

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 J. JILL 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/02/2009
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) JILL ACQUISITION LLC- 1 4 BATTERYMARCH PARK QUINCY, MA 02169
2b	Employer Identification Number (EIN) 27-0324650
2c	Plan Sponsor's telephone number 617-376-4300
2d	Business code (see instructions) 448120

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.	02/15/2024	STEPHEN NIGOLIAN
	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

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 1877
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1622 6a(2) 1580 6b 62 6c 229 6d 1871 6e 0 6f 1871 6g 994 6h 116
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 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan J. JILL 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JILL ACQUISITION LLC- 1	D Employer Identification Number (EIN) 27-0324650

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

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	777405-01	1871	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	5229232
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	4646281
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c	Additions: (1) Contributions deposited during the year	7c(1)	204228	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	160339	
	(4) Transferred from separate account	7c(4)	733781	
	(5) Other (specify below)	7c(5)	186621	
	▶ LN INT, LN PRIN, LOAN DEFAULT, LOAN DEFAULT OFFSET, ROLLOVER, FORFEITURES			

(6) Total additions	7c(6)	1284969
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	5931250
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e Deductions:

e	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	641167	
	(2) Administration charge made by carrier	7e(2)	26101	
	(3) Transferred to separate account	7e(3)	15043	
	(4) Other (specify below)	7e(4)	19707	

▶ LN DISTRIB

(5) Total deductions	7e(5)	702018
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5229232
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan J. JILL 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JILL ACQUISITION LLC- 1	D Employer Identification Number (EIN) 27-0324650	

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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
62 64	RECORDKEEPER	128507	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

GLOBAL RETIREMENT PARTNERS LLC

4340 REDWOOD HWY
SUITE B60
SAN RAFAEL, CA 94903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	4821	Yes ☒ No ☐	Yes ☐ No ☒	25990	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
GLOBAL RETIREMENT PARTNERS LLC	27	25990

(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.
GREAT WEST LIFE & ANNUITY INSURANCE 84-0467907	PLAN RELATED EXPENSES

(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 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>J. JILL 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JILL ACQUISITION LLC- 1</u>	D Employer Identification Number (EIN) <u>27-0324650</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	
(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)	
(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)	609109632303
(9) Value of interest in common/collective trusts.....		1c(9)	
(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)	6674827853091697
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	46462815229232
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	72003668	58953232

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	72003668	58953232
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1174803	
(B) Participants	2a(1)(B)	4338661	
(C) Others (including rollovers)	2a(1)(C)	828401	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6341865
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)	27606	
(F) Other	2b(1)(F)	160339	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		187945
(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)	1731830	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1731830
(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)		
(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)		-13950841
c Other income	2c		64
d Total income. Add all income amounts in column (b) and enter total	2d		-5689137
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7082688	
(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)		7082688
f Corrective distributions (see instructions)	2f		120805
g Certain deemed distributions of participant loans (see instructions)	2g		11618
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	18180	
(2) Contract administrator fees	2i(2)	12312	
(3) Investment advisory and management fees	2i(3)	99421	
(4) Other	2i(4)	16275	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		146188
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7361299
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-13050436
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: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

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		457389

	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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
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?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan J. JILL 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 JILL ACQUISITION LLC- 1		D Employer Identification Number (EIN) 27-0324650
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): 04-1590850 20-3691708		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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 _____

**Financial Statements
and Supplemental Schedules**

J. Jill 401(k) Plan

December 31, 2022 and 2021



J. JILL 401(k) PLAN

Financial Statements and Supplemental Schedules

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Independent Auditors' Report

Plan Administrator
J. Jill 401(k) Plan
Quincy, Massachusetts

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

We have performed the audits of the financial statements of the J. Jill 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 statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 and (2) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2022, 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Mayer Hoffman McCann P.C.

Boston, Massachusetts
February 15, 2024

J. JILL 401(k) PLAN

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2022</i>	<i>2021</i>
Assets		
Investments, at fair value	\$ 53,117,841	\$ 66,748,278
Fully benefit-responsive investment contract, at contract value	<u>5,203,088</u>	<u>4,646,281</u>
Total investments	58,320,929	71,394,559
Notes receivable from participants	<u>658,860</u>	<u>609,109</u>
Total assets	58,979,789	72,003,668
Liabilities		
Excess contributions	<u>181,536</u>	<u>136,397</u>
Net assets available for benefits	\$ <u>58,798,253</u>	\$ <u>71,867,271</u>

J. JILL 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2022

Additions to net assets attributed to:

Investment income:

Interest and dividend income \$ 1,766,390

Interest income on notes receivable from participants 28,507

Contributions:

Participant contributions 4,157,125

Participant rollovers 811,705

Employer matching 1,181,482

Total contributions 6,150,312

Total additions to net assets 7,945,209

Deductions from net assets attributed to:

Benefits paid to participants 7,042,929

Net depreciation in fair value of mutual funds 13,825,062

Administrative expenses 146,236

Total deductions from net assets 21,014,227

Net decrease in net assets available for benefits (13,069,018)

Net assets available for benefits, beginning of year 71,867,271

Net assets available for benefits, end of year \$ 58,798,253

J. JILL 401(k) PLAN

Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the J. Jill 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was adopted on July 2, 2009, and is a defined contribution profit sharing plan with a cash deferral arrangement covering all employees of Jill Acquisition, LLC (the “Employer”) who have completed six months of service if full time and one year of service if part time and attained age 21 (“Participant”), except leased employees and collectively bargained employees. Participants are eligible to begin participating in the Plan on the first day of the month following eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all investments are participant-directed.

