

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
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: JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1994
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): JOHNNY JANOSIK, INC. 11151 TRUSSUM POND ROAD LAUREL, DE 19956-4592
2b Employer Identification Number (EIN): 51-0351984
2c Plan Sponsor's telephone number: 302-875-5955
2d Business code (see instructions): 442110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	216
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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)	180
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		0
6h		2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **10/17/2023**

A Name of plan JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNNY JANOSIK, INC.		D Employer Identification Number (EIN) 51-0351984	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA 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
39-0989781	86231	995385	0	01/01/2023	10/17/2023

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

(a) Total amount of commissions paid 17195	(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
LINCOLN FINANCIAL SECURITIES CORP
KAREN J HALL
PO BOX 2204
FT WAYNE, IN 46801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17195			3

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

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

(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	0
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. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	778265
c Additions: (1) Contributions deposited during the year	7c(1)	47794
	7c(2)	
	7c(3)	10090
	7c(4)	18717
	7c(5)	10246
▶ FORFEITURES, TRANSFERS, LOAN AND EBA ACTIVITY		
(6) Total additions	7c(6)	86847
d Total of balance and additions (add lines 7b and 7c(6))	7d	865112
e Deductions:		
	7e(1)	830651
	7e(2)	1529
	7e(3)	16103
	7e(4)	16829
▶ TRANSFERS, LOANS AND EXPENSE ACTIVITY		
(5) Total deductions	7e(5)	865112
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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)
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)
(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)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	10b

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **10/17/2023**

A Name of plan JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNNY JANOSIK, INC.	D Employer Identification Number (EIN) 51-0351984	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	4232	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UHY, LLP

20-0694403

(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?
16 23 53	INVESTMENT ADVISOR	8727	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023

A Name of plan <u>JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOHNNY JANOSIK, INC.</u>	D Employer Identification Number (EIN) <u>51-0351984</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS 2010 TRGT DT RTMNT RT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN <u>39-0989781-687</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS 2025 TRGT DT RTMNT RT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN <u>39-0989781-690</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS 2030 TRGT DT RTMNT RT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN <u>39-0989781-691</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS 2035 TRGT DT RTMNT RT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN <u>39-0989781-692</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS 2040 TRGT DT RTMNT RT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN <u>39-0989781-693</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS 2045 TRGT DT RTMNT RT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN <u>39-0989781-694</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS 2050 TRGT DT RTMNT RT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-694 **d** Entity code P **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FDS 2050 TRGT DT RTMNT RT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-695	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FDS 2055 TRGT DT RTMNT RT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-696	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FDS 2060 TRGT DT RTMNT RT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-821	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FDS FDAMENTAL INVS INV OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [COLUMBIA DIVIDEND INCOME RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-635	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [FRANKLIN UTILITIES INV OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-045	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [LOOMIS SAYLES INV GRADE BD RT OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [MORGAN STANLEY GR OPP RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MORGAN STANLEY GROWTH RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [NEUBERGER BERMAN REAL EST RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-538	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-671	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERG MKT IDX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LG CP GR IDX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX RT O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MKT IDX RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-313	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANS ASST ALLC INTDLNG HRZ RT OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-432	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANS ASST ALLC INTMD HRZN RT OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
c EIN-PN 39-0989781-431	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANS ASST ALLC LNG HORIZON RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-433	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANS AST ALLC SHITM HRZN RT OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-430	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA AST ALLC SH HRZ RT OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-429	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PTNR HIGH QUALITY BD R](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PTNR HIGH YIELD BD RT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PTNR MD VAL RT OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-427	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMER FUNDS GR AMER RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-250	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO MID CAP GROW RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-253	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [T. ROWE PR GL MULT SEC BOND RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-746	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TA VAN SM CAP INDEX RET OPT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

c EIN-PN 39-0989781-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 39-0989781-628	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA OT 2065 AMER FD

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO

c EIN-PN 82-5217478-444	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023	
A Name of plan JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNNY JANOSIK, INC.	D Employer Identification Number (EIN) 51-0351984

