

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>JCJ-RALEIGH, LLC 401(K) PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JCJ-RALEIGH, LLC</u> <u>1930 STONEGATE DRIVE</u> <u>BIRMINGHAM, AL 35242</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>63-1284962</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>205-823-9101</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>531110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>		2b Employer Identification Number (EIN) <u>63-1284962</u>		2c Plan Sponsor's telephone number <u>205-823-9101</u>		2d Business code (see instructions) <u>531110</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2003</u>											
2b Employer Identification Number (EIN) <u>63-1284962</u>											
2c Plan Sponsor's telephone number <u>205-823-9101</u>											
2d Business code (see instructions) <u>531110</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	AMY ANZALONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	312
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	249
a(2) Total number of active participants at the end of the plan year		6a(2)	245
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	125
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	373
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	373
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	344
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	20
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan JCJ-RALEIGH, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JCJ-RALEIGH, LLC	D Employer Identification Number (EIN) 63-1284962	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 37 50 64 70	RECORD-KEEPER	17760	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

COMMONWEALTH FIN NETWORK

29 SAWYER ROAD
WALTHAM, MA 02453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 38 52	ADVISOR	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>JCJ-RALEIGH, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JCJ-RALEIGH, LLC</u>	D Employer Identification Number (EIN) <u>63-1284962</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FP INDEX+ AGGRESSIVE 2025 FUND R1

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

c EIN-PN <u>41-0417830-843</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1277</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FP INDEX+ AGGRESSIVE 2055 FUND R1

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

c EIN-PN <u>41-0417830-844</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7072</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FP INDEX+ AGGRESSIVE FUND R1

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

c EIN-PN <u>41-0417830-840</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16815</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FP INDEX+ CONSERVATIVE 2055 R1

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

c EIN-PN <u>41-0417830-854</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1294</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FP INDEX+ MODERATE 2025 FUND R1

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

c EIN-PN <u>41-0417830-845</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>777701</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FP INDEX+ MODERATE 2035 FUND R1

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

c EIN-PN <u>41-0417830-846</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1042670</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FP INDEX+ MODERATE 2045 FUND R1

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

c EIN-PN <u>41-0417830-847</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>593552</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FP INDEX+ MODERATE 2055 FUND R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 41-0417830-848	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372885
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FP INDEX+ MODERATE RETIREMENT R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 41-0417830-849	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24881
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan JCJ-RALEIGH, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 JCJ-RALEIGH, LLC	D Employer Identification Number (EIN) 63-1284962	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3902	2361
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3051	5774
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	32110	53860
(9) Value of interest in common/collective trusts	1c(9)	2557499	2838147
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	704189	946592
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	3300751 3846734
Liabilities			
g	Benefit claims payable	1g	77 0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	12792 13680
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	12869 13680
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3287882 3833054

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	75319
	(B) Participants	2a(1)(B)	563987
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	639306
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	1506
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1506
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	24771
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	24771
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		330436
(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)		141453
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1137472
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	553715	
(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)		553715
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	17760	
(3) Investment advisory and management fees.....	2i(3)	12000	
(4) Other.....	2i(4)	8825	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		38585
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		592300
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		545172
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: CAMERON TRAVIS & CO., P.C.

(2) EIN: 63-1185848

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		62497

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan JCJ-RALEIGH, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JCJ-RALEIGH, LLC	D Employer Identification Number (EIN) 63-1284962

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 27-4411131 75-3182674		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

JCJ-RALEIGH, LLC
401(k) PLAN

BIRMINGHAM, ALABAMA

FINANCIAL STATEMENTS

DECEMBER 31, 2021 and 2020

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JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

December 31, 2021

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
The JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

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

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

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021 and delinquent participant contributions for the year ended December 31, 2019 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Cameron Travis & Company, P.C.
Birmingham, Alabama
September 30, 2022



CAMERON TRAVIS & COMPANY, P.C.

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
The JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

We were engaged to audit the accompanying statement of net assets available for benefits as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement 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 a financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by the Newport Trust Company, the Plan's investment custodian, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the investment custodian for the year ended December 31, 2020 that the information provided to the plan administrator by the trustee 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 on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the investment 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.