Through December 30, 2020, the Plan used Massachusetts Mutual Life Insurance Company (“MassMutual”) for recordkeeping and custodian services of its guaranteed interest account. MassMutual entered into a trust agreement with Reliance Trust Company (“Reliance”) as trustee. On December 31, 2020, Empower Retirement, LLC (“Empower Retirement”) acquired the retirement business of MassMutual. Following an initial transition period, Empower Retirement became the sole administrator of this business. An affiliate of Empower Retirement, Great-West Life & Annuity Insurance Company, has been granted power of attorney over the guaranteed interest account issued by MassMutual. Empower Retirement prepared statements and documents on behalf of Reliance as of December 31, 2022 and 2021.

Participant Contributions

Participants may contribute up to 100% of their annual compensation as defined by the Plan, up to a dollar limit set by Federal law. A Participant may not defer an amount less than 1% of their annual compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (“Participant Rollovers”). Participants direct the investment of all contributions into various investment options offered by the Plan. Effective January 1, 2022, all new eligible participants are automatically enrolled in the Plan with a deferral rate of 6%.

Employer Contributions

Each year, the Employer, at its discretion, determines the amount of matching contributions and/or profit sharing contributions it will contribute to the Plan, subject to certain limitations. Eligibility to participate in profit sharing contributions requires that a participant have six months of service, (minimum of 1,000 hours worked during the Plan year) and be actively employed on the last day of the Plan year unless separated due to death, disability or attainment of early or normal retirement age. For the period February 1, 2021 to April 30, 2022, the Employer elected to match 50% on the first 4% of compensation up to a max of \$3,000 per employee per year. Effective May 1, 2022, the Employer elected to match 50% on the first 6% of compensation per employee per year.

J. JILL 401(k) PLAN

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Participant Accounts

Each participant's account is credited with the Participant's contribution and a pro rata allocation of (a) the Employer's contribution, (b) the Plan's investment earnings, (c) an allocation of investment fees and (d) direct administrative expenses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the Participant's vested account.

Vesting

Participants are immediately vested in their deferral and rollover contributions plus actual earnings thereon. Vesting in the Employer's contribution is based on years of continuous service. A participant begins vesting after one year of service and is fully vested after five years of service. Upon death, disability or attainment of normal retirement age, participants are fully vested in their accounts.

Forfeitures

The non-vested portion of a participant's account shall be forfeited as of the earlier of the date on which the participant receives a complete distribution of his or her account or the last day of the Plan year in which the participant incurs five consecutive one-year breaks in service. The Plan uses such forfeitures to offset Employer contributions or pay Plan expenses. At December 31, 2022 and 2021, forfeited non-vested amounts totaled \$26,149 and \$60,668, respectively. During 2022, \$59,643 of forfeitures were used to offset Employer contributions.

Payment of Benefits

In-service withdrawals from Participants' account balances, as defined, are permitted upon the attainment of age 59½. Hardship withdrawals are allowed from a Participant's deferral account only. Participants are entitled to their account balance upon death, disability, retirement or termination of employment. A participant may elect to receive a lump-sum amount, installment payments or annuity payments, equal to his or her account balance. In addition, if a participant's account is less than \$1,000, and a distribution election has not been made by the Participant, the Plan administrator may distribute the benefit to the Participant.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range up to five years (or up to 15 years for the purchase of a primary residence). Participants are allowed only one loan outstanding at any given time. Loans are secured by the balance in the Participant's account and bear interest at a rate equal to prevailing local bank rates for similar loans. Principal and interest are paid ratably through payroll deductions.

J. JILL 401(k) PLAN

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Administrative Fees

Investment expenses and some administrative expenses are paid by the Plan and other administrative expenses are paid by the Employer.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments, Investment Valuation and Income Recognition

Investments other than fully benefit-responsive investment contracts (valued at contract value) are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

The Plan administrator determines the Plan's valuation policies utilizing information provided by the trustee and custodians. See Note 4 for discussions of fair value measurements.

Benefits Paid

Benefits are recorded when paid.

Use of Estimates

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

J. JILL 401(k) PLAN

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through February 15, 2024, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

Note 3 - Information Certified by the Trustee and Custodians

At December 2022 and 2021, the mutual funds are held by the Plan's Trustees and Custodians, Empower Trust Company ("Empower"), Reliance Trust Company ("Reliance"), and Great-West Trust Company, LLC. In 2022 and 2021, the Plan has the SAGIC Diversified Bond Fund and Fixed Interest Fund held by the Plan's Custodian, Great-West Life & Annuity Insurance Company ("GWLA") pursuant to a power of attorney from Massachusetts Mutual Life Insurance Company, Empower Annuity Insurance Company of America and Empower Trust Company. The fair and contract values of all investments as of December 31, 2022 and 2021 and investment transactions including interest and dividends and net depreciation in fair values are reported to the Plan and certified as to complete and accurate by the Trustees and Custodians noted above. Information included in the supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and notes receivable from participants, have also been derived from information certified by Empower and Great-West Life. The Plan offers several investment choices to allow Participants to create a diversified portfolio of assets based on the Participants' risk tolerance.

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). The three levels of the fair value hierarchy are described below:

Level I – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level II – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability.

