

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] 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: JEAN MADELINE, INC. 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): JEAN MADELINE, INC.
2b Employer Identification Number (EIN): 23-1596775
2c Plan Sponsor's telephone number: 215-238-9998
2d Business code (see instructions): 812112

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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	181
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)	119
	6a(2)	103
	6b	0
	6c	51
	6d	154
	6e	1
	6f	155
	6g(1)	158
6g(2)	140	
6h	10	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan JEAN MADELINE, INC. 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JEAN MADELINE, INC.</p>	<p>D Employer Identification Number (EIN) 23-1596775</p>	

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
VOYA FINANCIAL

(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
71-0294708	86509	877690	141	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	276694
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	11019364

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 180784

c Additions: (1) Contributions deposited during the year	7c(1)	10044
	7c(2)	0
	7c(3)	31082
	7c(4)	131621
	7c(5)	4147

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 176894

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 357678

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	50719
	7e(2)	28398
	7e(3)	0
	7e(4)	1867

▶ LOAN DISBURSEMENTS

(5) Total deductions **7e(5)** 80984

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 276694

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan JEAN MADELINE, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JEAN MADELINE, INC.	D Employer Identification Number (EIN) 23-1596775	

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

VOYA RETIREMENT INSURANCE AND	ANNUITY COMPANY
71-0294708	P.O. BOX 990067 HARTFORD, CT 06199-0067

(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)

VOYA RETIREMENT ADVISORS, LLC

P.O. BOX 990067
HARTFORD, CT 06199-0067

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	11733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BETTE KARPIN

P.O. BOX 247
900 GREAT SPRINGS ROAD
BRYN MAWR, PA 19010

23-3101180

(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?
99	SERVICE PROVIDER	27151	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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 01/01/2024 and ending 12/31/2024

A Name of plan <u>JEAN MADELINE, INC. 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>JEAN MADELINE, INC.</u>	D Employer Identification Number (EIN) <u>23-1596775</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: MAP CONTRACT SEPARATE ACCOUNT D

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

c EIN-PN <u>71-0294708-001</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>11019364</u>
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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.	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 01/01/2024 and ending 12/31/2024	
A Name of plan JEAN MADELINE, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JEAN MADELINE, INC.	D Employer Identification Number (EIN) 23-1596775

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	30000	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	97811	56388
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	9978647	11019364
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	180784	276694
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	10287242	11352446
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	593
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	593
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10287242	11351853

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)	0	
(B) Participants.....	2a(1)(B)	309179	
(C) Others (including rollovers).....	2a(1)(C)	3226	
(2) Noncash contributions.....	2a(2)	0	312405
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	6638
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	6638	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6638
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	0
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	0
(B) Other.....	2b(5)(B)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	1709347
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	0
c Other income	2c	31082
d Total income. Add all income amounts in column (b) and enter total	2d	2059472

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	948584
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	948584
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	6016
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	39128
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	1133
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	46277
j Total expenses. Add all expense amounts in column (b) and enter total	2j	994861

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1064611
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: **JACOBS AND ASSOCIATES, LLC**

(2) EIN: **46-1151899**

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		700000
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.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan JEAN MADELINE, INC. 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 JEAN MADELINE, INC.	D Employer Identification Number (EIN) 23-1596775	

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	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): 71-0294708

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
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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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

**JEAN MADELINE, INC.
401(k) PLAN**

**FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE
AND INDEPENDENT AUDITORS' REPORT**

December 31, 2024 and 2023

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* Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditors' Report

To the Participants and Board of Trustees of
Jean Madeline, Inc. 401(k) Plan

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

We have performed an audit of the accompanying financial statements of Jean Madeline, Inc. 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Jean Madeline, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Voya Retirement Insurance and Annuity Company, a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements 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 audit 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 Jean Madeline, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

(Continued)

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Jean Madeline, Inc. 401(k) 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 Jean Madeline, Inc. 401(k) 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 Jean Madeline, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

(Continued)

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).

