

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

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 2024 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: JC LICHT 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): JC LICHT, LLC
2b Employer Identification Number (EIN): 47-2174551
2c Plan Sponsor's telephone number: 630-868-7342
2d Business code (see instructions): 444120

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 entries for MATT PFEIFER on 10/02/2025.

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

Form 5500 (2024) v. 240311

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	242
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)	237
	6a(2)	386
	6b	0
	6c	28
	6d	414
	6e	0
	6f	414
	6g(1)	
6g(2)	321	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3B 3D 2A

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

(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	206831
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5334027

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

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)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

A Name of plan JC LICHT 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JC LICHT, LLC	D Employer Identification Number (EIN) 47-2174551	

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

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

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

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

AXA EQUITABLE LIFE INSURANCE CO

13-5570651

(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 25 28 37 59 60 62 63 67	RECORD KEEPER	21441	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8019	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>JC LICHT 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JC LICHT, LLC</u>	D Employer Identification Number (EIN) <u>47-2174551</u>	

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:	<u>POOLED SEPARATE ACCOUNT 65</u>		
b Name of sponsor of entity listed in (a):	<u>AXA EQUITABLE</u>		
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)	
<u>13-5570651-065</u>	<u>P</u>		<u>5334027</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan JC LICHT 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JC LICHT, LLC	D Employer Identification Number (EIN) 47-2174551

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)		
(2) Participant contributions	1b(2)	0	22103
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	190827
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	5334027
(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)	0	206832
(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	0	5753789
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	0	5753789

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)	466233	
(C) Others (including rollovers).....	2a(1)(C)	54056	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		520289
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)	9481	
(F) Other.....	2b(1)(F)	3799	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13280
(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)		0
(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)		1570387
(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		2103956

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	203573	
(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)		203573
f Corrective distributions (see instructions)	2f		
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)	21466	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		21466
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		225039

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1878917
l Transfers of assets:			
(1) To this plan.....	2l(1)		3874872
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

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:

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.)

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.)

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.)

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.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

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?

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?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

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.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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.

	Yes	No	Amount
4a	X		24
4b		X	
4c		X	
4d		X	
4e	X		500000
4f		X	
4g		X	
4h		X	
4i	X		
4j		X	
4k		X	
4l		X	
4m		X	
4n			

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

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

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

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

JC Licht 401(k) Plan

**Financial Report
December 31, 2023**

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Independent Auditor's Report

To the Plan Administrator
JC Licht 401(k) Plan

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

We have performed audits of the financial statements of JC Licht 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023, 2022, 2021, and 2020 and the related statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements (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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023, 2022, 2021, and 2020 and for the years then ended stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits 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.

Emphasis of Matter

As explained in Note 3 to the financial statements, JC Licht, LLC terminated its participation in the Inspertiy 401(k) Plan, and such participants were spun off and transferred into the Plan effective March 19, 2020. Our opinion has not been modified with respect to this matter.

To the Plan Administrator
JC Licht 401(k) Plan

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is 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 audits in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of the 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 GAAP.

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

To the Plan Administrator
JC Licht 401(k) Plan

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year as of December 31, 2023, 2022, 2021, and 2020; delinquent participant contributions for the years ended December 31, 2023, 2022, 2021, and 2020; and nonexempt transactions for the years ended December 31, 2023, 2022, and 2021 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Plante & Moran, PLLC

Fort Collins, Colorado
September 23, 2025

JC Licht 401(k) Plan

Statement of Net Assets Available for Benefits

December 31, 2023, 2022, 2021, and 2020

	2023	2022	2021	2020
Assets				
Participant-directed investments at fair value				
- Pooled separate accounts	\$ 9,911,735	\$ 7,001,719	\$ 6,577,523	\$ 5,334,027
Participant-directed group annuity contract investments at contract value	47,525	76,642	99,105	206,832
Total participant-directed investments	9,959,260	7,078,361	6,676,628	5,540,859
Contributions receivable:				
Employee	6,409	76,707	35,477	22,103
Employer	5,368	31,385	4,974	-
Total contributions receivable	11,777	108,092	40,451	22,103
Participant notes receivable	361,844	263,715	153,743	190,827
Net Assets Available for Benefits	\$ 10,332,881	\$ 7,450,168	\$ 6,870,822	\$ 5,753,789