Level III – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

J. JILL 401(k) PLAN

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

Description	Investments at Fair Value as of December 31, 2022			
	Level I	Level II	Level III	Total
Mutual funds	\$ 53,117,841	\$ -	\$ -	\$ 53,117,841
Total investments at fair value	\$ 53,117,841	\$ -	\$ -	\$ 53,117,841

Description	Investments at Fair Value as of December 31, 2021			
	Level I	Level II	Level III	Total
Mutual funds	\$ 66,748,278	\$ -	\$ -	\$ 66,748,278
Total investments at fair value	\$ 66,748,278	\$ -	\$ -	\$ 66,748,278

Note 5 - Fully Benefit-Responsive Investment Contract

The Plan holds an investment contract that meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Fixed Interest Fund - SAGIC Diversified Bond Fund

The SAGIC Diversified Bond Fund is valued by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. The contract promises to pay interest at crediting rates which are announced in advance and guaranteed for a specified period of time as outlined in the group annuity contract. Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no unfunded commitments related to this investment.

J. JILL 401(k) PLAN

Notes to Financial Statements

Note 5 - Fully Benefit-Responsive Investment Contract (Continued)

Fixed Interest Fund - SAGIC Diversified Bond Fund (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rates are based on a formula agreed upon with the issuer but may not be less than 0%. Such rates are reviewed on a quarterly basis for resetting. For the year ended December 31, 2022, the crediting interest rate was 3.8%.

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendment to the Plan document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events, which would limit the Plan's ability to transact at contract value with the contract issuer, are probable of occurring.

Fixed Interest Fund - MassMutual Fixed Interest Fund

The Plan has a benefit-responsive fixed interest fund with GWLA, the recordkeeper through December 31, 2021. The fixed interest fund is a guaranteed investment contract with principal and interest guaranteed by the general funds of GWLA. There are no reserves against contract value for credit risk of the contract issuer or otherwise. Under the contract, a crediting rate is established for a six-month period of time. At the end of the six-month period, a new crediting rate is declared. The crediting interest rate was 3.15% at December 31, 2021 and the average yield was 3.05% in 2021.

Note 6 - Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as an international conflict, which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

J. JILL 401(k) PLAN

Notes to Financial Statements

Note 7 - Related-Party Transactions and Exempt Party-in-Interest Transactions

Plan investments include a fixed interest fund managed by Empower Retirement. Empower Retirement is the recordkeeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. For the Plan year ended December 31, 2022, administrative fees of \$146,236 were paid to Empower Retirement. In addition, notes receivable from participants also qualify as exempt party-in-interest transactions, as defined by ERISA.

Note 8 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

Note 9 - Excess Contributions Refundable

At December 31, 2022 and 2021, the Plan had a liability of \$181,536 and \$136,397, respectively, which represented the return of excess contributions required to satisfy the relevant nondiscrimination provisions of the Plan. The excess contributions were returned to participants by February 28, 2023 and February 28, 2022, respectively.

Note 10 - Tax Status

The Plan has adopted the Massachusetts Mutual Life Insurance Company prototype non-standardized 401(k) profit sharing plan. The Plan and related trust have been determined by the Internal Revenue Service (the "IRS") to be tax-exempt under Internal Revenue Code Section 401(a). The most recent favorable opinion letter from the Internal Revenue Service was received by the Plan, dated April 7, 2021. The Plan has been amended since receiving the opinion letter; however, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

J. JILL 401(k) PLAN

Notes to Financial Statements

Note 11 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	2022	2021
Net assets available for benefits per the financial statements	\$ 58,798,253	\$ 71,867,271
Excess contributions reported on financial statements and not on Form 5500	181,536	136,397
Deemed not distributed loans reported as distributions on Form 5500, not on financial statements	<u>(26,557)</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$ 58,953,232</u>	<u>\$ 72,003,668</u>

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to net loss per Form 5500 for 2022:

Net decrease in net assets available for benefits per the financial statements	\$ (13,069,018)
Excess contributions reported on financial statements in 2021 and on Form 5500 in 2020	(136,397)
Excess contributions reported on financial statements in 2022 and on Form 5500 in 2021	181,536
Deemed not distributed loans reported as distributions on Form 5500, not on financial statements	<u>(26,557)</u>
Net loss per Form 5500	<u>\$ (13,050,436)</u>

The accompanying Statements of Net Assets Available for Benefits, Statement of Changes in Net Assets Available for Benefits and the supplemental information have been prepared in accordance with accounting principles generally accepted in the United States of America. The information listed on Schedule H of Form 5500 has been prepared in accordance with procedures established by the third-party administrator and certain items have been classified differently.

Note 12 - Delinquent Contributions

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the Employer's general assets. Contributions of \$205,390 and \$251,999 were not remitted to the Plan timely during the years ended December 31, 2022 and 2021, respectively, as reflected in the accompanying Schedule of Delinquent Participant Contributions. The Employer made the necessary contributions and calculated and deposited lost earnings in 2022 and 2023.