Cameron Travis & Company, P.C.

Cameron Travis & Company, P.C.
Birmingham, Alabama
October 7, 2021

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Receivables:		
Employer contributions receivable	\$ 2,361	\$ 3,902
Notes receivable - participants	<u>53,860</u>	<u>32,110</u>
Total receivables	56,221	36,012
Investments:		
Cash - interest bearing	5,774	3,051
Investments at fair value:		
Bank collective investment funds	2,838,147	2,557,499
Mutual funds	<u>946,592</u>	<u>704,189</u>
Total investments at fair value	<u>3,784,739</u>	<u>3,261,688</u>
Total investments	<u>3,790,513</u>	<u>3,264,739</u>
Total assets	<u>\$ 3,846,734</u>	<u>\$ 3,300,751</u>
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities:		
Excess contributions payable	\$ 4,908	\$ 6,743
Accrued fees and expenses	<u>8,772</u>	<u>6,126</u>
Total liabilities	13,680	12,869
Net assets available for benefits	<u>3,833,054</u>	<u>3,287,882</u>
Liabilities and net assets available for benefits	<u>\$ 3,846,734</u>	<u>\$ 3,300,751</u>

See Accompanying Notes to Financial Statements and Independent Auditors' Report.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

Year ended
December 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:

Investment income	
Net appreciation in fair value of investments	\$ 471,889
Dividends	24,771
Total investment income	496,660
Contributions	
Contributions - employer	75,319
Contributions - participants	563,987
Total contributions	639,306
Other income	
Loan interest	1,506
Total additions to net assets	1,137,472

DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:

Benefits paid to participants	553,715
Fees and expenses	38,585
Total deductions from net assets	592,300
NET INCREASE	545,172
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	3,287,882
End of the year	\$ 3,833,054

See Accompanying Notes to Financial Statements and Independent Auditors' Report.

NOTES TO FINANCIAL STATEMENTS

JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

December 31, 2021

NOTE 1 – DESCRIPTION OF PLAN

The following description of the JCJ-Raleigh, LLC 401(k) Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the plan provisions.

General

The Plan is a defined contribution plan covering all full-time employees of JCJ-Raleigh, LLC and its affiliates. Employees who have one year of qualified service with at least 1,000 hours are eligible for matching and other discretionary employer contributions. Employees are, upon beginning employment, eligible to make contributions in the form of elective salary deferrals. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Newport Trust Company is the investment custodian and third-party trustee and administrator of the Plan. The Plan has been amended and restated effective January 1, 2021.

Employee Contributions

Participants may contribute up to the limit established by Internal Revenue Service (IRS) regulations and defined by the Plan. Participants are also permitted to make rollover contributions to the Plan from other qualified plans, including Individual Retirement Accounts (IRAs). The Plan has an automatic enrollment feature for newly-eligible employees; under this arrangement, four percent of periodic compensation is initially withheld as a salary deferral contribution to the Plan. Participants may opt out of automatic enrollment and salary deferral entirely, or elect a different deferral percentage or amount, by providing written notice to the Plan administrator. Participants participating in salary deferrals and age fifty or who will become age fifty by the end of the Plan year are permitted to make up catch-up contributions as limited by the Internal Revenue Code (IRC).

Employer (Company) Contributions

The Company may provide the Plan with employer matching contributions and discretionary profit-sharing contributions. The Company typically matches twenty-five percent of the first four percent employees contribute through elective salary deferrals to a maximum of one percent of eligible compensation. During the years ended December 31, 2021 and 2020, the Company matching contributions were \$75,319 and \$66,112, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company's matching and other discretionary contributions, and Plan net earnings. Company contributions other than matching are allocated based on compensation as defined by the Plan. Net earnings of the Plan, which include income, expenses, gains and losses, and appreciation or depreciation in the fair value of investments, are allocated according to the investments selected by each participant on a separate and distinct basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately and fully vested in their employee contributions, including the gains and losses thereon. Company matching and other discretionary contributions, including accumulated gains and losses thereon, become fully vested once a participant completes three years of qualified service.

