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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                            | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>JEC RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>03/01/1995</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>03/01/1995</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                  | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>03/01/1995</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> 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><u>JEC INVESTMENTS, INC.</u><br><br><u>4200 LYMAN COURT</u><br><u>HILLIARD, OH 43026</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>59-3790310</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>614-850-2540</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>332300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>59-3790310</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>614-850-2540</u> | <b>2d</b> Business code (see instructions)<br><u>332300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>59-3790310</u>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>614-850-2540</u>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>332300</u>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2021 | BETTY CALDWELL                                               |
|                  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>PENTEGRA SERVICES, INC<br><br>701 WEST CHESTER AVE., SUITE 320 E<br>WHITE PLAINS, NY 10604                                                                                                                                                                                                                            |  | <b>3b</b> Administrator's EIN<br>13-3745616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number<br>844-367-2848                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <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 NATIONAL SIGN SYSTEMS, INC<br><b>c</b> Plan Name JEC RETIREMENT SAVINGS PLAN                                                                              |  | <b>4b</b> EIN 31-1211245<br><br><b>4d</b> PN 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <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> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b> 104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b> 95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b> 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b> 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b> 93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2D 2T 3D 3H                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</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                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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<br/>(Form 5500)<br/><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> | <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>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                      |
| A Name of plan<br>JEC RETIREMENT SAVINGS PLAN                                              | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>JEC INVESTMENTS, INC.            | D Employer Identification Number (EIN)<br>59-3790310 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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>NATIONWIDE 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     |
| 31-4156830                                                         | 66869         | GAP-CP-MA9B                           | 83                                                                          | 01/01/2020              | 12/31/2020 |

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<br>115 | (b) Total amount of fees paid<br>0 |
|---------------------------------------------|------------------------------------|

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 |                                                    |
| CAMBRIDGE INVESTMENT RESEARCH                                                                    | 1776 PLEASANT PLAIN RD<br>FAIRFIELD, IA 52556-8757 |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 115                                           | 0                               | COMMISSIONS | 3                     |

(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 |                       |
|                                               |                                 |             |                       |

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**(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 |                                 |
|                                                      |                                 |                    |                                 |

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**(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 |                                 |
|                                                      |                                 |                    |                                 |

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

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| <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 |                                 |
|                                                      |                                 |                    |                                 |

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

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| <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 |                                 |
|                                                      |                                 |                    |                                 |

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**(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.

|          |                                                                                               |          |        |
|----------|-----------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 546362 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0      |

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

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶

|          |                                                                                               |              |        |
|----------|-----------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> | Balance at the end of the previous year .....                                                 | <b>7b</b>    | 0      |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> | 1285   |
|          | (2) Dividends and credits.....                                                                | <b>7c(2)</b> |        |
|          | (3) Interest credited during the year.....                                                    | <b>7c(3)</b> | 903    |
|          | (4) Transferred from separate account.....                                                    | <b>7c(4)</b> |        |
|          | (5) Other (specify below).....<br>▶ TRANSFER FROM OUTSIDE NATIONWIDE                          | <b>7c(5)</b> | 545418 |
|          | (6) Total additions .....                                                                     | <b>7c(6)</b> | 547606 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    | 547606 |
| <b>e</b> | Deductions:                                                                                   |              |        |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....               | <b>7e(1)</b> |        |
|          | (2) Administration charge made by carrier.....                                                | <b>7e(2)</b> | 187    |
|          | (3) Transferred to separate account.....                                                      | <b>7e(3)</b> |        |
|          | (4) Other (specify below).....<br>▶ LOAN WITHDRAWAL                                           | <b>7e(4)</b> | 1057   |
|          | (5) Total deductions .....                                                                    | <b>7e(5)</b> | 1244   |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 546362 |

**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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</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>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                             |     |
| <b>A</b> Name of plan<br>JEC RETIREMENT SAVINGS PLAN                                       | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>JEC INVESTMENTS, INC.     | <b>D</b> Employer Identification Number (EIN)<br>59-3790310 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</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)

APS PENTEGRA

13-3892096

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 38 50               | PLAN ADMINISTRATOR                                                                                | 576                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 6000                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" 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"/>                                     |

(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"/>                                     |

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

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

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><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"/>                                            |

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

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><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"/>                                            |

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

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><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 D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                           |            |            |            |
|-----------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2020 or fiscal plan year beginning | 01/01/2020 | and ending | 12/31/2020 |
|-----------------------------------------------------------|------------|------------|------------|

|                                                      |                                       |     |
|------------------------------------------------------|---------------------------------------|-----|
| <b>A</b> Name of plan<br>JEC RETIREMENT SAVINGS PLAN | <b>B</b> Three-digit plan number (PN) | 001 |
|------------------------------------------------------|---------------------------------------|-----|

|                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>JEC INVESTMENTS, INC. | <b>D</b> Employer Identification Number (EIN)<br>59-3790310 |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|