Supplemental Schedules

J. JILL 401(k) PLAN

(E.I.N. 27-0324650 - Plan Number 001)

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

December 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	SAGIC DIVERSIFIED BOND II	Separate Account Guaranteed Interest Contract	\$	5,203,088
	AMERICAN FUNDS AMERICAN BALANCED R6	Mutual Fund		531,532
	AMERICAN FUNDS EUROPACIFIC GR R6	Mutual Fund		2,366,857
	AMERICAN FUNDS GROWTH FUND OF AMER R6	Mutual Fund		1,492,607
	BLACKROCK LIFEPATH INDEX 2025 K	Mutual Fund		5,012,745
	BLACKROCK LIFEPATH INDEX 2030 K	Mutual Fund		7,008,586
	BLACKROCK LIFEPATH INDEX 2035 K	Mutual Fund		6,711,939
	BLACKROCK LIFEPATH INDEX 2040 K	Mutual Fund		3,667,971
	BLACKROCK LIFEPATH INDEX 2045 K	Mutual Fund		2,869,898
	BLACKROCK LIFEPATH INDEX 2050 K	Mutual Fund		2,648,877
	BLACKROCK LIFEPATH INDEX 2055 K	Mutual Fund		421,792
	BLACKROCK LIFEPATH INDEX 2060 K	Mutual Fund		354,669
	BLACKROCK LIFEPATH INDEX 2065 K	Mutual Fund		2,811
	BLACKROCK LIFEPATH INDEX RETIREMENT K	Mutual Fund		2,166,336
	BLACKROCK STRATEGIC GLOBAL BOND K	Mutual Fund		182,537
	CALVERT BALANCED R6	Mutual Fund		9,510
	CALVERT US LARGE CAP CORE RSPNB IDX R6	Mutual Fund		56,269
	EATON VANCE ATLANTA CAPITAL SMID-CAP R6	Mutual Fund		1,031,506
	FIDELITY 500 INDEX	Mutual Fund		4,951,055
	FIDELITY INTERNATIONAL INDEX	Mutual Fund		305,688
	FIDELITY MID CAP INDEX	Mutual Fund		351,808
	FIDELITY SMALL CAP INDEX	Mutual Fund		267,153
	HARTFORD EQUITY INCOME R6	Mutual Fund		1,298,859
	JHANCOCK STRATEGIC INCOME OPPS R6	Mutual Fund		676,805
	JPMORGAN U.S. SMALL COMPANY R6	Mutual Fund		901,724
	PRINCIPAL MIDCAP R6	Mutual Fund		1,211,201
	T. ROWE PRICE BLUE CHIP GROWTH I	Mutual Fund		2,704,940
	T. ROWE PRICE INSTL SMALL-CAP STOCK	Mutual Fund		897,002
	VIRTUS CEREDX MID-CAP VALUE EQUITY R6	Mutual Fund		761,026
	WESTERN ASSET CORE BOND IS	Mutual Fund		2,254,138
*	Notes Receivable from Participants	Loans (Interest Rates 4.25%-6.50%)	-0-	658,860
*	Party-in-interest as defined by ERISA.			\$ 58,979,789

J. JILL 401(k) PLAN

(E.I.N. 27-0324650 - Plan Number 001)

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

Year Ended December 31, 2022

Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included: <i>X</i>	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51	
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
2022	\$ -	\$ 205,390	\$ -	\$	-
2021	-	\$ 251,999	-		-

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Jill Acquisition LLC - Full Time

29-OCT-22 to 31-DEC-22

29-JUL-23 04:22:09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
ICBARX			9,577.44	9,509.95
ICSXRX			57,962.67	56,269.34
IERASX			1,101,683.11	1,031,505.81
IFSDMX			356,266.93	351,808.28
IFSPSX			286,228.38	305,688.69
IFSSNX			282,160.16	267,152.67
IFXAIX			5,010,540.40	4,924,911.68
IHQIVX			1,402,473.79	1,298,858.90
IJIPRX			665,895.45	676,804.94
IJUSMX			973,691.00	901,723.77
ILIBKX			4,931,950.35	5,012,745.21
ILIHKX			2,811,269.12	2,869,897.45
ILJUKX			6,586,383.47	6,711,939.21
ILIKKX			3,595,966.57	3,667,971.67
ILINKX			6,883,945.99	7,008,585.14
ILIPKX			2,596,664.51	2,648,876.18
ILIRKX			2,132,453.01	2,166,335.96
ILIVKX			414,350.72	421,791.71
ILIWKX			2,832.52	2,811.73
ILIZKX			348,540.46	354,669.35
IMKWIX			177,720.83	182,537.30
IPMAQX			1,245,919.45	1,211,200.87
IRERGX			2,235,017.45	2,366,857.04
IRGAGX			1,598,472.90	1,492,606.53
IRLBGX			523,717.33	531,532.34
ISMVZX			742,000.97	761,025.49
ITBCIX			2,998,744.93	2,704,940.06
ITRSSX			978,210.68	897,002.60
IWACSX			2,190,090.03	2,254,137.33
ISGVTQ0		3.850	5,168,881.59	5,203,088.19
TOTALS			58,309,612.21	58,294,785.39
PARTICIPANT LOANS	VARIOUS	4.25-8	631,932.93	632,302.70
FORFEITURES			26,005.48	26,144.28