Forfeitures

Forfeitures of unvested Company contributions and accumulated earnings may occur when a participant terminates employment and receives a full distribution from his or her vested account. Forfeitures occur on the earlier of a) the full distribution of a former participant's vested account balance or b) the last day of the Plan year in which a former participant incurs five consecutive one-year breaks in service. Forfeitures may be used to pay Plan administrative

NOTES TO FINANCIAL STATEMENTS

JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

December 31, 2021

NOTE 1 – DESCRIPTION OF PLAN (Continued)

expenses. If any remaining forfeitures are available, these may be used to reduce Company discretionary contributions. There were \$5,742 in unallocated forfeitures at December 31, 2021 to be disposed of in the following Plan year. During the year ended December 31, 2021, \$2,061 from fully-forfeited accounts was used to pay administrative expenses.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to one or more of the sixteen mutual fund and nine bank collective investment fund (target-date retirement fund) options offered and maintained by Newport Trust Company. A participant may change investment directions at any time.

Notes Receivable - Participants

Participants may request loans in writing from the Plan administrator. Maximum borrowings are limited to the lesser of \$50,000 or one-half of a participant's total vested account balance in the Plan. The minimum amount that may be borrowed is \$1,000. Notes receivable are documented using written promissory notes signed by the participant, repaid through payroll deductions, required to be paid in a reasonable time period, and must be adequately secured. Generally, loan terms may not exceed five years unless where a loan is used to purchase a principal residence, in which case the Plan administrator may allow for a longer repayment term. Only one loan may be outstanding at any time. The interest rate on notes receivable is prime plus one percent (4.25% at December 31, 2021 and 2020, respectively). Notes receivable are treated as separate participant directed investments. Outstanding loan balances become payable in full upon termination of employment unless directly rolled over into another employer plan. Amounts due are considered in default when one or more scheduled payments remain unpaid at the end of the calendar quarter following the calendar quarter when due. The Plan administrator has authority to use reasonable efforts to collect loans in default, including, in certain circumstances, recharacterizing delinquent amounts as distributions to participants.

Payment of Benefits

The Plan provides for vested benefits under \$5,000 to be distributed in a single lump sum upon termination, retirement, death, or disability without approval from a participant. If vested benefits exceed \$5,000, a participant must consent to the distribution and may choose one of the following distribution methods:

1. One lump-sum payment.
2. Partial withdrawals or installments but only with respect to those participants or beneficiaries who are required to receive minimum distributions under IRC Section 401(a)(9).
3. At a participant's death, the beneficiary may elect to receive payments over a period not to exceed the beneficiary's life expectancy or, where the beneficiary is not a person, the end of the fifth year following the participant's death.

Participants who are age 65 may delay receiving benefits until the later of their retirement date or April 1 following the year in which they reach age 70 ½. Required minimum distributions are paid to certain participants who have reached their required beginning date as prescribed by the IRC. The Plan permits hardship distributions from a participant's vested elective deferral accounts for participants with an immediate and heavy financial need (as defined by the Plan and IRC), who have obtained all distributions otherwise available from the Plan and any other retirement plan maintained by the Company, and who attest that they have insufficient cash or other liquid assets to meet the need.

NOTES TO FINANCIAL STATEMENTS

JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

December 31, 2021

NOTE 1 – DESCRIPTION OF PLAN (Continued)

The Plan permits in-service distributions from the fully-vested accounts of participants who are age fifty-nine and one half and continue working for the Company or one of its affiliates. Qualified reservist distributions from participants' elective deferral accounts are also available for participants called to active military duty for at least 180 days or for an indefinite period if such distributions are paid during the period of active duty. A participant may elect to have all or a portion of benefits distributable, with certain limitations, paid directly to another eligible retirement plan, including an Individual Retirement Account (IRA), as a rollover distribution.