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

|                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | RELiance TRUST CO STABLE VALUE FUND |
|------------------------------------------------|-------------------------------------|

|                                                   |                        |
|---------------------------------------------------|------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | RELiance TRUST COMPANY |
|---------------------------------------------------|------------------------|

|                 |                |                      |   |                                                                                                     |   |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN | 48-6625485-001 | <b>d</b> Entity code | C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|

|                                                |                               |
|------------------------------------------------|-------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | BLACKROCK EQUITY INDEX FUND R |
|------------------------------------------------|-------------------------------|

|                                                   |                      |
|---------------------------------------------------|----------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | WILMINGTON TRUST, NA |
|---------------------------------------------------|----------------------|

|                 |                |                      |   |                                                                                                     |   |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN | 20-3802168-001 | <b>d</b> Entity code | C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|

|                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | BLACKROCK MID CAP EQUITY INDEX FD R |
|------------------------------------------------|-------------------------------------|

|                                                   |                      |
|---------------------------------------------------|----------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | WILMINGTON TRUST, NA |
|---------------------------------------------------|----------------------|

|                 |                |                      |   |                                                                                                     |   |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN | 20-3802327-003 | <b>d</b> Entity code | C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|

|                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | BLACKROCK MSCI ACWI EX-US INDEX FUN |
|------------------------------------------------|-------------------------------------|

|                                                   |                      |
|---------------------------------------------------|----------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | WILMINGTON TRUST, NA |
|---------------------------------------------------|----------------------|

|                 |                |                      |   |                                                                                                     |   |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN | 81-1950980-013 | <b>d</b> Entity code | C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|

|                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | BLACKROCK RUSSELL 2000 INDEX FUND R |
|------------------------------------------------|-------------------------------------|

|                                                   |                      |
|---------------------------------------------------|----------------------|
| <b>b</b> Name of sponsor of entity listed in (a): | WILMINGTON TRUST, NA |
|---------------------------------------------------|----------------------|

|                 |                |                      |   |                                                                                                     |   |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|
| <b>c</b> EIN-PN | 20-3802587-004 | <b>d</b> Entity code | C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 0 |
|-----------------|----------------|----------------------|---|-----------------------------------------------------------------------------------------------------|---|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <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> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <b>01/01/2020</b> and ending <b>12/31/2020</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>JEC RETIREMENT SAVINGS PLAN</b>                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JEC INVESTMENTS, INC.</b>                                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><b>59-3790310</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>             | 101540          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b>          | 5200754172      |
| <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>          |                 |
| <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>          | 3291532739      |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          | 18202090        |
| <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>         | 15853212875706  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         | 0546361         |
| <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>    | 3500606               | 3508978         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <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 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3500606 | 3508978 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 104048     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 300383     |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 21570      |           |
| (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>    |            | 426001    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 1725       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1725      |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 21854      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 21854     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (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) |            | 337989    |
| c Other income .....                                                                            | 2c     |            | 716       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 788285    |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 752873 |        |
| (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) |        | 752873 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        | 3393   |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |        |        |
| (2) Contract administrator fees .....                                               | 2i(2) | 23647  |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other.....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |        | 23647  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 779913 |

**Net Income and Reconciliation**

|                                                          |       |  |      |
|----------------------------------------------------------|-------|--|------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 8372 |
| 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: **BHM CPA GROUP, INC**

(2) EIN: **31-1413363**

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time

period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 24901  |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <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.) .....                                                                                |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <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.) .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <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.) .....                                                                                                                                                                                                 |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 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? .....                                                                                                                                                                                                                                                         |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <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? .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <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? .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <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.) .....                                                                                                                                                                                                                                  | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <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.) .....                                                                                                                                                                    |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <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? .....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    | X                   |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <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. ....                                                                                                                                                                                                        | X                   |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |        |
| <b>5b</b> 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) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
| <b>5c</b> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>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>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>JEC RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>JEC INVESTMENTS, INC.                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>59-3790310                                            |
| 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): 42-1558009 31-4156830                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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<br>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                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2020 v. 200204                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

|            |  |
|------------|--|
| <b>14a</b> |  |
| <b>14b</b> |  |
| <b>14c</b> |  |

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

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

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

|            |  |
|------------|--|
| <b>15a</b> |  |
| <b>15b</b> |  |

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

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

**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>16a</b> |  |
| <b>16b</b> |  |

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
☐ Yes.  
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
☐ No. Other. Provide explanation \_\_\_\_\_

# **JEC RETIREMENT SAVINGS PLAN**

## **FINANCIAL STATEMENTS**

\*\*\*\*\*

December 31, 2020 and 2019

## **CONTENTS**

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|                                                                 |    |
|-----------------------------------------------------------------|----|
| <b>Independent Auditor's Report</b> .....                       | 2  |
| <b>Financial Statements:</b>                                    |    |
| Statements of Net Assets Available for Benefits.....            | 4  |
| Statements of Changes in Net Assets Available for Benefits..... | 5  |
| Notes to Financial Statements.....                              | 6  |
| <b>Supplemental Schedule:</b>                                   |    |
| Schedule of Assets (Held at Year End).....                      | 13 |



**bhm cpa group, inc.**  
CERTIFIED PUBLIC ACCOUNTANTS

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## ***INDEPENDENT AUDITOR'S REPORT***

To the Trustees  
JEC Retirement Savings Plan  
Columbus, Ohio

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the JEC Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to financial statements, which was certified by Nationwide Life Insurance Company and Charles Schwab Bank, the custodians, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Nationwide Life Insurance Company held the Plan's investment assets and executed investment transactions from November 16, 2020 through December 31, 2020 and Charles Schwab Bank held the Plan's investment assets and executed investment transactions for the year ended December 31, 2019 and for the period January 1, 2020 through November 16, 2020. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter – Supplemental Schedule***

The supplemental schedule of assets held at year end is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Circleville, Ohio  
October 8, 2021

*BHM CPA Group, Inc.*

**JEC RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2020 and 2019

| <b>ASSETS</b>                                                   | <u><b>2020</b></u>             | <u><b>2019</b></u>             |
|-----------------------------------------------------------------|--------------------------------|--------------------------------|
| Cash                                                            | \$ -                           | \$ 10,154                      |
| <i><b>Participant-directed investments</b></i>                  |                                |                                |
| Mutual funds, at fair value                                     | 2,875,706                      | 1,585,321                      |
| Fully benefit responsive investment contract, at contract value | 546,361                        | -                              |
| Common collective trust funds, at fair value                    | <u>-</u>                       | <u>1,820,209</u>               |
| <i><b>Total participant-directed investments</b></i>            | 3,422,067                      | 3,405,530                      |
| Employer contributions receivable                               | 54,172                         | 52,007                         |
| Notes receivable from participants                              | <u>32,739</u>                  | <u>32,915</u>                  |
| <br><i><b>NET ASSETS AVAILABLE FOR BENEFITS</b></i>             | <br><u><b>\$ 3,508,978</b></u> | <br><u><b>\$ 3,500,606</b></u> |

The accompanying notes are an integral part of these financial statements.