JC Licht 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

	Years Ended December 31, 2023, 2022, 2021, and 2020			
	2023	2022	2021	2020
Additions				
Contributions:				
Employee	\$ 1,320,638	\$ 1,165,507	\$ 922,113	\$ 466,233
Employer	445,222	381,432	144,008	-
Rollovers	341,354	495,327	131,030	54,056
Total contributions	2,107,214	2,042,266	1,197,151	520,289
Investment income (loss):				
Interest	1,010	917	1,123	3,799
Net realized and unrealized gains (losses) on investments	1,336,286	(1,116,526)	737,759	1,570,387
Total investment income (loss)	1,337,296	(1,115,609)	738,882	1,574,186
Interest from participant notes receivable	19,504	7,333	7,967	9,481
Total additions	3,464,014	933,990	1,944,000	2,103,956
Deductions				
Benefits paid directly to participants or beneficiaries	519,880	308,940	787,995	203,573
Administrative expenses	61,421	45,704	38,972	21,466
Total deductions	581,301	354,644	826,967	225,039
Net Increase before Other Changes	2,882,713	579,346	1,117,033	1,878,917
Transfers In (Note 3)	-	-	-	3,874,872
Net Increase	2,882,713	579,346	1,117,033	5,753,789
Net Assets Available for Benefits				
Beginning of year	7,450,168	6,870,822	5,753,789	-
End of year	<u>\$ 10,332,881</u>	<u>\$ 7,450,168</u>	<u>\$ 6,870,822</u>	<u>\$ 5,753,789</u>

December 31, 2023, 2022, 2021, and 2020

Note 1 - Plan Description

The following description of JC Licht 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

Effective January 1, 2020 (date of inception), the Plan is a defined contribution plan covering all eligible employees of JC Licht, LLC (the "Company") who are eligible for employee contribution salary deferrals upon employment. Participants are eligible for employer contributions upon completion of one year of service. For this purpose, employees will earn a year of service upon completing 1,000 hours of service during the 12-month period immediately following date of hire. If employee does not work at least 1,000 hours during the 12-month period immediately following date of hire, employee will earn a year of service for the purpose of plan participation once they work at least 1,000 hours during any plan year beginning after date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was established as a result of a spin-off of a professional employer organization (PEO), Insperity 401(k) Plan, for which participating employees of the Company were transferred into the Plan, as further described in Note 3.

Contributions

The Plan provides for employee salary deferral contributions up to a maximum of 100 percent of annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Employees are automatically enrolled in the Plan at a pretax employee salary 401(k) deferral rate of 3 percent unless they elect otherwise. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions in addition to their regular deferral contributions. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

Certain participant contributions in 2020, 2021, 2022, and 2023 were paid after the time frame required by the Department of Labor. The Company remitted these contributions during 2022, 2023, and 2025 and remitted related lost earnings to the Plan in 2025.

The Plan began providing for employer matching contributions on January 1, 2021 for all employees who have completed one year of service. From January 1, 2021 through December 31, 2021, the employer matching contributions were 25 percent of the participant's contribution, not to exceed 6 percent of the participant's deferred compensation. Effective January 1, 2022, the employer matching contribution was 50 percent of the participant's contribution, not to exceed 6 percent of the participant's deferred compensation. Effective December 1, 2023, the employer matching contribution was 50 percent of the participant's contribution, not to exceed 2 percent of the participant's deferred compensation.

The Plan also allows for discretionary employer contributions, which may be contributed to participants at such time as the Plan deems appropriate. There were no discretionary employer contributions during 2023, 2022, 2021, or 2020.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation 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. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Note 1 - Plan Description (Continued)

Participant Notes Receivable

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of 50 percent of their account balances, not to exceed \$50,000. Notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Equitable Life Insurance Company or its affiliates. Equitable Life Insurance Company is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

During 2023 and 2021, the plan sponsor received payments from the Plan totaling \$7,799 and \$250, respectively, related to contributions erroneously made to the Plan in 2023 and 2021, respectively. Such payments constituted nonexempt transactions. Corrective action consisting of a contribution to the Plan and related lost earnings is expected to be made to the Plan subsequent to year end.