Excess Contributions Payable

The IRC and Regulations, thereunder, limit the elective deferrals to a 401(k) plan that a participant may exclude from taxable income. The Plan also may limit contributions for compliance purposes (see Note 6). Deferrals in excess of these limits that are not catch-up contributions are considered excess deferrals. Excess deferrals must be returned to the participant within timeframes established by the Department of Labor. Excess deferrals are classified as a liability in the financial statements and reported on Schedule H of the Form 5500.

Administrative Expenses

Fees paid to Newport Trust Company for the maintenance and custody of the Plan's assets are paid from the assets of the Plan. The Company at its discretion pays other costs on behalf of the Plan, including the annual audit and some administrative expenses. Additionally, requesting participants are charged distribution and loan setup fees. For the year ended December 31, 2021, the Plan paid investment advisory and trustee administrative fees of \$12,000 and \$17,234, respectively; these fees are considered as party-in-interest transactions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

Shares of registered investment companies (mutual funds) are valued at quoted market prices, representing the net asset value of shares held by the Plan on December 31, 2021 and 2020. Shares in bank collective investment funds are valued at the combined values of all underlying investments in the funds on December 31, 2021 and 2020. Cash is valued at amortized cost, which includes accrued interest. Loans to participants are valued at their outstanding balance, including interest accrued but unpaid, which approximates fair value. Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Estimates

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

Subsequent Events

Subsequent events were evaluated through September 30, 2022, which is the date the financial statements were available to be released.

NOTES TO FINANCIAL STATEMENTS

JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

December 31, 2021

NOTE 3 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan. In the event of Plan termination, participants are 100% vested in their accounts

NOTE 4 – TAX STATUS

The Plan is an adoption of the Newport Group, Inc. Defined Contribution Pre-Approved Plan (Pre-Approved Plan). The Plan has been amended and restated effective January 1, 2021 to comply with legislative and regulatory changes described in IRS Notice 2017-37. The IRS has issued a letter, dated June 30, 2018, to Newport Group indicating that the Pre-Approved Plan is designed in accordance with the applicable sections of the IRC. The Plan has since been amended. Newport Group and the Plan administrator believe that the Plan is designed, and is currently being operated, in compliance with applicable IRC requirements and therefore the Plan remains qualified and the Trust established under the Plan continues to be tax-exempt.

The Plan administrator indicates that the Plan has not taken any uncertain tax positions that would require recognition or disclosure in the financial statements. With certain exceptions, Form 5500 for the Plan is not open to examination by the IRS prior to 2018.

NOTE 5 – RISK AND UNCERTAINTIES: CONCENTRATIONS

The Plan invests in various mutual and bank collective investment funds which are exposed to various risks including interest rate, market, and credit risks. Furthermore, the value of each fund is dependent on its underlying investments. The presence of these risks indicates that it is at least reasonably possible that changes in values will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

At December 31, 2021 and 2020, three bank collective investment funds, summarized below, each held more than ten percent of the Plan's total assets.

	<u>2021</u>	<u>2020</u>
Flexpath Index + – Moderate 2025 Fund R1	\$777,701	\$879,298
Flexpath Index + – Moderate 2035 Fund R1	1,042,670	973,304
Flexpath Index + – Moderate 2045 Fund R1	593,552	436,845

NOTE 6 – PLAN COMPLIANCE MATTERS

The IRC requires that 401(k) plans undergo annual testing for discrimination in favor of highly-compensated participants. The annual tests are referred to as the Actual Deferral Percentage (ADP) and Actual Contribution Percentage (ACP) tests. Tests conducted by the trustee resulted in failure of the Plan to meet the ADP test for the years ended December 31, 2021 and 2020. Corrective measures taken included refunding to a participant in 2022 and 2021 deemed excess deferrals of \$4,908 and \$6,743 for the Plan years ending December 31, 2021 and 2020, respectively.

NOTES TO FINANCIAL STATEMENTS

JCJ-Raleigh, LLC, 401(k) Plan
Birmingham, Alabama

December 31, 2021

NOTE 7 – FAIR VALUE MEASUREMENTS (Continued)

Level 2: inputs that are observable, either directly or indirectly. Inputs may consist of quoted prices for similar assets and liabilities in active markets, quoted prices for identical assets or liabilities in inactive markets, inputs other than quoted prices that are observable for an asset or liability, or inputs derived principally from or corroborated by observable market data by correlation or other means.