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	231031	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	351	0
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)	177339	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6354124	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	778265	0
(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	7541110	0
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7541110	0

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)		
(B) Participants	2a(1)(B)	408349	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		408349
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)	9646	
(F) Other	2b(1)(F)	10090	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19736
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(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)		
(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)		

		(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)		371650
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		799735

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	850739	
(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)		850739
f Corrective distributions (see instructions).....	2f		17174
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	8727	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	4232	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		12959
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		880872

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-81137
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		7459973

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: UHY, LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		X	
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	
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	
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	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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	
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	
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	
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	
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		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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)
LPE/JOHNNY JANOSIK, INC	85-3213245	320

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023

A Name of plan <u>JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING 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>JOHNNY JANOSIK, INC.</u>	D Employer Identification Number (EIN) <u>51-0351984</u>	

Part I	Distributions
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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	<u>0</u>
---------------------------------------------------------------------------------------------------------------------------------------	----------	----------

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): 13-3689044

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**JOHNNY JANOSIK, INC.
401(K) PROFIT SHARING PLAN**

FINANCIAL REPORT
AND
SUPPLEMENTAL SCHEDULE

For the Period Ended October 17, 2023

Johnny Janosik, Inc. 401(k) Profit Sharing Plan

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INDEPENDENT AUDITOR'S REPORT

To the Participants and the Plan Administrator
Johnny Janosik, Inc. 401(k) Profit Sharing Plan
Laurel, Delaware

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

We have performed audits of the accompanying financial statements of Johnny Janosik, Inc 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of October 17, 2023 and December 31, 2022, and the related statement of changes in net assets available for benefits for the period ended October 17, 2023, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of October 17, 2023 and December 31, 2022, and for the period ended October 17, 2023, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Period) as of October 17, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

UHY LLP

Salisbury, Maryland
July 17, 2024

JOHNNY JANOSIK INC. 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
October 17, 2023 and December 31, 2022

ASSETS	<u>2023</u>	<u>2022</u>
INVESTMENTS, AT FAIR VALUE (SEE NOTE 2)		
Pooled separate accounts	\$ -	\$ 6,354,124
Stable value fund	-	<u>778,265</u>
Total investments at fair value	<u>-</u>	<u>7,132,389</u>
RECEIVABLES		
Employer contributions receivable	-	231,031
Other employer contributions receivable	-	<u>351</u>
Total contributions receivable	<u>-</u>	<u>231,382</u>
Participant notes receivable	<u>-</u>	<u>177,339</u>
Total assets	-	7,541,110
LIABILITIES		
Excess contributions payable	<u>-</u>	<u>17,174</u>
Total liabilities	-	17,174
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 7,523,936</u>

JOHNNY JANOSIK INC. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Period Ended October 17, 2023

	<u>2023</u>
Additions to Net Assets Attributed to:	
Investment income:	
Interest on stable value fund	\$ 10,090
Net appreciation in fair value of investments	<u>371,650</u>
Total investment income	<u>381,740</u>
Interest on participant notes receivable	<u>9,646</u>
Contributions:	
Participants' deferrals	<u>408,349</u>
Total contributions	<u>408,349</u>
Other income	1,117
Total additions	<u>800,852</u>
Deductions from Net Assets Attributed to:	
Benefits paid to participants	833,565
Deemed Distributions	18,292
Administrative and asset expenses	<u>12,958</u>
Total deductions	<u>864,815</u>
Net Decrease	(63,963)
Transfer of Plan assets due to merger	(7,459,973)
Net Assets Available for Benefits, Beginning of Year	<u>7,523,936</u>
Net Assets Available for Benefits, End of Year	<u>\$ -</u>

JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
For the Period Ended October 17, 2023

Note 1. DESCRIPTION OF THE PLAN

The following description of the Johnny Janosik, Inc. (the "Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution salary reduction and profit sharing plan covering all eligible employees of the Company. An employee first becomes eligible to participate in the Plan upon completing twelve consecutive months of service with at least 1,000 credited hours and must be at least the age of eighteen. Employees may enter the Plan on any day after they meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Johnny Janosik, Inc., is the Plan administrator. Transamerica Life Insurance and Annuity Company ("Transamerica") is the record keeper and asset custodian of the Plan. The trustees are Lori Morrison and Mary Janosik.