Benefit Payments

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account. In-service distributions may be made from a participant's fully vested account at any time after the attainment of age 59½.

Participants may request that all or a portion of their accounts be distributed in the case of financial hardship, as defined in the plan document.

Vesting

Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of service.

The Company's employer matching and employer discretionary contributions vest according to the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Greater than 1	20 %
2	40
3	60
4	80
5 or greater	100

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions or to pay administrative expenses of the Plan. At December 31, 2023 and 2022, forfeited account balances totaled \$10,795 and \$245, respectively. There were no forfeited account balances as of December 31, 2021 and 2020.

Termination

While 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 set forth in the plan agreement and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

December 31, 2023, 2022, 2021, and 2020

Note 2 - Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for the participant-directed group annuity contract with Equitable Life Insurance Company, which is stated at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. See Note 5 for further discussion of fair value measurements.

Pooled separate accounts are valued at fair value based on net asset value per share or its equivalent of the funds, which is based on the fair value of the funds' underlying net assets.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 23, 2025, which is the date the financial statements were available to be issued.

Note 3 - Plan Transfers

Effective January 1, 2020, the Company terminated its participation in the Insuperity 401(k) Plan. As a result, participants from the Insuperity 401(k) Plan were spun off and transferred into the Plan. Accordingly, the assets of approximately \$3,875,000 were transferred into the Plan on March 19, 2020, the effective date of the transfer.

December 31, 2023, 2022, 2021, and 2020

Note 4 - Certified Information

Equitable Life Insurance Company (the "Custodian") holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year as of December 31, 2023, 2022, 2021, and 2020 are based solely on information certified by the Custodian.

Note 5 - Fair Value Measurements

Pooled separate accounts measured at net asset value (NAV) at December 31, 2023, 2022, 2021, and 2020 are as follows:

	2023	2022	2021	2020
Equity investments (1)	\$ 1,975,640	\$ 1,463,739	\$ 1,521,745	\$ 1,252,983
Fixed-income investments (2)	648,097	567,458	279,183	212,653
Balanced investments (3)	7,128,161	4,832,082	4,602,549	3,763,859
Real estate investments (4)	159,837	138,440	174,046	104,532
Total investments	<u>\$ 9,911,735</u>	<u>\$ 7,001,719</u>	<u>\$ 6,577,523</u>	<u>\$ 5,334,027</u>

- (1) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures.
- (2) This class represents investments in actively managed pooled separate accounts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (4) This class represents investments in actively managed pooled separate accounts with investments in real estate. The investments may include real estate property or real estate investment trusts.

There were no unfunded commitments or redemption restrictions on the investments described above.

Note 6 - Investment Contract

The Plan has a benefit-responsive investment contract with Equitable Life Insurance Company (Equitable). Equitable maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates are reviewed on a semiannual basis for resetting, but may not be less than 1 percent. When establishing interest crediting rates for this product, Equitable considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account.

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and that require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

December 31, 2023, 2022, 2021, and 2020

Note 7 - Tax Status

During 2021, the Plan adopted a preapproved plan. Previously, the Plan, as adopted, was a volume submitter plan. There were no significant changes as a result of the adoption of the preapproved plan. The preapproved plan and former volume submitter plan have received a favorable opinion letter from the Internal Revenue Service (IRS) indicating that the Plan, as designed, is qualified for federal income tax-exempt status. The Plan has not individually sought its own determination letter.