Level 3: significant inputs are unobservable and cannot be corroborated through observable market data by correlation or other means.

The determination of where assets and liabilities are included in the hierarchy is based on the lowest level of any input that is significant to fair value measurement. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments and maximizes the use of observable inputs. There were no assets or liabilities measured at Level 3 as of December 31, 2021 and 2020. There were no changes in the methodologies used at December 31, 2021 and 2020.

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the Plan's administrator believes that the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Plan's investment assets for the years ending December 31, 2021 and 2020 were valued by Newport Trust Company.

The fair value of investments in registered investment companies (mutual funds) is the daily closing price as reported by each fund. Mutual funds held by the Plan are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset values and to transact at these prices. Mutual funds held by the Plan are considered as actively traded.

The fair value of investments in bank collective investment funds is derived from the fair values of the underlying assets in each fund, which may rise and fall according to market activity. Each fund generally invests in a combination of stocks and stock funds, bonds and bond funds, and money funds.

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

	2021			2020		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Mutual funds	\$ 946,592	\$ -	\$ 946,592	\$ 704,189	\$ -	\$ 704,189
Bank collective investment funds	-	2,838,147	2,838,147	-	2,557,499	2,577,499
	<u>\$ 946,592</u>	<u>\$ 2,838,147</u>	<u>\$ 3,784,739</u>	<u>\$ 704,189</u>	<u>\$ 2,557,499</u>	<u>\$ 3,261,688</u>

NOTE 8 – RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

Newport Trust Company and the Newport Group serve as the Plan's trustee, investment custodian, and third-party administrator and therefore are related parties and parties-in-interest to the Plan.

See Note 1 Administrative Expenses for Related Party and Party-in-Interest transactions.

NOTES TO FINANCIAL STATEMENTS

JCJ-Raleigh, LLC, 401(k) Plan
Birmingham, Alabama

December 31, 2021

NOTE 8 – RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

Newport Trust Company and the Newport Group serve as the Plan's trustee, investment custodian, and third-party administrator and therefore are related parties and parties-in-interest to the Plan.

See Note 1 Administrative Expenses for Related Party and Party-in-Interest transactions.

NOTE 9 – DELINQUENT CONTRIBUTIONS

For the years ended December 31, 2021 and 2020, there were no late-deposited contributions. \$928 in lost earnings related to late-deposited participant contributions totaling \$62,497 for the 2019 Plan year were accrued as estimated employer contributions receivable in the Plan's financial statements at December 31, 2020. \$134 in lost earnings related to late-deposited employer matching contributions for the 2019 Plan year were accrued as estimated employer contributions receivable in the Plan's financial statements at December 31, 2020. In December, 2021, at the request of the Plan's sponsor and administrator, the trustee calculated \$1,410 as the actual lost earnings on the late-deposited participant and employer contributions for 2019, and the calculated lost earnings were deposited by the Plan sponsor on January 6, 2022.

NOTE 10 – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plan investments including participant notes receivable, investment income including investment appreciation/depreciation, interest and dividend income, and related information were obtained from data that has been certified as complete and accurate to the Plan administrator by the Newport Trust Company, the Plan's investment custodian, as of December 31, 2021 and 2020 and for the year ended December 31, 2021.

In addition to the forgoing, the Plan administrator has obtained certification from the Newport Trust Company that the information contained in the supplemental schedule of assets (held at end of year) is complete and accurate.

NOTE 11 – RECENT PLAN AMENDMENTS

The following amendments to the Plan that was in effect on December 31, 2020 are included in the Plan as amended and restated January 1, 2021.

- Forfeitures may be used to reduce Company Safe Harbor, Qualified Matching and Qualified Nonelective Contributions to extent the Plan allows forfeitures to reduce Company contributions generally.
- Conformity with requirements of Department of Labor regulations regarding certain disability claims.
- Adding language to correspond with provisions of legislation referred to as the Disaster Tax Relief Acts, which enable participants to take additional distributions, borrow additional loan amounts and extend loan and distribution repayment terms without penalty in the event funds received are used by participants who are victims of recent hurricanes and wildfires.