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

ICBARX	Calvert Balanced R6	ICSXRX	Calvert US Large Cap Core Rspnb Idx R6
IERASX	Eaton Vance Atlanta Capital SMID-Cap R6	IFSMDX	Fidelity Mid Cap Index
IFSPSX	Fidelity International Index	IFSSNX	Fidelity Small Cap Index
IFXAIX	Fidelity 500 Index	1HQIVX	Hartford Equity Income R6
1JIPRX	JHancock Strategic Income Opps R6	1JUSMX	JPMorgan U.S. Small Company R6
1LIBKX	BlackRock LifePath Index 2025 K	1LIHKX	BlackRock LifePath Index 2045 K
1LIJKX	BlackRock LifePath Index 2035 K	1LIKKX	BlackRock LifePath Index 2040 K
1LINKX	BlackRock LifePath Index 2030 K	1LIPKX	BlackRock LifePath Index 2050 K
1LIRKX	BlackRock LifePath Index Retirement K	1LIVKX	BlackRock LifePath Index 2055 K
1LIWKX	BlackRock LifePath Index 2065 K	1LIZKX	BlackRock LifePath Index 2060 K
1MKWIX	BlackRock Strategic Global Bond K	IPMAQX	Principal MidCap R6
1IERGX	American Funds EuroPacific Gr R6	1RGAGX	American Funds Growth Fund of Amer R6
1RLBGX	American Funds American Balanced R6	ISGV7Q0	SAGIC Diversified Bond II
1SMVZX	Virtus Ceredex Mid-Cap Value Equity R6	ITBCIX	T. Rowe Price Blue Chip Growth I
1TRSSX	T. Rowe Price Instl Small-Cap Stock	1WACSX	Western Asset Core Bond IS

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year.

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Jill Acquisition LLC - Full Time

29-OCT-22 to 31-DEC-22

29-JUL-23 04:22:09

GA_ID	INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES
777405-01	ICBARX	9,581.09	268.51	57	(3.28)	(0.09)	16	(3.21)
777405-01	ICSXRX	57,980.68	1,701.47	120	(16.06)	(0.46)	29	(15.65)
777405-01	ILJBKX	4,741,617.12	353,334.07	1423	(5,886.21)	(417.25)	421	(5,618.44)
777405-01	ILHKX	2,804,169.20	169,386.45	900	(8,628.17)	(494.98)	305	(8,187.38)
777405-01	ILJUKX	6,499,697.52	431,778.45	1650	(17,658.72)	(1,136.90)	502	(17,120.53)
777405-01	ILIKKX	3,662,130.82	232,302.27	1316	(77,413.35)	(4,901.38)	418	(77,234.03)
777405-01	ILINKX	6,825,854.52	482,929.67	1902	(80,151.46)	(5,576.11)	580	(78,735.91)
777405-01	ILIPKX	2,706,971.78	159,169.87	1073	(120,217.82)	(6,906.37)	450	(117,411.04)
777405-01	ILIRKX	1,971,282.00	164,162.49	792	(162,229.86)	(13,260.65)	278	(159,158.50)
777405-01	ILIVKX	418,545.24	23,922.01	501	(4,352.88)	(239.15)	169	(4,171.69)
777405-01	ILIWKX	2,134.69	189.39	30	(0.24)	(0.02)	6	(0.24)
777405-01	ILIZKX	344,971.31	22,093.57	564	(98.81)	(6.03)	156	(93.93)
777405-01	IERASX	1,103,306.56	29,933.46	1877	(19,058.03)	(531.69)	1156	(19,608.33)
777405-01	IMKWIX	182,517.08	36,619.40	2183	(6,435.65)	(1,268.20)	408	(6,316.25)
777405-01	IPMAQX	1,241,504.02	38,645.56	1540	(15,079.26)	(460.41)	704	(14,784.77)
777405-01	IRERGX	2,280,637.84	49,263.94	2574	(79,005.75)	(1,555.52)	1168	(71,873.23)
777405-01	IRGAGX	1,595,926.94	30,097.01	2255	(47,665.41)	(903.22)	755	(48,011.50)
777405-01	IRLBGX	525,817.11	18,549.52	391	(5,191.40)	(177.57)	182	(5,031.45)
777405-01	ISGVTO0	5,205,271.35	0.00	1966	(97,131.84)	0.00	1262	(97,131.84)
777405-01	ISMVZX	749,918.34	71,151.69	1438	(13,761.91)	(1,250.53)	906	(13,168.92)
777405-01	ITBCIX	3,096,381.74	26,873.13	3660	(154,002.37)	(1,401.10)	1148	(161,790.80)
777405-01	ITRSSX	950,440.37	36,461.80	1950	(21,867.36)	(843.05)	595	(22,126.73)
777405-01	IWACSX	2,192,779.47	212,920.93	4161	(104,894.13)	(9,769.95)	873	(100,545.63)
777405-01	IFSMDX	361,551.89	13,774.09	539	(11,596.83)	(435.47)	305	(11,448.00)
777405-01	2MKSDX	47.56	47.56	4	(47.47)	(47.47)	2	(47.47)
777405-01	3SGVTQ0	24,161.99	0.00	38	(4.80)	0.00	2	(4.80)
777405-01	4SGVTQ0	1,454.35	0.00	1	(0.36)	0.00	2	(0.36)
777405-01	IFSPSX	263,896.98	6,838.82	528	(11,171.26)	(266.34)	218	(10,199.25)
777405-01	IFSSNX	332,615.74	14,507.29	615	(64,729.97)	(2,948.71)	574	(67,639.23)
777405-01	IFXAIX	4,963,902.43	36,652.40	3163	(144,294.78)	(1,042.88)	1504	(141,249.30)
777405-01	IHOIVX	1,437,029.35	65,127.74	2266	(78,101.69)	(3,544.79)	1241	(78,552.93)
777405-01	IJIPRX	668,787.87	70,512.30	2018	(3,151.36)	(331.41)	354	(3,142.22)
777405-01	IJUSMX	981,358.12	59,553.26	1746	(32,128.86)	(2,022.55)	718	(33,366.50)
777406-01	IERASX	18,001.98	488.47	160	(7.08)	(0.19)	61	(6.94)
777406-01	IFSMDX	6,172.76	234.30	40	(1.76)	(0.06)	10	(1.71)
777406-01	IFSPSX	32,546.86	849.22	53	(11.04)	(0.26)	20	(10.12)
777406-01	IFSSNX	17,194.70	752.76	56	(3.62)	(0.16)	20	(3.60)
777406-01	IFXAIX	188,014.67	1,386.94	242	(58.26)	(0.42)	89	(57.03)
777406-01	IHOIVX	44,061.60	1,995.23	237	(46.46)	(2.12)	86	(47.06)
777406-01	IJIPRX	257.27	27.10	59	(0.06)	(0.01)	4	(0.06)
777406-01	IJUSMX	25,723.96	1,561.01	195	(17.09)	(1.04)	63	(17.29)
777406-01	ILJBKX	198,990.09	14,805.88	278	(3,073.21)	(219.38)	65	(2,941.97)
777406-01	ILHKX	15,336.68	925.20	34	(4.31)	(0.25)	14	(4.10)
777406-01	ILJUKX	115,170.86	7,651.65	149	(11,539.28)	(748.28)	52	(11,255.78)
777406-01	ILIKKX	11,143.35	706.99	26	(3.22)	(0.19)	6	(3.06)
777406-01	ILINKX	136,963.01	9,694.64	145	(39.32)	(2.67)	50	(37.70)
777406-01	ILIPKX	8,310.52	477.96	38	(1,208.00)	(68.47)	14	(1,163.38)
777406-01	ILIRKX	320,460.83	26,673.94	746	(90.25)	(7.25)	150	(87.15)
777406-01	ILIWKX	699.34	62.59	24	(0.12)	(0.01)	4	(0.12)
777406-01	ILIZKX	3,687.33	232.79	86	(0.81)	(0.05)	18	(0.80)
777406-01	IMKWIX	1,522.81	300.65	115	(0.26)	(0.05)	11	(0.26)
777406-01	IPMAQX	19,218.99	598.27	210	(5.99)	(0.18)	56	(5.75)
777406-01	IRERGX	26,288.04	565.40	239	(8.46)	(0.17)	62	(7.73)