JC Licht 401(k) Plan

Schedule of Assets Held at End of Year

**Form 5500, Schedule H, Line 4i
 EIN 47-2174551, Plan No. 001
 December 31, 2023**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts:		
Equitable Life Insurance Company	AB Government Money Market I	*	\$ 427,454
	AB Relative Value Z	*	362,239
	AB Small Cap Growth Z	*	106,502
	American Century Ultra R6	*	302,746
	American Funds New World R6	*	14,010
	BlackRock High Yield Portfolio K	*	7,519
	Fidelity 500 Index Institutional Premium	*	609,805
	Fidelity Mid Cap Index Instl Premium	*	22,001
	Fidelity Small Cap Index Instl Premium	*	28,966
	Goldman Sachs Small Cap Val Insights R6	*	106,867
	JPMorgan Mid Cap Growth R6	*	108,578
	MFS Mid Cap Value R6	*	167,160
	Pib EQ/Balance Strategy Portfolio	*	1,105
	Principal Real Estate Securities FD R-6	*	159,837
	Vanguard Growth & Income ADM	*	65,733
	Vanguard International Growth ADM	*	75,686
	Vanguard LifeStrategy Moderate Gr Inv	*	74,905
	Vanguard Target Retirement 2020 Inv	*	236,968
	Vanguard Target Retirement 2025 Inv	*	1,160,256
	Vanguard Target Retirement 2030 Inv	*	1,284,413
	Vanguard Target Retirement 2035 Inv	*	721,453
	Vanguard Target Retirement 2040 Inv	*	1,150,675
	Vanguard Target Retirement 2045 Inv	*	787,419
	Vanguard Target Retirement 2050 Inv	*	358,008
	Vanguard Target Retirement 2055 Inv	*	435,110
	Vanguard Target Retirement 2060 Inv	*	348,755
	Vanguard Target Retirement 2065 Inv	*	231,369
	Vanguard Target Retirement 2070 Inv	*	6,309
	Vanguard Target Retirement Income Inv	*	331,416
	Vanguard Total Intl Stock Index Admiral	*	5,347
	Vanguard Vif Total Bond Mkt Idx	*	110,694
	Western Asset Core Plus Vit I	*	102,430
Equitable Life Insurance Company	Group annuity contract - Guaranteed Interest Option	*	47,525
Participants	Participant notes receivable bearing interest between 4.25 and 9.50 percent	-	361,844
	Total		<u>\$ 10,321,104</u>

*Cost information not required

JC Licht 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 47-2174551, Plan No. 001
 December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts:		
Equitable Life Insurance Company	AB Government Money Market I	*	\$ 365,027
	AB Relative Value Z	*	301,085
	AB Small Cap Growth Z	*	81,201
	American Century Ultra R6	*	184,551
	American Funds New World R6	*	8,681
	BlackRock High Yield Portfolio K	*	3,504
	Fidelity 500 Index Institutional Premium	*	431,164
	Fidelity Mid Cap Index Instl Premium	*	20,084
	Fidelity Small Cap Index Instl Premium	*	7,691
	Goldman Sachs Small Cap Val Insights R6	*	112,942
	JPMorgan Mid Cap Growth R6	*	89,077
	MFS Mid Cap Value R6	*	135,739
	Pib EQ/Balance Strategy Portfolio	*	992
	Principal Real Estate Securities FD R-6	*	138,440
	Vanguard Growth & Income ADM	*	28,275
	Vanguard International Growth ADM	*	61,192
	Vanguard LifeStrategy Moderate Gr Inv	*	65,989
	Vanguard Target Retirement 2020 Inv	*	155,155
	Vanguard Target Retirement 2025 Inv	*	961,194
	Vanguard Target Retirement 2030 Inv	*	883,095
	Vanguard Target Retirement 2035 Inv	*	631,712
	Vanguard Target Retirement 2040 Inv	*	575,417
	Vanguard Target Retirement 2045 Inv	*	559,534
	Vanguard Target Retirement 2050 Inv	*	212,056
	Vanguard Target Retirement 2055 Inv	*	245,660
	Vanguard Target Retirement 2060 Inv	*	164,241
	Vanguard Target Retirement 2065 Inv	*	91,862
	Vanguard Target Retirement 2070 Inv	*	343
	Vanguard Target Retirement Income Inv	*	284,832
	Vanguard Total Intl Stock Index Admiral	*	2,057
	Vanguard Vif Total Bond Mkt Idx	*	97,116
	Western Asset Core Plus Vit I	*	101,811
Equitable Life Insurance Company	Group annuity contract - Guaranteed Interest Option	*	76,642
Participants	Participant notes receivable bearing interest between 4.25 and 8.50 percent	-	263,715
	Total		<u><u>\$ 7,342,076</u></u>