# JEC RETIREMENT SAVINGS PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2020 and 2019

|                                                       | <u>2020</u>         | <u>2019</u>         |
|-------------------------------------------------------|---------------------|---------------------|
| <b>ADDITIONS</b>                                      |                     |                     |
| <i>Investment income:</i>                             |                     |                     |
| Net appreciation in fair value of investments         | \$ 338,705          | \$ 526,832          |
| Dividends                                             | 21,854              | 78,064              |
| <i>Total investment income</i>                        | <u>360,559</u>      | <u>604,896</u>      |
| Interest income on notes receivable from participants | <u>1,725</u>        | <u>1,538</u>        |
| <i>Contributions:</i>                                 |                     |                     |
| Participants                                          | 300,383             | 237,160             |
| Employer                                              | 104,048             | 94,996              |
| Participants rollovers                                | 21,570              | -                   |
| <i>Total contributions</i>                            | <u>426,001</u>      | <u>332,156</u>      |
| <b>TOTAL ADDITIONS</b>                                | <u>788,285</u>      | <u>938,590</u>      |
| <b>DEDUCTIONS</b>                                     |                     |                     |
| Benefit distributions to participants                 | 756,266             | 114,652             |
| Administrative expenses                               | <u>23,647</u>       | <u>24,035</u>       |
| <b>TOTAL DEDUCTIONS</b>                               | <u>779,913</u>      | <u>138,687</u>      |
| <b>NET INCREASE</b>                                   | 8,372               | 799,903             |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>              |                     |                     |
| <i>Beginning of year</i>                              | <u>3,500,606</u>    | <u>2,700,703</u>    |
| <i>End of year</i>                                    | <u>\$ 3,508,978</u> | <u>\$ 3,500,606</u> |

The accompanying notes are an integral part of these financial statements.

# JEC RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

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### ***DESCRIPTION OF PLAN***

The following brief description of the JEC Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### ***General***

The Plan is a defined contribution plan which covers all eligible employees of National Sign Systems, Inc., and CityScapes International, Inc. (collectively referred to as "Plan Sponsor"). Effective January 1, 2016, the Plan adopted the Schneider Downs Wealth Management Advisors Prototype Non-standardized 401(k) Profit Sharing Plan and Trust. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective November 1, 2020, the Plan adopted the Pentegra Services, Inc. Volume Submitter 401(k) Profit Sharing Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### ***Eligibility***

An employee shall be eligible to participate in the Plan upon completing six months of service and attainment of age 21.

#### ***Contributions***

Eligible participants are automatically enrolled to contribute 2% of compensation to the Plan unless they elect out. Participants may elect to contribute up to 100% of their pre-tax annual compensation, as defined by the Plan, subject to a maximum established by law. Participants may also contribute amounts from other qualified retirement plans

Matching contributions, if any, are made at the discretion of management, and are invested in the same proportion among invested funds as the participant contributions. The participant must complete 1,000 hours of service and be employed on December 31 of the Plan year in order to receive any discretionary contributions. The Plan Sponsor made discretionary matching contributions of \$104,048 and \$94,996 for the year ended December 31, 2020 and 2019, respectively.

#### ***Vesting***

Participants are immediately vested in their elective deferrals, and actual earnings thereon. Participants shall have a vested percentage in discretionary matching contributions in accordance with a graded schedule with 20% vesting after two years of accredited service, and an additional 20% vesting per year until the participant is 100% vested after six years of accredited service.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and allocations of the Plan Sponsor's contribution and Plan earnings. Allocations are based on participants' earnings or account balances, as provided in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan. Transfers and rollovers are accepted from qualified plans, even if the employee has not satisfied the Plan's eligibility requirements.

#### ***Notes Receivable from Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 and maximum of \$50,000 up to a maximum of five years, or longer if used to purchase a primary residence. The loans are secured by the vested balance in the participant's account. The loans bear interest at the prime interest rate plus 1% at loan inception for the years ended 2020 and 2019.

#### ***Forfeitures***

During the years ended December 31, 2020 and 2019, forfeited nonvested accounts totaled \$13,680 and \$8,228. No forfeitures were used to reduce employer contributions or fees during 2020 or 2019.

## **JEC RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS - Continued**

December 31, 2020 and 2019

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#### ***DESCRIPTION OF PLAN - Continued***

##### ***Payment of Benefits***

On termination of service due to death, disability, or normal retirement, a participant, or his or her beneficiary, will receive a lump-sum amount equal to 100% of the participant's vested account balance. Normal retirement age is 62. In-service withdrawals are permitted for participants who have reached age 59 ½. For termination of service due to other reasons, a participant may receive the value of the vested interest as a lump-sum distribution.

##### ***Administrative Fees and Expenses***

The Plan paid administrative expenses of \$23,647 and \$24,035 to the custodian for the years ended December 31, 2020 and 2019, respectively. Certain professional fees for the administration and audit of the Plan are paid by the Plan Sponsor on behalf of the Plan.