On August 24, 2023, the Plan Trustees approved the merger of this Plan into the OpenPEP 2 multi-employer plan (the "Successor Plan" administered by Plan Professionals, LLC, effective October 17, 2023. As a result, all investments were transferred from the Plan into the Successor Plan on that date.

Contributions

Participants may contribute an amount not to exceed the dollar limit that is set by law, of pre-tax and post-tax annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. As permitted under the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA"), effective January 1, 2002, the Plan allows Participants who are at least age 50 (or who will attain age 50 by the end of the calendar year) to make additional "catch-up" contributions to the Plan in accordance with, and subject to, the limitations of Section 414(v) of the Internal Revenue Code (the "Code"). The Plan currently offers thirty-four pooled separate accounts and a stable value fund.

Employer contributions are determined at the discretion of the Company's Board of Directors. Profit sharing and employer match amounts may be contributed at the option of the Company's Board of Directors and are determined annually. For the plan years ended October 17, 2023 and December 31, 2022, the Company made discretionary contributions to the Plan totaling \$0 and \$231,031, respectively.

Participant Accounts

Each Participant account is credited with the Participant's contribution and allocations of a) the Company's contribution, and b) Plan earnings. Allocations are based on Participant earnings or account balances, as defined. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

Payment of Benefits

The normal form of payment under the Plan is a single lump sum payment but installments and partial payments are also available.

JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
For the Period Ended October 17, 2023

Note 1. DESCRIPTION OF THE PLAN (Continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting of the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. For Company contributions made before January 1, 2007, a Participant becomes 100 percent vested in such contributions after five years of credited service. Effective for Company contributions made after December 31, 2006, a Participant becomes 100 percent vested in such contributions after three years of credited service. A Participant will also become fully vested upon attainment of normal retirement age, early retirement age, retirement due to disability, death, or upon termination of the Plan.

Participant Notes Receivable ("Loans")

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or fifty percent of their account balance. Loan terms may not exceed five years unless the proceeds are used to purchase a personal residence. The loans, which are evidenced by notes receivable, are secured by the balance in the participant's account and bear interest at a reasonable fixed rate as of the date of loan origination. The interest rate for all loans is the Prime rate plus one percent. Applicable interest rates on loans ranged from 4.25% to 9.50%. Principal and interest is paid ratably through payroll deductions. A participant may have only up to three loans outstanding at any given time.

Forfeited Accounts

Forfeited non-vested amounts are to be used by the Company first to offset plan expenses and then to reduce any future employer contributions. At October 17, 2023 and December 31, 2022, forfeited non-vested accounts totaled **\$0** and \$4,359, respectively. New forfeitures of non-vested account balances during the 2023 and 2022 plan years totaled **\$1,578** and \$8,153, respectively. During the period ended October 17, 2023, forfeited participant accounts were not used to reduce Company contributions. During the period ended October 17, 2023 and for the year ended December 31, 2022, forfeited participant accounts were used to pay plan expenses of **\$8,727** and \$0, respectively.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates and Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
For the Period Ended October 17, 2023

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value as reported by Transamerica. All Plan assets were transferred to the Successor Plan before close of business on October 17, 2023. 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. See also Note 3.

Transamerica's Stable Value Fund ("SVF", "Contract"), which is a non-tradable obligation of Transamerica and is backed by the general account of Transamerica Financial Life Insurance Company, complies with FASB's fully benefit-responsive requirements. There are no underlying assets in the stable value fund that are invested in either guaranteed investment contracts or in synthetic guaranteed investment contracts. The SVF seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. All contributions (deposits) to the SVF are credited with the same interest rate on a daily basis, and with no set maturity. The effective six-month interest rate is set on January and July of each year. The repayment of principal and interest credited to Participants holding the investment is a financial obligation of Transamerica, and the terms of the Contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits or restrictions. Transamerica believes that the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a Participant holding the investment is not probable. In addition, the SVF allows Participants reasonable access to their assets.