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Jill Acquisition LLC - Full Time

29-OCT-22 to 31-DEC-22

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GA_ID	INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES
777406-01	IRGAGX	50,590.45	954.05	220	(14.57)	(0.27)	66	(14.32)
777406-01	IRLBGX	2,936.47	103.30	60	(0.80)	(0.03)	10	(0.79)
777406-01	ISGVTQ0	60,639.05	0.00	217	(71.63)	0.00	89	(71.63)
777406-01	ISMVZX	5,259.73	499.13	130	(1.66)	(0.15)	30	(1.59)
777406-01	ITBCIX	64,203.69	557.17	343	(16.48)	(0.14)	76	(16.43)
777406-01	ITRSSX	49,920.81	1,913.34	289	(15.87)	(0.61)	76	(15.91)
777406-01	IWACSX	97,916.16	9,506.29	287	(29.96)	(2.81)	47	(28.99)
777406-01	3SGVTQ0	320.68		2	0.00	0.00	0	0.00
777406-01	4SGVTQ0	73.55	0.00	1	(0.02)	0.00	2	(0.02)

LEGEND

INVESTMENT OPTION:

ICBARX	Calvert Balanced R6	ICSXRX	Calvert US Large Cap Core Rspnb Idx R6
IERASX	Eaton Vance Atlanta Capital SMID-Cap R6	IFSMDX	Fidelity Mid Cap Index
IFSPSX	Fidelity International Index	IFSSNX	Fidelity Small Cap Index
IFXAIX	Fidelity 500 Index	1HQIVX	Hartford Equity Income R6
1JIPRX	JHancock Strategic Income Opps R6	1JUSMX	JPMorgan U.S. Small Company R6
1LIBKX	BlackRock LifePath Index 2025 K	1LIHKX	BlackRock LifePath Index 2045 K
1LIJKX	BlackRock LifePath Index 2035 K	1LIKKX	BlackRock LifePath Index 2040 K
1LINKX	BlackRock LifePath Index 2030 K	1LIPKX	BlackRock LifePath Index 2050 K
1LIRKX	BlackRock LifePath Index Retirement K	1LIVKX	BlackRock LifePath Index 2055 K
1LIWKX	BlackRock LifePath Index 2065 K	1LIZKX	BlackRock LifePath Index 2060 K
1MKWIX	BlackRock Strategic Global Bond K	IPMAQX	Principal MidCap R6
1IERGX	American Funds EuroPacific Gr R6	IRGAGX	American Funds Growth Fund of Amer R6
IRLBGX	American Funds American Balanced R6	ISGVTQ0	SAGIC Diversified Bond II
ISMVZX	Virtus Ceredex Mid-Cap Value Equity R6	ITBCIX	T. Rowe Price Blue Chip Growth I
ITRSSX	T. Rowe Price Instl Small-Cap Stock	IWACSX	Western Asset Core Bond IS
2MKSDX	MassMutual US Government Mny Mkt Fd	3SGVTQ0	SAGIC Diversified Bond II
4SGVTQ0	SAGIC Diversified Bond II		