#### ***SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES***

Following are the significant accounting policies adopted by the Plan and used in the preparation of these financial statements:

##### ***Basis of Accounting***

The accompanying financial statements for the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

##### ***Investment Valuation and Income Recognition***

At December 31, 2020 and 2019, the Plan was invested in various mutual funds, common collective trusts and a fully benefit responsive investment contract. Investments in mutual funds are recorded at fair value based upon quoted market prices. Cost of investments is determined using average cost and is used when determining realized gains and losses upon disposition.

The common collective trusts values are based on net asset value per share (NAV), as reported in the funds' audited financial statements. The NAV, which is determined and made available to the Plan on a daily basis, is based on the fair value of the underlying investments held by the trusts less its liabilities. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trusts in order to ensure that securities liquidations at the then current NAV will be carried out in an orderly business manner. The common collective trusts have a daily redemption frequency, a redemption notice period of one year and no unfunded commitments.

The Plan invests in a guaranteed investment contract maintained in a trust. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value for this guaranteed investment contract is based upon contributions, withdrawals and earnings of the trust as reported by Nationwide Life Insurance Company. The statement of net assets available for plan benefits and the statements of changes in net assets available for plan benefits present the guaranteed investment contract on a contract value basis.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### ***Payment of Benefits***

Benefits are recorded when paid.

## JEC RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2020 and 2019

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#### ***SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued***

##### ***Notes Receivable from Participants***

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest. Interest income related to the notes receivable for the years ended December 31, 2020 and 2019 was \$1,725 and \$1,538, respectively.

##### ***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on Plan administration's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

##### ***Risks and Uncertainties***

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate and 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 would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic, which continues to spread throughout the United States and the world. Although the disruption from COVID-19 is currently expected to be temporary, there has been significant disruption to financial markets during the plan year and there is significant uncertainty around the duration and continued economic impacts.

##### ***Recent Accounting Standards***

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses*. The ASU revises the measurement of credit losses for financial assets from an incurred loss methodology to an expected loss methodology. These expected credit losses for financial assets held at the reporting date are to be based on historical experience, current conditions and reasonable and supportable forecasts. The ASU is effective for the years beginning after December 15, 2020. The Plan is currently evaluating the impact the adoption will have on its financial statements.

Other accounting standards that have been issued or proposed by the FASB or other standards-setting bodies are not expected to have a material impact on the Plan's significant accounting policies, net assets available for benefits, or changes in net assets available for benefits.

#### ***INVESTMENTS***

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has elected to restrict the scope of the auditor's examination with regard to investments or information prepared and certified by Nationwide Life Insurance Company and Charles Schwab Bank, the custodians. Nationwide Life Insurance Company acted as the custodian and held the Plan's investments and executed all investment transactions for the period November 16, 2020 through December 31, 2020 and Charles Schwab Bank acted as the custodian and assumed those responsibilities for the period January 1, 2019 through November 16, 2020. Nationwide Life Insurance Company and Charles Schwab Bank have certified as to the completeness and accuracy of the investments held, changes in net assets arising from investment activity, and the schedule of assets held at the end of the year as of and for the years ended December 31, 2020 and 2019.

## **JEC RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS - Continued**

December 31, 2020 and 2019

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#### ***INCOME TAX STATUS***

The Plan is based on a prototype plan which has received a favorable opinion letter from the Internal Revenue Service that the prototype plan is designed to qualify as being exempt from Federal income taxes. The Plan Administrator has not separately applied for a determination letter from the Internal Revenue Service. However, the Plan Administrator believes that the Plan was designed and is currently being operated as a tax-exempt plan in compliance with the applicable requirements of the Internal Revenue Code and, therefore, no provision for income taxes have been included in the financial statements.

The Plan complies with Accounting Standards Codification (ASC) 740-10 related to uncertain tax positions. This standard prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. Plan administration is not aware of any tax positions taken by the Plan that it considers to be uncertain. Tax returns for the years ended 2017, 2018, and 2019 are open and subject to examination by the Internal Revenue Service.

#### ***REPORTABLE TRANSACTIONS***

The Plan's assets are participant-directed, and thus, the schedule of reportable transactions and certain cost information is not required.

#### ***PARTY-IN-INTEREST TRANSACTIONS***

Certain plan investments are shares of mutual funds managed by the Plan's custodian, as is customary in retirement plans. Nationwide Life Insurance Company served as the custodian for the Plan for the period from November 16, 2020 through December 31, 2020 and Charles Schwab Bank served as the custodian for the Plan for the period from January 1, 2020 through November 16, 2020 and the year ended December 31, 2019. Pentegra serves as the recordkeeper from November 16, 2020 through December 31, 2020, Schneider Downs Wealth Management served as the investment advisor and Schneider Downs Advantage Retirement Solutions served as recordkeeper for the period January 1, 2020 through November 16, 2020 and for the year ended December 31, 2019 and BHM CPA Group, Inc. serves as the Plan's auditors. As a result, transactions with these parties qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

#### ***GUARANTEED INVESTMENT CONTRACT***

During 2020, the Plan entered a benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company, which is the Nationwide Fixed Select Option. As described in SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, because the investment contract is benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The investment contract issuer is obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate for the Nationwide Fixed Select Option was 1.66% for the year ended December 31, 2020. The crediting interest rate is adjusted quarterly. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

# JEC RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2020 and 2019

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### ***GUARANTEED INVESTMENT CONTRACT - Continued***

Certain events may limit the Plan's ability to transact at contract value with the issuer such as premature termination of contracts by the Plan, layoffs, Plan termination, bankruptcy, mergers and early retirement incentives. The Plan administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with the participants is probable.