NOTES TO FINANCIAL STATEMENTS

JCJ-Raleigh, LLC, 401(k) Plan
Birmingham, Alabama

December 31, 2021

NOTE 11 – RECENT PLAN AMENDMENTS (Continued)

- Allow expanded access to hardship withdrawals under the Bipartisan Budget Act of 2018. Participants are no longer required to take plan loans before requesting hardship distributions. Funds for hardship withdrawals may now be obtained from other elective contributions, certain Company contributions, and earnings on these contributions. Furthermore, the six-month suspension on elective deferrals after taking a hardship distribution has been lifted.

Effective September 1, 2021 the Plan was also amended to clarify that, in relation to termination of employment, participant consent is required only for distributions in excess of \$5,000, including amounts attributable to rollover contributions. The amendment also provides for mandatory distributions of \$1,000 or less to be rolled over into an IRA for the participant's benefit, unless elected otherwise by the participant.

NOTE 12 – RECLASSIFICATION OF INVESTMENTS

Nine investment funds previously reported as mutual funds in the 2020 statement of net assets available for benefits totaling \$2,557,499, have been reclassified as bank collective investment funds in order to conform to their presentation in the 2021 statement of net assets available for benefits. The funds reclassified are part of the Wilmington Trust Collective Investment Trust at December 31, 2021 and 2022 and for the years then ended. Wilmington Trust, N.A. serves as the trustee and maintains ultimate fiduciary authority over the management of and investments made in each of these funds.

SUPPLEMENTAL INFORMATION

JCJ-Raleigh, LLC 401(k) Plan

EIN 63-1284962

Plan Number 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
		<u>Cash - Interest Bearing</u>	
	Banc of California	Banc Master Deposit Account A	\$ 5,774
		<u>Bank Collective Investment Funds</u>	
	Wilmington Trust, N.A.	Flexpath Index+ Aggressive 2025 Fund R1	1,277
	Wilmington Trust, N.A.	Flexpath Index+ Aggressive 2055 Fund R1	7,072
	Wilmington Trust, N.A.	Flexpath Index+ Aggressive Fund R1	16,815
	Wilmington Trust, N.A.	Flexpath index+ Conservative 2055 R1	1,294
	Wilmington Trust, N.A.	Flexpath Index+ Moderate 2025 Fund R1	777,701
	Wilmington Trust, N.A.	Flexpath Index+ Moderate 2035 Fund R1	1,042,670
	Wilmington Trust, N.A.	Flexpath index+ Moderate 2045 Fund R1	593,552
	Wilmington Trust, N.A.	Flexpath Index+ Moderate 2055 Fund R1	372,885
	Wilmington Trust, N.A.	Flexpath Index+ Moderate Retirement R1	24,881
			2,838,147
		<u>Mutual Funds</u>	
	The Capital Group Companies, Inc.	American Funds New World Class R-6	38,355
	Fidelity Advisor Funds	Fidelity Advisors Health Care - I	64,020
	Franklin Templeton	Franklin Utilities - R6	41,514
	Guggenheim Investments	Guggenheim Total Return Bond Fund R6	7,254
	J.P. Morgan Funds	JPMorgan Equity Income - R6	118,919
	J.P. Morgan Funds	JPMorgan Small Cap Growth - R6	7,617
	MFS Funds	MFS Mid Cap Value R6	12,209
	Northern Trust	Northern Small Cap Index	9,336
	PGIM Investments	PGIM Global Total Return Fund	48,105
	Principal Funds	Principal Short-Term Income Fund Institutional	6,769
	The Vanguard Group	Vanguard 500 Index Admiral	27,546
	The Vanguard Group	Vanguard Financials Index Fund Admiral	53,293
	The Vanguard Group	Vanguard Information Tech Index Adm	105,590
	The Vanguard Group	Vanguard Mid Cap Growth Index Fund Adm	133,224
	The Vanguard Group	Vanguard Mid Cap Index Adm	108,759
	The Vanguard Group	Vanguard Real Estate Index - Admiral	157,471
	Allspring Global Investments	Allspring Special Small Cap Value	6,611
			946,592
		Total Investments	3,790,513
	Participant loans	Interest rate 4.50%, maturing through 2026	53,860
	Total Assets (Held at End of Year)		\$ 3,844,373

Column (d) has not been presented as this information is not applicable for participant-directed investments.