The following information is to assist you in completing the Schedule A for fiscal plan year beginning 29-OCT-22 and ending 31-DEC-22.
This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

A Name of plan:
B Three-digit plan number:
C Plan sponsor's name:
D Employer Identification Number:

Jill Acquisition LLC - Full Time
Jill Acquisition LLC - Full Time
270324650

Part I

1(a) Name of insurance carrier:
1(b) EIN:
1(c) NAIC Code:
1(d) Contract or Identification Number:
1(e) Approximate number of persons covered at end of policy or contract year:
1(f & g) Policy or contract year from October 29, 2022 to December 31, 2022

Massachusetts Mutual Life Insurance Company
04-1590850
65935
898033
182

2 Amount of commissions paid:

0.00

Fees paid/Amount:

3(a) Name and Address of the Agents, and Brokers or other persons to whom commissions or fees were paid:

3(b) Amount of commissions paid:

3(c) Amount:

3(d) Purpose:

3(e) Organization Code:

Part II

4 Current value of plan's interest under this contract in the general account at year end:

5 Current value of plan's interest under this contract in separate accounts at year end:

7a(4) Type of contract:

7b Balance at the end of the previous year:

7c(1) Contributions deposited during the year:

7c(2) Dividends and credits:

7c(3) Interest credited during the year:

7c(4) Transferred from separate account:

7c(5) Other (specify) > Loan Repayment(s), Forfeitures:

7c(6) Total additions:

7d Total of balance and additions:

7e(1) Disbursed from fund to pay benefits or purchase annuities during the year:

7e(2) Administration charge made by carrier:

7e(3) Transferred to separate account:

7e(4) Other (specify) >

7e(5) Total deductions:

7f Balance at the end of the current year:

5,229,232.38
0.00
Group Annuity Contract
5,229,416.98
48,313.24
0.00
34,559.50
2,758.77
11,392.54
97,024.05
5,326,441.03
80,653.34
1,512.07
15,043.24
0.00
97,208.65
5,229,232.38

The following information is to assist you in completing the Schedule C for fiscal plan year beginning 29-OCT-22 and ending 31-DEC-22 for service providers receiving direct and/or indirect fee compensation. This supplemental information is provided for large plans that are required to file Form 5500 Schedule H.

Information for completing lines 2(a) thru 2(h)

SERVICE PROVIDING COMPANY	SERVICE CODE(S)	RELATIONSHIP TO EMPLOYER	DOLLAR AMOUNT OF DIRECT COMPENSATION	PROVIDER RECEIVED INDIRECT COMPENSATION	INDIRECT COMPENSATION INCLUDES ELIGIBLE INDIRECT	TOTAL INDIRECT COMPENSATION EXCLUDING EIC	SERVICE PROVIDER PROVIDED A FORMULA INSTEAD OF A DOLLAR AMOUNT	EIC* ONLY
GLOBAL RETIREMENT PARTNERS LLC 4340 REDWOOD HWY SUITE B60 SAN RAFAEL CA 94903	27	Investment Advisor	4,821.23	No	No	0.00	No	No
Empower Annuity Insurance Company of America 8515 East Orchard Road Greenwood Village CO 80111	64	Recordkeeper	17,705.83	Yes	Yes	0.00	Yes	No

*If a service provider did not receive direct compensation and all indirect compensation satisfies the requirements as Eligible Indirect Compensation (EIC), then the limited reporting as described in line one of the Schedule C may apply.

The annual plan summary may reflect additional direct compensation transaction(s) paid to outside service provider(s).

INFORMATION FOR COMPLETING FORM 8955-SSA

Jill Acquisition LLC - Full Time

29-OCT-22 to 31-DEC-22

29-JUL-23 04:22:09

The following information is provided to assist you in completing the Form 8955-SSA for fiscal plan year beginning and ending for service providers required to identify separated participants with deferred vested benefits. This supplemental information is provided for plans that are required by the IRS to file Form 8955-SSA.

Information for completing lines 9(a) through 9(i)