### ***FAIR VALUE MEASUREMENTS***

The Plan complies with ASC 820 *Fair Value Measurements and Disclosures* to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair value of certain assets and liabilities are determined based on the fair value hierarchy established in the standard, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The standard describes three levels within its hierarchy that may be used to measure fair value which are:

#### ***Level 1***

Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

#### ***Level 2***

Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

#### ***Level 3***

Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

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

## JEC RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2020 and 2019

#### **FAIR VALUE MEASUREMENTS - Continued**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

|                   | <u>Current Value</u> | <u>Fair Value Measurements Using:</u> |                |                |
|-------------------|----------------------|---------------------------------------|----------------|----------------|
|                   |                      | <u>Level 1</u>                        | <u>Level 2</u> | <u>Level 3</u> |
| December 31, 2020 |                      |                                       |                |                |
| Mutual funds      | <u>\$ 2,875,706</u>  | <u>\$ 2,875,706</u>                   | <u>\$ -</u>    | <u>\$ -</u>    |
| December 31, 2019 |                      |                                       |                |                |
| Mutual funds      | <u>\$ 1,585,321</u>  | <u>\$ 1,585,321</u>                   | <u>\$ -</u>    | <u>\$ -</u>    |

The fair value of mutual funds are publicly traded and are valued at their quoted trading price at year end. As a result, they are considered Level 1. The common collective trust funds were valued at fair value using NAV as the practical expedient and the fully benefit responsive investment contract was valued at contract value and thus were excluded from the fair value hierarchy above.

The Plan adopted ASU 2018-13, *Fair Value Measurement – Disclosure Framework* during the year ended December 31, 2020. The updated guidance improves disclosure requirements on fair value measurements and removes certain requirements related to transfers between levels of the fair value hierarchy. The plan did not have any transfers between levels in either year presented, and the new accounting guidance did not have a significant impact on the Plan's financial results or its financial reporting.

#### **PLAN TERMINATION AND AMENDMENTS**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. No amendment to the Plan shall have the effect of eliminating or reducing a retirement benefit or eliminating an optional form of benefit with respect to benefits attributable to service before the amendment.

During the year ended December 31, 2020, the Plan was amended to allow for distribution of participant account balances with less than \$1,000, and to roll over the balances to an Individual Retirement Account for account balances of between \$1,000 and \$5,000, if they are no longer employed by the Plan Sponsor at the Plan year end. The Plan was also amended to allow participants to have more than one outstanding loan at a time.

#### **SUBSEQUENT EVENTS**

Subsequent events were evaluated through October 8, 2021 which is the date the financial statements were available to be issued.

## **SUPPLEMENTAL SCHEDULE**

# JEC RETIREMENT SAVINGS PLAN

PLAN NUMBER 001

## SCHEDULE H, LINE 4 i - SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2020

| (a) | (b)<br>Identity of issuer                                           | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|-----|---------------------------------------------------------------------|----------------------------------|-------------|----------------------|
|     | BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares      | Mutual fund                      | N/A         | \$ 14,917            |
|     | Franklin Small Cap Value Fund Advisor Class                         | Mutual fund                      | N/A         | 118,190              |
|     | DFA Inflation-Protected Securities Portfolio Institutional Class    | Mutual fund                      | N/A         | 15                   |
|     | Nationwide Geneva Small Cap Growth Fund Institutional Service Class | Mutual fund                      | N/A         | 150,534              |
|     | Nationwide Loomis Core Bond Fund Class R6                           | Mutual fund                      | N/A         | 15                   |
|     | DFA International Small Company Portfolio Institutional Class       | Mutual fund                      | N/A         | 129,921              |
|     | Federated Hermes Government Obligations Fund                        | Mutual fund                      | N/A         | 13,680               |
|     | TIAA-CREF Lifecycle Index 2015 Fund Institutional Class             | Mutual fund                      | N/A         | 1,023                |
|     | TIAA-CREF Lifecycle Index 2020 Fund Institutional Class             | Mutual fund                      | N/A         | 5,450                |
|     | TIAA-CREF Lifecycle Index 2025 Fund Institutional Class             | Mutual fund                      | N/A         | 3,446                |
|     | TIAA-CREF Lifecycle Index 2050 Fund Institutional Class             | Mutual fund                      | N/A         | 1,148                |
|     | DFA Real Estate Securities Portfolio Institutional Class            | Mutual fund                      | N/A         | 118,486              |
|     | JPMorgan Emerging Markets Equity Fund Class R6                      | Mutual fund                      | N/A         | 164,897              |
|     | Fidelity 500 Index Fund                                             | Mutual fund                      | N/A         | 969,942              |
|     | Fidelity International Index Fund                                   | Mutual fund                      | N/A         | 393,894              |
|     | Fidelity Mid Cap Index Fund                                         | Mutual fund                      | N/A         | 314,396              |
|     | Janus Henderson Multi-Sector Income Fund Class N                    | Mutual fund                      | N/A         | 412,948              |
|     | American Funds American Balanced Fund Class R-6                     | Mutual fund                      | N/A         | 57,751               |
|     | Western Asset Core Plus Bond Fund Class I                           | Mutual fund                      | N/A         | 5,053                |
|     | Nationwide Fixed Select Option                                      | Guaranteed Investment Contract   | N/A         | 546,361              |
|     | Notes receivable from participants                                  | Rate of interest 4.25% - 6.25%   | N/A         | 32,739               |
|     |                                                                     |                                  |             | <u>\$ 3,454,806</u>  |