See Independent Auditors' Report

JCJ-Raleigh, LLC 401(k) Plan
 EIN 63-1284962
 Plan Number 001
 Schedule H Line 4a - Schedule of Delinquent Participant Contributions

Total that constitutes nonexempt prohibited transactions					
Participant Contributions				Contributions	Total Fully Corrected
Transferred Late to Plan	Loan Repayments	Contributions Not Corrected	Corrected Outside of VFCB	Pending Correction in VFCB	under VFCP and PTE 2002-51
\$ 9,523		\$ 9,523			
11,405		11,405			
10,801		10,801			
13,534		13,534			
11,023		11,023			
1,214	x	1,214			
1,214	x	1,214			
1,237	x	1,237			
1,306	x	1,306			
1,240	x	1,240			
<u>\$ 62,497</u>		<u>\$ 62,497</u>			

See Independent Auditors' Report

JCJ-Raleigh, LLC 401(k) Plan
 EIN 63-1284962
 Plan Number 001

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

(a) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<u>Cash - Interest Bearing</u>		
Banc of California	Banc Master Deposit Account A	\$ 5,774
<u>Bank Collective Investment Funds</u>		
Wilmington Trust, N.A.	Flexpath Index+ Aggressive 2025 Fund R1	1,277
Wilmington Trust, N.A.	Flexpath Index+ Aggressive 2055 Fund R1	7,072
Wilmington Trust, N.A.	Flexpath Index+ Aggressive Fund R1	16,815
Wilmington Trust, N.A.	Flexpath Index+ Conservative 2055 R1	1,294
Wilmington Trust, N.A.	Flexpath Index+ Moderate 2025 Fund R1	777,701
Wilmington Trust, N.A.	Flexpath Index+ Moderate 2035 Fund R1	1,042,670
Wilmington Trust, N.A.	Flexpath Index+ Moderate 2045 Fund R1	593,552
Wilmington Trust, N.A.	Flexpath Index+ Moderate 2055 Fund R1	372,885
Wilmington Trust, N.A.	Flexpath Index+ Moderate Retirement R1	24,881
		2,838,147
<u>Mutual Funds</u>		
The Capital Group Companies, Inc.	American Funds New World Class R-6	38,355
Fidelity Advisor Funds	Fidelity Advisors Health Care - I	64,020
Franklin Templeton	Franklin Utilities - R6	41,514
Guggenheim Investments	Guggenheim Total Return Bond Fund R6	7,254
J.P. Morgan Funds	JPMorgan Equity Income - R6	118,919
J.P. Morgan Funds	JPMorgan Small Cap Growth - R6	7,617
MFS Funds	MFS Mid Cap Value R6	12,209
Northern Trust	Northern Small Cap Index	9,336
PGIM Investments	PGIM Global Total Return Fund	48,105
Principal Funds	Principal Short-Term Income Fund Institutional	6,769
The Vanguard Group	Vanguard 500 Index Admiral	27,546
The Vanguard Group	Vanguard Financials Index Fund Admiral	53,293
The Vanguard Group	Vanguard Information Tech Index Adm	105,590
The Vanguard Group	Vanguard Mid Cap Growth Index Fund Adm	133,224
The Vanguard Group	Vanguard Mid Cap Index Adm	108,759
The Vanguard Group	Vanguard Real Estate Index - Admiral	157,471
Allspring Global Investments	Allspring Special Small Cap Value	6,611
		946,592
Total Investments		3,790,513
Participant loans	Interest rate 4.50%, maturing through 2026	53,860

Column (d) has not been presented as this information is not applicable
 for participant-directed investments.

See Independent Auditors' Report