GA_ID	ENTRY CODE	SOCIAL SECURITY NUMBER	PARTICIPANT IDENTIFIER	FIRST NAME	MIDDLE INITIAL	LAST NAME	CHECK MARK	TYPE OF ANNUITY	PAYMENT FREQUENCY	DEFINED BENEFIT			PREVIOUS SPONSOR'S EIN	PREVIOUS PLAN NUMBER
										PLAN PERIODIC PAYMENT	CONTRIBUTION TOTAL VALUE OF ACCOUNT	DEFINED CONTRIBUTION TOTAL VALUE OF ACCOUNT		
777405-01	A	XXX-XX-8680	6974964	CHARLISA	B	WHITEHEAD	X	A	A		24,277.56	24,277.56		
777405-01	A	XXX-XX-6201	7017727	DANIEL	G	BALL	X	A	A		46,759.28	46,759.28		
777405-01	A	XXX-XX-0892	7041499	ANGEL	R	NATAL	X	A	A		43,644.13	43,644.13		
777405-01	A	XXX-XX-7825	6964507	SRINIVASA	R	VUYYURU	X	A	A		48,457.26	48,457.26		
777405-01	A	XXX-XX-3247	7025995	KATHLEEN	S	SHIM	X	A	A		6,328.86	6,328.86		
777405-01	A	XXX-XX-6612	7012982	SUSAN	T	CHAMBERLA- IN	X	A	A		749,440.16	749,440.16		
777405-01	A	XXX-XX-4654	7034976	JAMES	V	BLACK	X	A	A		6,618.39	6,618.39		
777405-01	A	XXX-XX-2283	6960479	ALYSSA		BLODGETT	X	A	A		62,165.88	62,165.88		
777405-01	A	XXX-XX-9420	7022845	ALYSSA		FISHENDEN	X	A	A		6,717.52	6,717.52		
777405-01	A	XXX-XX-2628	6972325	ANKIT		PUROHIT	X	A	A		91,427.49	91,427.49		
777405-01	A	XXX-XX-7769	7032255	BONNIE		PHANEUF	X	A	A		137,828.89	137,828.89		
777405-01	A	XXX-XX-6815	6931246	BRIDGET		MCGRATH	X	A	A		8,605.14	8,605.14		
777405-01	A	XXX-XX-5849	6983845	ELIZABETH	J	ODONNELL	X	A	A		90,173.09	90,173.09		
777405-01	A	XXX-XX-0014	6950207	CARYN		NELLIS	X	A	A		22,665.42	22,665.42		
777405-01	A	XXX-XX-1477	6953786	DEANNA		STEELE	X	A	A		38,321.71	38,321.71		
777405-01	A	XXX-XX-1484	7010396	ELLEN		PAPCSY	X	A	A		22,014.26	22,014.26		
777405-01	A	XXX-XX-6327	6952184	EMILY		STUART	X	A	A		10,146.68	10,146.68		
777405-01	A	XXX-XX-5424	7004855	FABIOLA		LEVATI-WOO	X	A	A		221,317.65	221,317.65		
777405-01	A	XXX-XX-9765	6934178	JACQUELINE		TRAVISANO	X	A	A		94,325.85	94,325.85		
777405-01	A	XXX-XX-7691	6973951	JENNA		MACPHIE	X	A	A		65,658.75	65,658.75		
777405-01	A	XXX-XX-8896	7002400	KRYSTAL		NEAL	X	A	A		4,546.84	4,546.84		
777405-01	A	XXX-XX-6924	7038876	LATRICIA		RODGERS	X	A	A		23,418.71	23,418.71		
777405-01	A	XXX-XX-3674	7042205	LAURA		ZUPANCIC	X	A	A		8,121.46	8,121.46		
777405-01	A	XXX-XX-6755	6905184	KRISTIN	K	HURD	X	A	A		11,111.85	11,111.85		
777405-01	A	XXX-XX-1011	6897872	LORI		DECKER	X	A	A		16,453.60	16,453.60		
777405-01	A	XXX-XX-8102	7010081	MARYCAMILLE		STRANO	X	A	A		8,402.72	8,402.72		
777405-01	A	XXX-XX-1813	6914171	MAYUR		HEDA00	X	A	A		44,894.32	44,894.32		
777406-01	A	XXX-XX-5910	6935774	NATALIA		BALABANOVA	X	A	A		13,586.64	13,586.64		
777405-01	A	XXX-XX-8917	7036392	RICHARD		SHANDELMAN	X	A	A		67,797.68	67,797.68		
777405-01	A	XXX-XX-5625	6987543	SARAH		MALINCONICO	X	A	A		17,683.88	17,683.88		
777405-01	A	XXX-XX-1117	6957786	TANIE		GRIFFIN	X	A	A		11,424.31	11,424.31		
777405-01	A	XXX-XX-1269	7034300	TINA		HAGERTY	X	A	A		47,161.42	47,161.42		
777405-01	A	XXX-XX-4097	6957896	WILLIAM		WOTAWA	X	A	A		38,887.75	38,887.75		
777405-01	A	XXX-XX-2324	6898958	SATISH	K	KOVVURI	X	A	A		19,562.34	19,562.34		
777405-01	A	XXX-XX-9349	6941707	ELIZABETH	L	SCHERO	X	A	A		72,185.00	72,185.00		
777405-01	A	XXX-XX-9480	6976067	KELLEY	L	LACKEOS	X	A	A		16,201.22	16,201.22		
777405-01	A	XXX-XX-0626	6989736	REBECCA	L	ULRICH	X	A	A		10,914.75	10,914.75		
777405-01	A	XXX-XX-9629	7024188	JUDITH	M	ARMSTRONG	X	A	A		14,889.07	14,889.07		
777405-01	A	XXX-XX-0881	7020542	KRISTINA	M	SAUNDERS	X	A	A		24,727.37	24,727.37		

Additional information to assist in completing Form 8955-SSA

GA_ID	ENTRY CODE	SOCIAL SECURITY NUMBER	PARTICIPANT IDENTIFIER	FIRST NAME	MIDDLE INITIAL	LAST NAME	CHECK MARK	TYPE OF ANNUITY	PAYMENT FREQUENCY	DEFINED			PREVIOUS SPONSOR'S EIN	PREVIOUS PLAN NUMBER
										DEFINED BENEFIT PLAN PERIODIC PAYMENT	CONTRIBUTION	TOTAL VALUE OF ACCOUNT		

Number of participants separated with a deferred vested benefit required to be reported (Lines 6(a) and 7)
Total number of participants reported

39
39

The supplemental report provides Form 8955-SSA participant reporting only for participants in which termination dates have been provided.

The supplemental report provides participant reporting based on the year following the plan year in which the participants separated from service.

The supplemental report is based on information available on the day this report was generated. A more detailed review is advised if the reporting period is different than the current plan year period.