 |
| *                      | Lincoln Financial Group                                                                                | YourPath 2015 Moderate Fund                                                                                    | 87,055                  |
| *                      | Lincoln Financial Group                                                                                | YourPath 2035 Aggressive Fund                                                                                  | 13,433                  |
| *                      | Lincoln Financial Group                                                                                | YourPath 2060 Aggressive Fund                                                                                  | 6,215                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2030 Aggressive Fund                                                                                  | 5,107                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2055 Conservative Fund                                                                                | 4,195                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2065 Aggressive Fund                                                                                  | 1,981                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2050 Aggressive Fund                                                                                  | 1,949                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2055 Aggressive Fund                                                                                  | 1,949                   |
| *                      | Lincoln Financial Group                                                                                | YourPath 2040 Aggressive Fund                                                                                  | 1,946                   |
| *                      | Lincoln Financial Group                                                                                | YourPath Income Aggressive Fund                                                                                | 60                      |
| *                      | Lincoln Financial Group                                                                                | YourPath Income Moderate Fund                                                                                  | 59                      |
| *                      | Lincoln Financial Group                                                                                | YourPath Income Conservative Fund                                                                              | 59                      |
|                        |                                                                                                        |                                                                                                                | 8,592,246               |
|                        |                                                                                                        |                                                                                                                |                         |
| Money market funds     |                                                                                                        |                                                                                                                |                         |
| *                      | Fidelity Investments                                                                                   | Fidelity Government Money Market                                                                               | 267,686                 |
| *                      | Fidelity Investments                                                                                   | Fidelity Treasury Only Money Market Fund                                                                       | 60,380                  |
| *                      | Fidelity Investments                                                                                   | Fidelity Government Cash Reserves                                                                              | 52,181                  |
| *                      | Fidelity Investments                                                                                   | Fidelity Government Money Market Premium                                                                       | 27,983                  |
|                        |                                                                                                        |                                                                                                                | 408,230                 |
|                        |                                                                                                        |                                                                                                                |                         |
| Group annuity contract |                                                                                                        |                                                                                                                |                         |
|                        | Company                                                                                                | Lincoln Stable Value Account                                                                                   | 12,147                  |
|                        |                                                                                                        |                                                                                                                |                         |
| *                      | Participants loans                                                                                     | Interest rates ranging from 4.25% to 9.50%, maturity at various dates, secured by participant account balances | 664,115                 |
|                        |                                                                                                        |                                                                                                                | \$ 21,532,252           |
|                        |                                                                                                        |                                                                                                                |                         |
| *                      | Party-in-interest.                                                                                     |                                                                                                                |                         |
|                        | Column (d) is omitted as the cost of participant-directed investments is not required to be disclosed. |                                                                                                                |                         |

See Independent Auditor's Report.