The appropriate measure used to value the Stable Value Option investment choice's strength is the insurer's financial ratings. The credit ratings for Transamerica Financial Life Insurance Company range from A+ (excellent) to AA- (very strong).

For the SVF, contract value is deemed to equal fair value. As a result, no adjustment from fair value to contract value is required for the stable value fund for the period ended October 17, 2023.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of October 17, 2023 and December 31, 2022 as the loans are secured by the balance in the participant's account.

New Accounting Pronouncements

The Plan adopted FASB ASU 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments* on January 1, 2023. Management has evaluated the effects of this statement noting this would have no major financial reporting impact.

JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
For the Period Ended October 17, 2023

Note 3. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements*, establishes the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

The asset's 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.

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 October 17, 2023 and December 31, 2022.

Stable value fund: The fair value of the stable value fund is based on expected cash flows, i.e. the amount participants would receive upon termination of the contract. The credit-worthiness of the issuer is taken into consideration in determining the expected cash flows. See also Note 2.

The Plan had \$0 and \$6,354,124 of investments in participation units held in pooled separate accounts of an insurance company at October 17, 2023 and December 31, 2022, respectively.

Pooled separate accounts ("PSAs"): The PSAs offered are proprietary to Transamerica and often invest exclusively in one underlying mutual fund traded on an established market. PSAs begin with a price determined by Transamerica (a unit price), and the number of units issued are calculated to match the current fair market value of the underlying mutual fund holdings. This is known as unitizing the underlying assets. The PSAs are valued daily. PSAs invested in mutual fund or equity securities are valued using publicly available quoted market prices of identical assets. PSAs invested in fixed maturity securities are measured based on the pricing data provided by outside valuation service providers who in turn generally use the mean bid and ask prices but may also use alternative observable pricing inputs for certain securities. The Plan has concluded that the net asset value as adjusted (for mutual fund dividends, mutual

JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
For the Period Ended October 17, 2023

Note 3. FAIR VALUE MEASUREMENTS (Continued)

fund splits and administrative maintenance charges and other items) and reported by the insurance company denotes readily determinable fair value. These pooled separate accounts are classified in Level 1 in the fair value hierarchy.

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

It is possible that the redemption rights may be restricted or eliminated in the future. Due to the nature of the investments, changes in market conditions, liquidity requirements, and the economic environment may significantly affect the net asset value of the pooled separate accounts and, consequently, the fair value of the Plan's investments.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of October 17, 2023:

	Assets at Fair Value at October 17, 2023			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ -	\$ -	\$ -
Stable value fund	-	-	-	-
Total assets in the fair value hierarchy	\$ -	\$ -	\$ -	\$ -

	Assets at Fair Value at December 31, 2022			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ 6,354,124	\$ -	\$ -	\$ 6,354,124
Stable value fund	-	778,265	-	778,265
Total assets in the fair value hierarchy	\$ 6,354,124	\$ 778,265	\$ -	\$ 7,132,389

The Plan has no assets whose fair values are measured using Level 3 inputs, nor does it have any assets or liabilities valued on a non-recurring basis.

Note 4. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

Certain officers and shareholders of the Company are trustees of and participants in the Plan. All of the Plan's investments are either shares of funds held in pooled separate accounts or a stable value fund and are managed by Transamerica Life Insurance and Annuity Company. Transamerica is the asset custodian as defined by the Plan and, therefore, management fees and certain other transaction and annual fees earned by Transamerica qualify as party-in-interest transactions. Fees paid by the Plan for these services totaled **\$6,749** and \$5,058 for the periods ended October 17, 2023 and December 31, 2022, respectively.