Jacobs and Associates, LLC

Bala Cynwyd, Pennsylvania
September 30, 2025

Jean Madeline, Inc.
401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments at fair value (notes 2, 3, 7 and 11):		
Voya Life Insurance and Annuity Company - Pooled Separate Accounts – at fair value *	\$ 11,019,364	\$ 9,978,647
Voya Life Insurance and Annuity Company – Fixed Account Investment Funds – at contract value	<u>276,694</u>	<u>180,784</u>
Total Investments	11,296,058	10,159,431
Receivables:		
Employer matching contributions	-	30,000
Participant notes receivables	<u>56,388</u>	<u>97,811</u>
Total receivables	<u>56,388</u>	<u>127,811</u>
Total Assets	\$ <u>11,352,446</u>	\$ <u>10,287,242</u>
<u>LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS</u>		
Liabilities		
Accrued expenses	\$ 593	\$ -
Corrective distributions payable	<u>-</u>	<u>-</u>
Total liabilities	<u>593</u>	<u>-</u>
Net assets available for benefits	<u>11,351,853</u>	<u>10,287,242</u>
Liabilities and net assets available for benefits	\$ <u>11,352,446</u>	\$ <u>10,287,242</u>

* Asset represents five percent or more of the net assets available for plan benefits

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

Jean Madeline, Inc.
401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS

Year ended December 31, 2024

Additions (reductions):	
Additions (reductions) to net assets attributed to:	
Investment income (loss):	
Net increase in the fair value of investments	\$ 1,709,347
Investment insurance contracts – contract value	<u>31,082</u>
	1,740,429
Interest income on notes receivable from participants	6,638
Contributions and rollovers:	
Participants contributions	309,179
Employer contributions	-
Rollover contributions	<u>3,226</u>
Total addition	<u>2,059,472</u>
Deductions:	
Deductions from net assets attributed to:	
Distributions to participants	948,584
Administrative expenses	<u>46,277</u>
Total deductions	<u>994,861</u>
Net increase	1,064,611
Net assets available for benefits:	
Beginning of year	<u>10,287,242</u>
End of year	\$ <u>11,351,853</u>

The accompanying notes are an integral part of this financial statement.

Jean Madeline, Inc.
401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

1. General Description of the Plan:

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

General:

The Plan is a defined contribution plan for the employees of Jean Madeline, Inc. and its affiliates (the "Company") and commenced January 1, 1996. All employees, as defined by the Plan, who are at least 18 years old and who have completed three months of service are eligible to participate in the Plan. Eligible employees become participants in the Plan effective the first day of the following month coincident with or following satisfaction of eligibility requirements. Employees who are union, non-resident aliens and leased employees are not eligible to participate. All employees, as defined by the plan, who have met the eligibility requirements and completed one year of eligibility service (1,000 hours minimum) are eligible for the employer match. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Basis of Presentation:

Statement of Auditing Standards (SAS) No. 136, Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA, as amended, and codified in AU-C section 703 is effective for audits of financial statements for periods ending on or after December 15, 2021 and was implemented in 2022.

Administration of the Plan:

Trustees of the Plan are Samuel W. Lehman, Deborah Lehman and Justin Lehman. The Company has retained Associated Benefit Planners, Ltd. as the third-party administrator for the plan, to assist in the administration and operation of the Plan. The Company selected Voya Retirement Insurance and Annuity Company (Voya) to serve as record keeper and custodian in the operation of the plan. Justin Lehman additionally acts as plan administrator, to be responsible for all matters connected with the day-to-day operation of the Plan.

Contributions:

Participants may contribute annually, up to federal tax law limits, pre-tax and/or Roth contributions without limitation as to a percentage of compensation up to the Internal Revenue Service limitation (as revised by the SECURE Act). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Company may also contribute a discretionary amount to be allocated to eligible participants based on compensation. The Company's discretionary matching contribution amounted to \$0 and \$30,000 for the years ended December 31, 2024 and 2023, respectively. With the consent of the Administrator, participants may transfer amounts from other qualified plans or conduit IRA's as rollover contributions.

(Continued)

Jean Madeline, Inc.
401(k) Plan
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

1. General Description of the Plan: (Continued):

Participant accounts:

Each participant's account is credited with the participant and employer discretionary matching contributions as well as earnings or losses from participant directed accounts, net of administrative expenses. Operating expenses allocated to each participant account are based on a pro-rata share of assets or specific participant transactions, as defined. Participant contributions are deposited on a payroll to payroll basis and are allocated on a payroll to payroll basis to the investment options self-directed by the participant. Participants are only entitled to the vested balance in their respective account.