# **JEC RETIREMENT SAVINGS PLAN**

## **FINANCIAL STATEMENTS**

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December 31, 2020 and 2019

## **CONTENTS**

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|                                                                  |    |
|------------------------------------------------------------------|----|
| <b><i>Independent Auditor's Report</i></b> .....                 | 2  |
| <b><i>Financial Statements:</i></b>                              |    |
| Statements of Net Assets Available for Benefits.....             | 4  |
| Statements of Changes in Net Assets Available for Benefits ..... | 5  |
| Notes to Financial Statements.....                               | 6  |
| <b><i>Supplemental Schedule:</i></b>                             |    |
| Schedule of Assets (Held at Year End).....                       | 13 |



**bhm cpa group, inc.**  
CERTIFIED PUBLIC ACCOUNTANTS

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## ***INDEPENDENT AUDITOR'S REPORT***

To the Trustees  
JEC Retirement Savings Plan  
Columbus, Ohio

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the JEC Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to financial statements, which was certified by Nationwide Life Insurance Company and Charles Schwab Bank, the custodians, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Nationwide Life Insurance Company held the Plan's investment assets and executed investment transactions from November 16, 2020 through December 31, 2020 and Charles Schwab Bank held the Plan's investment assets and executed investment transactions for the year ended December 31, 2019 and for the period January 1, 2020 through November 16, 2020. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter – Supplemental Schedule***

The supplemental schedule of assets held at year end is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Circleville, Ohio  
October 8, 2021

*BHM CPA Group, Inc.*

# JEC RETIREMENT SAVINGS PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

| <b>ASSETS</b>                                                   | <b>2020</b>         | <b>2019</b>         |
|-----------------------------------------------------------------|---------------------|---------------------|
| Cash                                                            | \$ -                | \$ 10,154           |
| <b><i>Participant-directed investments</i></b>                  |                     |                     |
| Mutual funds, at fair value                                     | 2,875,706           | 1,585,321           |
| Fully benefit responsive investment contract, at contract value | 546,361             | -                   |
| Common collective trust funds, at fair value                    | -                   | 1,820,209           |
| <b><i>Total participant-directed investments</i></b>            | <b>3,422,067</b>    | <b>3,405,530</b>    |
| Employer contributions receivable                               | 54,172              | 52,007              |
| Notes receivable from participants                              | 32,739              | 32,915              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                        | <b>\$ 3,508,978</b> | <b>\$ 3,500,606</b> |

The accompanying notes are an integral part of these financial statements.

# JEC RETIREMENT SAVINGS PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2020 and 2019

|                                                       | <u>2020</u>         | <u>2019</u>         |
|-------------------------------------------------------|---------------------|---------------------|
| <b>ADDITIONS</b>                                      |                     |                     |
| <i>Investment income:</i>                             |                     |                     |
| Net appreciation in fair value of investments         | \$ 338,705          | \$ 526,832          |
| Dividends                                             | 21,854              | 78,064              |
| <i>Total investment income</i>                        | <u>360,559</u>      | <u>604,896</u>      |
| Interest income on notes receivable from participants | <u>1,725</u>        | <u>1,538</u>        |
| <i>Contributions:</i>                                 |                     |                     |
| Participants                                          | 300,383             | 237,160             |
| Employer                                              | 104,048             | 94,996              |
| Participants rollovers                                | 21,570              | -                   |
| <i>Total contributions</i>                            | <u>426,001</u>      | <u>332,156</u>      |
| <b>TOTAL ADDITIONS</b>                                | <u>788,285</u>      | <u>938,590</u>      |
| <b>DEDUCTIONS</b>                                     |                     |                     |
| Benefit distributions to participants                 | 756,266             | 114,652             |
| Administrative expenses                               | 23,647              | 24,035              |
| <b>TOTAL DEDUCTIONS</b>                               | <u>779,913</u>      | <u>138,687</u>      |
| <b>NET INCREASE</b>                                   | 8,372               | 799,903             |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>              |                     |                     |
| <i>Beginning of year</i>                              | <u>3,500,606</u>    | <u>2,700,703</u>    |
| <i>End of year</i>                                    | <u>\$ 3,508,978</u> | <u>\$ 3,500,606</u> |

The accompanying notes are an integral part of these financial statements.

# JEC RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

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### ***DESCRIPTION OF PLAN***

The following brief description of the JEC Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### ***General***

The Plan is a defined contribution plan which covers all eligible employees of National Sign Systems, Inc., and CityScapes International, Inc. (collectively referred to as "Plan Sponsor"). Effective January 1, 2016, the Plan adopted the Schneider Downs Wealth Management Advisors Prototype Non-standardized 401(k) Profit Sharing Plan and Trust. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective November 1, 2020, the Plan adopted the Pentegra Services, Inc. Volume Submitter 401(k) Profit Sharing Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### ***Eligibility***

An employee shall be eligible to participate in the Plan upon completing six months of service and attainment of age 21.

#### ***Contributions***

Eligible participants are automatically enrolled to contribute 2% of compensation to the Plan unless they elect out. Participants may elect to contribute up to 100% of their pre-tax annual compensation, as defined by the Plan, subject to a maximum established by law. Participants may also contribute amounts from other qualified retirement plans

Matching contributions, if any, are made at the discretion of management, and are invested in the same proportion among invested funds as the participant contributions. The participant must complete 1,000 hours of service and be employed on December 31 of the Plan year in order to receive any discretionary contributions. The Plan Sponsor made discretionary matching contributions of \$104,048 and \$94,996 for the year ended December 31, 2020 and 2019, respectively.

#### ***Vesting***

Participants are immediately vested in their elective deferrals, and actual earnings thereon. Participants shall have a vested percentage in discretionary matching contributions in accordance with a graded schedule with 20% vesting after two years of accredited service, and an additional 20% vesting per year until the participant is 100% vested after six years of accredited service.