*Cost information not required

JC Licht 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 47-2174551, Plan No. 001
 December 31, 2021

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts:		
Equitable Life Insurance Company	AB Government Money Market I	*	\$ 74,725
	AB Relative Value Z	*	209,537
	AB Small Cap Growth Z	*	93,465
	American Funds New World R6	*	6,111
	BlackRock High Yield Portfolio K	*	1,694
	Fidelity 500 Index Institutional Premium	*	472,767
	Fidelity Mid Cap Index Instl Premium	*	2,064
	Fidelity Small Cap Index Instl Premium	*	23,586
	Goldman Sachs Small Cap Val Insights R6	*	123,421
	Invesco International Diversified R6	*	75,861
	JPMorgan Mid Cap Growth R6	*	103,943
	MFS Mid Cap Value R6	*	132,015
	Principal Real Estate Securities FD R-6	*	174,046
	T. Rowe Price Blue Chip Growth I	*	255,495
	Vanguard Growth & Income ADM	*	20,308
	Vanguard LifeStrategy Moderate Gr Inv	*	155,087
	Vanguard Target Retirement 2015 Inv	*	612,555
	Vanguard Target Retirement 2020 Inv	*	118,159
	Vanguard Target Retirement 2025 Inv	*	1,149,045
	Vanguard Target Retirement 2030 Inv	*	843,540
	Vanguard Target Retirement 2035 Inv	*	497,746
	Vanguard Target Retirement 2040 Inv	*	301,496
	Vanguard Target Retirement 2045 Inv	*	503,024
	Vanguard Target Retirement 2050 Inv	*	139,828
	Vanguard Target Retirement 2055 Inv	*	156,291
	Vanguard Target Retirement 2060 Inv	*	89,238
	Vanguard Target Retirement 2065 Inv	*	33,277
	Vanguard Target Retirement Income Inv	*	3,263
	Vanguard Total Intl Stock Index Admiral	*	3,172
	Vanguard Vif Total Bond Mkt Idx	*	101,449
	Western Asset Core Plus Vit I	*	101,315
Equitable Life Insurance Company	Group annuity contract - Guaranteed Interest Option	*	99,105
Participants	Participant notes receivable bearing interest between 4.25 and 6.50 percent	-	153,743
	Total		<u>\$ 6,830,371</u>

*Cost information not required

JC Licht 401(k) Plan

Schedule of Assets Held at End of Year

**Form 5500, Schedule H, Line 4i
 EIN 47-2174551, Plan No. 001
 December 31, 2020**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts:		
Equitable Life Insurance Company	AB Relative Value Z	*	\$ 179,716
	AB Small Cap Growth Z	*	69,324
	American Funds New World R6	*	11,262
	Fidelity 500 Index Institutional Premium	*	348,469
	Fidelity Small Cap Index Instl Premium	*	17,032
	Goldman Sachs Small Cap Val Insights R6	*	86,100
	Invesco International Diversified R6	*	73,501
	JPMorgan Mid Cap Growth R6	*	95,582
	MFS Mid Cap Value R6	*	99,827
	Principal Real Estate Securities FD R-6	*	104,532
	T. Rowe Price Blue Chip Growth I	*	270,861
	Vanguard LifeStrategy Moderate Gr Inv	*	158,784
	Vanguard Target Retirement 2015 Inv	*	574,688
	Vanguard Target Retirement 2020 Inv	*	87,615
	Vanguard Target Retirement 2025 Inv	*	1,236,619
	Vanguard Target Retirement 2030 Inv	*	631,539
	Vanguard Target Retirement 2035 Inv	*	370,436
	Vanguard Target Retirement 2040 Inv	*	196,819
	Vanguard Target Retirement 2045 Inv	*	333,107
	Vanguard Target Retirement 2050 Inv	*	55,142
	Vanguard Target Retirement 2055 Inv	*	84,719
	Vanguard Target Retirement 2060 Inv	*	28,214
	Vanguard Target Retirement 2065 Inv	*	6,073
	Vanguard Target Retirement Income Inv	*	104
	Vanguard Total Intl Stock Index Admiral	*	1,309
	Vanguard Vif Total Bond Mkt Idx	*	97,969
	Western Asset Core Plus Vit I	*	114,684
Equitable Insurance Company	Group annuity contract - Guaranteed Interest Option	*	206,832
Participants	Participant notes receivable bearing interest between 4.25 and 6.50 percent	-	190,827
	Total		<u>\$ 5,731,686</u>