Vesting and Forfeitures:

Participants vest immediately in their own contributions plus actual earnings thereon. Participants are vested in the employer's discretionary matching contribution incrementally based upon completed years of credited service. The method of vesting will be based on hours of service credited. A year of service is earned when a participant completes one year of service with a minimum of 1,000 hours of service provided. The vesting schedule for employer contributions is as follows:

<u>Completed Years of Credited Service</u>	<u>Vested Percentage</u>
0 – 1 Years	NONE
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years or More	100%

A participant shall become 100% vested in their account upon death or disability.

Self-Directed Investment Options

The assets of the Plan, both employee and employer discretionary contributions, are allocated to various available investment options at the direction of the participant. Investment options are offered under a group variable annuity contract. Investment options include pooled with a separate sub-account and a fixed unallocated contract. The underlying investments in the sub-accounts include a money market fund and various mutual funds.

(Continued)

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

1. General Description of the Plan (Continued):

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance (as revised by the CARES Act). Loan terms range from 1 to 5 years or may be up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator, currently defined as Prime + 2%. Interest rates on all participant loans were 5.25% to 10.50% during 2024. Principal and interest is paid ratably through bi-weekly payroll deductions over the term of the loan. There were twelve loans outstanding to as many participants as of December 31, 2024, with maturities extending to 2029. The outstanding loan balances as of December 31, 2024 and 2023 totaled \$56,388 and \$97,811, respectively.

Payment benefits:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested account.

The Plan provides that under certain conditions, participants may withdraw their vested benefit. A participant is entitled to receive the vested portion of their account in a lump sum distribution in the event of serious financial hardship, retirement, termination, upon reaching age 59 ½ as an active employee or, has been a participant in the plan for at least six years.

Forfeited accounts:

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$593 and \$244, respectively. These accounts may be used to reduce administrative expenses and/or future employer contributions. During 2024, Plan administrative expenses were paid from forfeited non-vested accounts in the amount of \$290.

Concentrations

All of the Plan's investments are held by its trustee, Voya Retirement Insurance and Annuity Company, located in Hartford, Connecticut.

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

2. Significant Accounting Policies:

The significant accounting policies employed in the preparation of the accompanying financial statements are as follows:

Basis of Accounting:

These financial statements are prepared on the accrual basis of accounting.

Valuation of Investments:

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investment contracts. Cash, if any, represents forfeiture account monies

Income Valuation and Revenue Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and the insurance company. See Note 7 for discussion of fair value measurements. Cash, if any, represents forfeiture account monies.

Purchases and sales of investments are recorded on a trade-date basis of the underlying mutual fund. Dividend income for internal funds are recorded on the ex-dividend date but are not paid to unit holders. Dividends and gains received from the underlying funds are reinvested into shares of the underlying fund. Therefore, the unit price of the pooled separate accounts may be less than the NAV of the underlying mutual fund. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year, net of expenses. The unit values of all plan offerings are posted daily on the Voya website. The fixed account is recorded at contract value.

(Continued)

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

2. Significant Accounting Policies (Continued)

Benefit payments

Benefit payments are recorded when paid. Benefit payments totaled \$948,584 for the year ended December 31, 2024.

Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as corrective distributions in the year incurred. Excess contributions payable totaled \$-0- and \$-0- as of December 31, 2024 and 2023, respectively.

Notes receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. Related fees are recorded as administrative expenses and are expensed when incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts in the financial statements. Actual results could differ from those estimates.

Operating expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of participant notes receivable and distributions are charged directly to the participant. Custodial and recordkeeping expenses are allocated based on a pro-rata share of assets.

Subsequent events

The Plan has evaluated subsequent events through September 30, 2025, the date the financial statements were available to be issued.

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

3. Investments

The 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 December 31, 2024 and 2023, and appreciation (depreciation) in fair value of investments and interest income for the year ended December 31, 2024, was obtained or derived from information supplied and certified as complete and accurate by the Plan's trustee, Voya Retirement Insurance and Annuity Company.