#### ***Participant Accounts***

Each participant's account is credited with the participant's contribution and allocations of the Plan Sponsor's contribution and Plan earnings. Allocations are based on participants' earnings or account balances, as provided in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan. Transfers and rollovers are accepted from qualified plans, even if the employee has not satisfied the Plan's eligibility requirements.

#### ***Notes Receivable from Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 and maximum of \$50,000 up to a maximum of five years, or longer if used to purchase a primary residence. The loans are secured by the vested balance in the participant's account. The loans bear interest at the prime interest rate plus 1% at loan inception for the years ended 2020 and 2019.

#### ***Forfeitures***

During the years ended December 31, 2020 and 2019, forfeited nonvested accounts totaled \$13,680 and \$8,228. No forfeitures were used to reduce employer contributions or fees during 2020 or 2019.

## **JEC RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS - Continued**

December 31, 2020 and 2019

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#### ***DESCRIPTION OF PLAN - Continued***

##### ***Payment of Benefits***

On termination of service due to death, disability, or normal retirement, a participant, or his or her beneficiary, will receive a lump-sum amount equal to 100% of the participant's vested account balance. Normal retirement age is 62. In-service withdrawals are permitted for participants who have reached age 59 ½. For termination of service due to other reasons, a participant may receive the value of the vested interest as a lump-sum distribution.

##### ***Administrative Fees and Expenses***

The Plan paid administrative expenses of \$23,647 and \$24,035 to the custodian for the years ended December 31, 2020 and 2019, respectively. Certain professional fees for the administration and audit of the Plan are paid by the Plan Sponsor on behalf of the Plan.

#### ***SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES***

Following are the significant accounting policies adopted by the Plan and used in the preparation of these financial statements:

##### ***Basis of Accounting***

The accompanying financial statements for the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

##### ***Investment Valuation and Income Recognition***

At December 31, 2020 and 2019, the Plan was invested in various mutual funds, common collective trusts and a fully benefit responsive investment contract. Investments in mutual funds are recorded at fair value based upon quoted market prices. Cost of investments is determined using average cost and is used when determining realized gains and losses upon disposition.

The common collective trusts values are based on net asset value per share (NAV), as reported in the funds' audited financial statements. The NAV, which is determined and made available to the Plan on a daily basis, is based on the fair value of the underlying investments held by the trusts less its liabilities. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trusts in order to ensure that securities liquidations at the then current NAV will be carried out in an orderly business manner. The common collective trusts have a daily redemption frequency, a redemption notice period of one year and no unfunded commitments.

The Plan invests in a guaranteed investment contract maintained in a trust. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value for this guaranteed investment contract is based upon contributions, withdrawals and earnings of the trust as reported by Nationwide Life Insurance Company. The statement of net assets available for plan benefits and the statements of changes in net assets available for plan benefits present the guaranteed investment contract on a contract value basis.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### ***Payment of Benefits***

Benefits are recorded when paid.

## JEC RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2020 and 2019

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#### ***SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued***

##### ***Notes Receivable from Participants***

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest. Interest income related to the notes receivable for the years ended December 31, 2020 and 2019 was \$1,725 and \$1,538, respectively.

##### ***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on Plan administration's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

##### ***Risks and Uncertainties***

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate and 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 would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic, which continues to spread throughout the United States and the world. Although the disruption from COVID-19 is currently expected to be temporary, there has been significant disruption to financial markets during the plan year and there is significant uncertainty around the duration and continued economic impacts.

##### ***Recent Accounting Standards***

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses*. The ASU revises the measurement of credit losses for financial assets from an incurred loss methodology to an expected loss methodology. These expected credit losses for financial assets held at the reporting date are to be based on historical experience, current conditions and reasonable and supportable forecasts. The ASU is effective for the years beginning after December 15, 2020. The Plan is currently evaluating the impact the adoption will have on its financial statements.

Other accounting standards that have been issued or proposed by the FASB or other standards-setting bodies are not expected to have a material impact on the Plan's significant accounting policies, net assets available for benefits, or changes in net assets available for benefits.

#### ***INVESTMENTS***

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has elected to restrict the scope of the auditor's examination with regard to investments or information prepared and certified by Nationwide Life Insurance Company and Charles Schwab Bank, the custodians. Nationwide Life Insurance Company acted as the custodian and held the Plan's investments and executed all investment transactions for the period November 16, 2020 through December 31, 2020 and Charles Schwab Bank acted as the custodian and assumed those responsibilities for the period January 1, 2019 through November 16, 2020. Nationwide Life Insurance Company and Charles Schwab Bank have certified as to the completeness and accuracy of the investments held, changes in net assets arising from investment activity, and the schedule of assets held at the end of the year as of and for the years ended December 31, 2020 and 2019.

## **JEC RETIREMENT SAVINGS PLAN**

### **NOTES TO FINANCIAL STATEMENTS - Continued**

December 31, 2020 and 2019

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#### ***INCOME TAX STATUS***

The Plan is based on a prototype plan which has received a favorable opinion letter from the Internal Revenue Service that the prototype plan is designed to qualify as being exempt from Federal income taxes. The Plan Administrator has not separately applied for a determination letter from the Internal Revenue Service. However, the Plan Administrator believes that the Plan was designed and is currently being operated as a tax-exempt plan in compliance with the applicable requirements of the Internal Revenue Code and, therefore, no provision for income taxes have been included in the financial statements.

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#### ***GUARANTEED INVESTMENT CONTRACT***

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The investment contract issuer is obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate for the Nationwide Fixed Select Option was 1.66% for the year ended December 31, 2020. The crediting interest rate is adjusted quarterly. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

# JEC RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2020 and 2019

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### ***GUARANTEED INVESTMENT CONTRACT - Continued***

Certain events may limit the Plan's ability to transact at contract value with the issuer such as premature termination of contracts by the Plan, layoffs, Plan termination, bankruptcy, mergers and early retirement incentives. The Plan administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with the participants is probable.