*Cost information not required

JC Licht 401(k) Plan

Schedule of Delinquent Participant Contributions

**Form 5500, Schedule H, Line 4a
 EIN 47-2174551, Plan No. 001
 Year Ended December 31, 2023**

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP	
	Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP		Contributions Pending Correction in VFCP
2020		\$ 24	\$ -	\$ -	\$ -
2021		2,738	-	-	-
2022		1,051,914	-	-	-
2023		387,083	-	-	-

JC Licht 401(k) Plan

Schedule of Delinquent Participant Contributions

**Form 5500, Schedule H, Line 4a
 EIN 47-2174551, Plan No. 001
 Year Ended December 31, 2022**

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP
	Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	

2020	\$	24	\$	-	\$	-	\$	-
2021		2,738		-		-		-
2022		1,051,914		-		-		-

JC Licht 401(k) Plan

Schedule of Delinquent Participant Contributions

**Form 5500, Schedule H, Line 4a
 EIN 47-2174551, Plan No. 001
 Year Ended December 31, 2021**

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP
	Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	

2020	\$	24	\$	-	\$	-	\$	-
2021		2,738		-		-		-

JC Licht 401(k) Plan

Schedule of Delinquent Participant Contributions

**Form 5500, Schedule H, Line 4a
 EIN 47-2174551, Plan No. 001
 Year Ended December 31, 2020**

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP
	Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	

2020

\$ 24 \$ - \$ - \$ -

JC Licht 401(k) Plan

Schedule of Nonexempt Transactions

**Form 5500, Schedule G, Part III
 EIN 47-2174551, Plan No. 001
 Year Ended December 31, 2023**

<u>(a) Identity of party involved</u> JC Licht, LLC		<u>(b) Relationship to plan, employer, or other party-in-interest</u> Plan sponsor	
<u>(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value</u> Inadvertent loan made to plan sponsor during 2023			
<u>(d) Purchase price</u> \$-	<u>(e) Selling price</u> \$-	<u>(f) Lease rental/loan amount involved</u> \$250	<u>(g) Expenses incurred in connection with transaction</u> \$-
<u>(h) Cost of asset</u> \$-	<u>(i) Current value of asset</u> \$-	<u>(j) Net gain (loss) on each transaction</u> \$-	

<u>(a) Identity of party involved</u> JC Licht, LLC		<u>(b) Relationship to Plan, employer, or other party-in-interest</u> Plan sponsor	
<u>(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value</u> Inadvertent loan made to plan sponsor during 2021			
<u>(d) Purchase price</u> \$-	<u>(e) Selling price</u> \$-	<u>(f) Lease rental/loan amount involved</u> \$7,799	<u>(g) Expenses incurred in connection with transaction</u> \$-
<u>(h) Cost of asset</u> \$-	<u>(i) Current value of asset</u> \$-	<u>(j) Net gain (loss) on each transaction</u> \$-	

JC Licht 401(k) Plan

Schedule of Nonexempt Transactions

**Form 5500, Schedule G, Part III
 EIN 47-2174551, Plan No. 001
 Year Ended December 31, 2022**

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	
JC Licht, LLC		Plan sponsor	
(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value			
Inadvertent loan made to plan sponsor during 2021			
(d) Purchase price	(e) Selling price	(f) Lease rental/loan amount involved	(g) Expenses incurred in connection with transaction
\$-	\$-	\$7,799	\$-
(h) Cost of asset	(i) Current value of asset	(j) Net gain (loss) on each transaction	
\$-	\$-	\$-	