UHY LLP is the plan auditor and, therefore, audit fees paid out of the plan to UHY LLP qualify as party-in-interest transactions. The Plan used forfeitures to cover part of the audit fee for 2023. Fees paid by the Plan these services totaled **\$8,727** and \$0 for the periods ended October 17, 2023

JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
For the Period Ended October 17, 2023

Note 5. PLAN FEES AND ADMINISTRATIVE EXPENSES

Each participant's account is charged on a quarterly basis with asset fees associated with each participant's investment choice. Information regarding the expense ratios and other costs associated with each investment choice is provided to participants in the Investment Fact Sheets provided in each participant's enrollment package. Other reasonable transaction-specific charges, such as loan origination fees, loan maintenance fees, and distribution fees are charged to participants engaging in such transactions. Quarterly Plan administration fees and annual Plan audit fees may be paid from funds in the Plan's forfeiture account, if available, in accordance with the Plan document.

In accordance with the Expense Budget Account Agreement between the Company and Transamerica, the funds in the Expense Budget Account (EBA) may be used to pay Plan administrative expenses or reallocated to participants. Transamerica is required to make contributions to the EBA in an amount equal to .05% of the plan's assets annually, to which estimated installments will be applied monthly. During the period ended October 17, 2023 and the year ended December 31, 2022, Transamerica contributed **\$2,517** and \$3,764, respectively, to the EBA, and **\$2,517** and \$0 was utilized to pay Plan administrative expenses during either of these periods. The net appreciation of investments in the EBA for the 2023 and 2022 Plan periods was **\$19** and \$12, respectively. As of October 17, 2023, available funds in the EBA totaled **\$0** which is the net of Contract Asset Charges and related EBA Credits. The available funds, as of December 31, 2022, for the account was \$7,797.

Note 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, the net value of each participant's account shall become fully vested and no portion of the Plan's assets may be used for any purpose other than the exclusive benefit of the participants and their beneficiaries. However, as referenced in Note 1, the plan did merge with the Successor Plan effective October 17, 2023.

Note 7. INCOME TAX STATUS

The Plan was amended and restated effective May 23, 2022, to bring the Plan into compliance with the Pension Protection Act of 2006 and other legislative and regulatory changes set forth in IRS Notice 2017-37 (i.e., the 6-year preapproved plan restatement cycle). The Plan utilizes the Volume Submitter Profit Sharing Plan with CODA ("Volume Submitter Plan") as provided by Transamerica, which obtained its latest advisory letter on June 30, 2020, in which the Internal Revenue Service ("IRS") stated that the form of the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the advisory letter, however, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt. As of October 17, 2023, the following tax years are subject to examination for both Federal and state jurisdictions: open years for filed returns: 2020 through 2022; returns to be filed in 2024: 2023.

Prior to May 23, 2022, the Plan utilized the Volume Submitter Profit Sharing Plan with CODA as provided by Transamerica, which obtained its latest advisory letter on March 31, 2014. The Plan had been amended since receiving the advisory letter, however, the plan administrator believed that the Plan was designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believed that the Plan was qualified, and the related trust tax-exempt.

JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
For the Period Ended October 17, 2023

Note 7. INCOME TAX STATUS (continued)

While the Plan has not been formally amended as of October 17, 2023, it is following the applicable provisions under the Setting Every Community Up for Retirement Enhancement Act, 2019 (the SECURE Act), the Coronavirus, Aid, Relief and Economic Security Act, 2020 (CARES Act) and the Consolidated Appropriations Act, 2021 (CAA). The Plan will be formally amended within the required timeframe under the new Successor Plan.

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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The plan administrator has analyzed tax positions taken by the Plan and has concluded that as of October 17, 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. RISKS AND UNCERTAINTIES

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

Note 9. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at October 17, 2023 and December 31, 2022, and net appreciation or depreciation in the fair value of investments, interest, and dividends for the period ended October 17, 2023 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Transamerica.