### ***FAIR VALUE MEASUREMENTS***

The Plan complies with ASC 820 *Fair Value Measurements and Disclosures* to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair value of certain assets and liabilities are determined based on the fair value hierarchy established in the standard, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The standard describes three levels within its hierarchy that may be used to measure fair value which are:

#### ***Level 1***

Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

#### ***Level 2***

Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

#### ***Level 3***

Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

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

## JEC RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2020 and 2019

#### ***FAIR VALUE MEASUREMENTS - Continued***

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

|                   | <u>Current Value</u> | <u>Fair Value Measurements Using:</u> |                |                |
|-------------------|----------------------|---------------------------------------|----------------|----------------|
|                   |                      | <u>Level 1</u>                        | <u>Level 2</u> | <u>Level 3</u> |
| December 31, 2020 |                      |                                       |                |                |
| Mutual funds      | <u>\$ 2,875,706</u>  | <u>\$ 2,875,706</u>                   | <u>\$ -</u>    | <u>\$ -</u>    |
| December 31, 2019 |                      |                                       |                |                |
| Mutual funds      | <u>\$ 1,585,321</u>  | <u>\$ 1,585,321</u>                   | <u>\$ -</u>    | <u>\$ -</u>    |

The fair value of mutual funds are publicly traded and are valued at their quoted trading price at year end. As a result, they are considered Level 1. The common collective trust funds were valued at fair value using NAV as the practical expedient and the fully benefit responsive investment contract was valued at contract value and thus were excluded from the fair value hierarchy above.

The Plan adopted ASU 2018-13, *Fair Value Measurement – Disclosure Framework* during the year ended December 31, 2020. The updated guidance improves disclosure requirements on fair value measurements and removes certain requirements related to transfers between levels of the fair value hierarchy. The plan did not have any transfers between levels in either year presented, and the new accounting guidance did not have a significant impact on the Plan's financial results or its financial reporting.

#### ***PLAN TERMINATION AND AMENDMENTS***

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. No amendment to the Plan shall have the effect of eliminating or reducing a retirement benefit or eliminating an optional form of benefit with respect to benefits attributable to service before the amendment.

During the year ended December 31, 2020, the Plan was amended to allow for distribution of participant account balances with less than \$1,000, and to roll over the balances to an Individual Retirement Account for account balances of between \$1,000 and \$5,000, if they are no longer employed by the Plan Sponsor at the Plan year end. The Plan was also amended to allow participants to have more than one outstanding loan at a time.

#### ***SUBSEQUENT EVENTS***

Subsequent events were evaluated through October 8, 2021 which is the date the financial statements were available to be issued.

## **SUPPLEMENTAL SCHEDULE**

# JEC RETIREMENT SAVINGS PLAN

PLAN NUMBER 001

## SCHEDULE H, LINE 4 i - SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2020

| (a) | (b)<br>Identity of issuer                                           | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|-----|---------------------------------------------------------------------|----------------------------------|-------------|----------------------|
|     | BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares      | Mutual fund                      | N/A         | \$ 14,917            |
|     | Franklin Small Cap Value Fund Advisor Class                         | Mutual fund                      | N/A         | 118,190              |
|     | DFA Inflation-Protected Securities Portfolio Institutional Class    | Mutual fund                      | N/A         | 15                   |
|     | Nationwide Geneva Small Cap Growth Fund Institutional Service Class | Mutual fund                      | N/A         | 150,534              |
|     | Nationwide Loomis Core Bond Fund Class R6                           | Mutual fund                      | N/A         | 15                   |
|     | DFA International Small Company Portfolio Institutional Class       | Mutual fund                      | N/A         | 129,921              |
|     | Federated Hermes Government Obligations Fund                        | Mutual fund                      | N/A         | 13,680               |
|     | TIAA-CREF Lifecycle Index 2015 Fund Institutional Class             | Mutual fund                      | N/A         | 1,023                |
|     | TIAA-CREF Lifecycle Index 2020 Fund Institutional Class             | Mutual fund                      | N/A         | 5,450                |
|     | TIAA-CREF Lifecycle Index 2025 Fund Institutional Class             | Mutual fund                      | N/A         | 3,446                |
|     | TIAA-CREF Lifecycle Index 2050 Fund Institutional Class             | Mutual fund                      | N/A         | 1,148                |
|     | DFA Real Estate Securities Portfolio Institutional Class            | Mutual fund                      | N/A         | 118,486              |
|     | JPMorgan Emerging Markets Equity Fund Class R6                      | Mutual fund                      | N/A         | 164,897              |
|     | Fidelity 500 Index Fund                                             | Mutual fund                      | N/A         | 969,942              |
|     | Fidelity International Index Fund                                   | Mutual fund                      | N/A         | 393,894              |
|     | Fidelity Mid Cap Index Fund                                         | Mutual fund                      | N/A         | 314,396              |
|     | Janus Henderson Multi-Sector Income Fund Class N                    | Mutual fund                      | N/A         | 412,948              |
|     | American Funds American Balanced Fund Class R-6                     | Mutual fund                      | N/A         | 57,751               |
|     | Western Asset Core Plus Bond Fund Class I                           | Mutual fund                      | N/A         | 5,053                |
|     | Nationwide Fixed Select Option                                      | Guaranteed Investment Contract   | N/A         | 546,361              |
|     | Notes receivable from participants                                  | Rate of interest 4.25% - 6.25%   | N/A         | 32,739               |
|     |                                                                     |                                  |             | <u>\$ 3,454,806</u>  |