JC Licht 401(k) Plan

Schedule of Nonexempt Transactions

**Form 5500, Schedule G, Part III
 EIN 47-2174551, Plan No. 001
 Year Ended December 31, 2021**

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	
JC Licht, LLC		Plan sponsor	
(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value			
Inadvertent loan made to plan sponsor during 2021			
(d) Purchase price	(e) Selling price	(f) Lease rental/loan amount involved	(g) Expenses incurred in connection with transaction
\$-	\$-	\$7,799	\$-
(h) Cost of asset	(i) Current value of asset	(j) Net gain (loss) on each transaction	
\$-	\$-	\$-	

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> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>JC Licht 401(k) Plan</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JC Licht, LLC</u>	D Employer Identification Number (EIN) <u>47-2174551</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
----------	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-3157927

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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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) through (c)

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

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

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

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

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

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

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

Name of Plan:

► JC LICHT 401(K) PLAN

Employer Identification Number: ►

47-2174551

For plan year (beginning/ending): ►

01/01/2020 - 12/31/2020

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Guaranteed Interest Option			\$206,832.00
	AB Relative Value Z	POOLED SEPARATE ACCOUNT		\$179,716.00
	AB Small Cap Growth Z	POOLED SEPARATE ACCOUNT		\$69,324.00
	American Funds New World R6	POOLED SEPARATE ACCOUNT		\$11,262.00
	Fidelity 500 Index Institutional Premium	POOLED SEPARATE ACCOUNT		\$348,469.00
	Fidelity Small Cap Index Instl Premium	POOLED SEPARATE ACCOUNT		\$17,032.00
	Goldman Sachs Small Cap Val Insights R6	POOLED SEPARATE ACCOUNT		\$86,100.00
	Invesco International Diversified R6	POOLED SEPARATE ACCOUNT		\$73,501.00
	JPMorgan Mid Cap Growth R6	POOLED SEPARATE ACCOUNT		\$95,582.00
	MFS Mid Cap Value R6	POOLED SEPARATE ACCOUNT		\$99,827.00
	Principal Real Estate Securities FD R-6	POOLED SEPARATE ACCOUNT		\$104,532.00
	T. Rowe Price Blue Chip Growth I	POOLED SEPARATE ACCOUNT		\$270,861.00
	Vanguard LifeStrategy Moderate Gr Inv	POOLED SEPARATE ACCOUNT		\$158,784.00
	Vanguard Target Retirement 2015 Inv	POOLED SEPARATE ACCOUNT		\$574,688.00
	Vanguard Target Retirement 2020 Inv	POOLED SEPARATE ACCOUNT		\$87,615.00
	Vanguard Target Retirement 2025 Inv	POOLED SEPARATE ACCOUNT		\$1,236,619.00
	Vanguard Target Retirement 2030 Inv	POOLED SEPARATE ACCOUNT		\$631,539.00
	Vanguard Target Retirement 2035 Inv	POOLED SEPARATE ACCOUNT		\$370,436.00
	Vanguard Target Retirement 2040 Inv	POOLED SEPARATE ACCOUNT		\$196,819.00
	Vanguard Target Retirement 2045 Inv	POOLED SEPARATE ACCOUNT		\$333,107.00
	Vanguard Target Retirement 2050 Inv	POOLED SEPARATE ACCOUNT		\$55,142.00
	Vanguard Target Retirement 2055 Inv	POOLED SEPARATE ACCOUNT		\$84,719.00
	Vanguard Target Retirement 2060 Inv	POOLED SEPARATE ACCOUNT		\$28,214.00
	Vanguard Target Retirement 2065 Inv	POOLED SEPARATE ACCOUNT		\$6,073.00
	Vanguard Target Retirement Income Inv	POOLED SEPARATE ACCOUNT		\$104.00
	Vanguard Total Intl Stock Index Admiral	POOLED SEPARATE ACCOUNT		\$1,309.00
	Vanguard Vif Total Bond Mkt Idx	POOLED SEPARATE ACCOUNT		\$97,969.00
	Western Asset Core Plus Vit I	POOLED SEPARATE ACCOUNT		\$114,684.00
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.50% - 10.50%		\$190,827.00