Note 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at October 17, 2023 and December 31, 2022 to the Form 5500:

	October 17, 2023	December 31, 2022
Net assets available for benefits per the financial statements	\$ -	\$ 7,523,936
Plus: current year excess contribution payable	-	93
Net assets available for benefits per the Form 5500	<u>\$ -</u>	<u>\$ 7,524,029</u>

JOHNNY JANOSIK, INC. 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
For the Period Ended October 17, 2023

Note 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the period ended October 17, 2023 to the Form 5500:

	2023
Net decrease per the financial statements	\$ (63,963)
Less: prior year excess contributions payable	(17,174)
Net decrease per the 5500	<u>\$ (81,137)</u>

The Form 5500 is prepared on the accrual basis method of accounting, except that the return of excess contributions is not recorded until the return is actually made to the Participant and for 2023 and 2022, corrective contributions were recorded when received. The financial statements are prepared on the accrual basis method of accounting.

Note 11. DATE OF MANAGEMENT'S REVIEW

In preparing the financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through July 17, 2024, the date that the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

JOHNNY JANOSIK INC. 401(K) PROFIT SHARING PLAN
EIN: 51-0351984; PLAN - 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF PERIOD)
As of October 17, 2023

(a) Party in Interest (*)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
	Pooled Separate Accounts			
*	Aegon Balanced Ret Opt	Pooled Separate Accounts		\$ -
*	American Funds Fundamental Investors Inv Opt	Pooled Separate Accounts		-
*	Columbia Dividend Income	Pooled Separate Accounts		-
*	Franklin Utilities Inv Opt	Pooled Separate Accounts		-
*	Loomis Sayles Investment Grade Bond Ret Opt	Pooled Separate Accounts		-
*	Morgan Stanley Growth Opportunities Ret Opt	Pooled Separate Accounts		-
*	Morgan Stanley Growth Ret Opt	Pooled Separate Accounts		-
*	Neuberger Berman Real Estate Ret Opt	Pooled Separate Accounts		-
*	PIMCO Income	Pooled Separate Accounts		-
*	State Street Emerging Markets Index Ret Opt	Pooled Separate Accounts		-
*	State Street International Index Ret Opt	Pooled Separate Accounts		-
*	State Street Russell Large Cap Gr Index Ret Opt	Pooled Separate Accounts		-
*	State Street Russell Small Cap Index Ret Opt	Pooled Separate Accounts		-
*	State Street S&P Mid Cap Index Ret Opt	Pooled Separate Accounts		-
*	TA Vanguard Total Stock Market Index Ret Opt	Pooled Separate Accounts		-
*	Templeton Global Bond Ret Opt	Pooled Separate Accounts		-
*	Transamerica Asset Allocation International Horizon Ret Opt	Pooled Separate Accounts		-
*	Transamerica Asset Allocation Intermediate/Long Horizon Ret Opt	Pooled Separate Accounts		-
*	Transamerica Asset Allocation Short/Intermediate Horizon Ret Opt	Pooled Separate Accounts		-
*	Transamerica Long Horizon Ret Opt	Pooled Separate Accounts		-
*	Transamerica Mid Cap Value Opportunities Ret Opt	Pooled Separate Accounts		-
*	Transamerica Partners High Yield Bond Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2010 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2025 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2030 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2035 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2040 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2045 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2050 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2055 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica RetireOntrack 2060 with American Funds Ret Opt	Pooled Separate Accounts		-
*	Transamerica Short Bond Ret Opt	Pooled Separate Accounts		-
*	Transamerica Short Horizon Ret Opt	Pooled Separate Accounts		-
		Total Pooled Separate Accounts		<u>-</u>
	Stable Value Accounts			
*	Transamerica Stable Value Option			<u>-</u>
		Total investments		<u>-</u>
	Participant Loans			
*		Loans to participants, maturing at various dates, bearing interest at rates from 4.25% to 9.50%		<u>-</u>
		Total		<u><u>\$ -</u></u>

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

** All investments are participant-directed; therefore, historical cost is not required to be presented.