During the year ended December 31, 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,740,429 as follows:

Net appreciation (depreciation) in fair value of investments:

Pooled separate accounts	\$ 1,709,347
Guaranteed Interest Contract	<u>31,082</u>
	\$ <u>1,740,429</u>

4. Related Party and Party in Interest Transactions

Certain Plan investments are units of pooled separate accounts managed by Voya Financial. Voya Retirement Insurance and Annuity Company is the record keeper and custodian as defined by the Plan and, therefore, transactions in these pooled separate accounts qualify as party-in-interest transactions that are exempt from the prohibited transaction rules. Fees incurred by the plan for investment management, fees incurred by the Plan for specific participant transactions and recordkeeping services amounted to \$46,277 for the year ended December 31, 2024. The plan sponsor pays any other fees related to the plan directly. The investment advisor, Bette Karpin, received commissions totaling \$27,151 during the 2024 plan year. Voya Retirement Insurance and Annuity Company received \$6,016 in administrative fees during the 2024 plan year. No prohibited transactions with parties in interest were noted.

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

5. Tax Status of the Plan

The IRS has determined and informed the company by letter dated March 31, 2014 that the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. The plan was restated in 2022. No additional amendments were made during 2024.

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 plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or United States Department of Labor. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

6. 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 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 net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

7. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements

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 Fair Value Measurements

Inputs to the valuation methodology include, a) quoted prices for similar assets or liabilities in active markets, b) quoted prices for identical or similar assets or liabilities in inactive markets, c) inputs other than quoted prices that are observable for the asset or liability and, d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Fair Value Measurements

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1, or Level 2, inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Pooled Separate Accounts: Each pooled separate account holds shares of a single underlying mutual fund. The underlying funds make distributions. Distributions are not made to unit holders but are reinvested into shares of the underlying fund. As a result, the sub-account will hold more shares at a lower price per share. Dividends income is recorded at the separate account level and are absorbed at the pooled separate account level and reflected in the unit value declared daily. The underlying funds are registered with the SEC. Separate account unit values are published their daily on the Voya web-site.

(Continued)

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

7. Fair Value Measurements - Continued

The following tables set forth, by level with the fair value hierarchy, the Plan's investments are fair value as of December 31, 2024 and 2023:

	December 31, 2024 <u>Fair Value Measurements</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pooled Separate Accounts	\$ <u>11,019,364</u>	\$ <u>11,019,364</u>	\$ _____ -	\$ _____ -
Investments at fair value	\$ <u>11,019,364</u>	\$ <u>11,019,364</u>	\$ _____ -	\$ _____ -

	December 31, 2023 <u>Fair Value Measurements</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pooled Separate Accounts	\$ <u>9,978,647</u>	\$ <u>9,978,647</u>	\$ _____ -	\$ _____ -
Investments at fair value	\$ <u>9,978,647</u>	\$ <u>9,978,647</u>	\$ _____ -	\$ _____ -

Gains and losses (realized and unrealized) included in changes in net assets are available for benefits for the years ended December 31, 2024 and 2023 are reported in net depreciation in fair value of investments

For the years ended December 31, 2024 and 2023, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 1.

The Plan's policy is to recognize transfers of investments into, or out of, Level 3. For the years ended December 31, 2024 and 2023, there were no transfers of investments into, or out of, Level 3.

8. Plan Termination:

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

9. Certified Information

The following information that was certified by Voya Retirement Insurance and Annuity Company to be complete and accurate as of and for the years ended December 31, 2024 and 2023, was relied upon in the preparation of the financial statements and schedule:

- a. Investment amounts included in the Statements of Net Assets Available for Benefits and Schedule of Assets Held for Investment Purposes.
- b. Changes to net assets included in the Statement of Changes in Net Assets Available for Benefits.

As permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, no auditing procedures were performed with respect to the information certified as complete and accurate by Voya Retirement Insurance and Annuity Company, except for comparing such information to information included in the financial statements.

10. Reconciliation of Financial Statements to Schedule H of Form 5500

Since schedule H of Form 5500 is presented using the modified cash basis of accounting, the following is a reconciliation of net assets available for benefits per the financial statements prepared using the accrual basis of accounting at December 31 to Schedule H of the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 11,351,853	\$ 10,287,242
Corrective distributions paid in subsequent year	-	-
Deemed distribution - participant loan	<u>-</u>	<u>-</u>
Net assets available for benefits per Schedule H to the Form 5500	\$ <u>11,351,853</u>	\$ <u>10,287,242</u>

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

11. Guaranteed Investment Contract with Insurance Company

The Plan has traditional fully benefit-responsive guaranteed investment contracts with Voya Retirement Insurance and Annuity Company which maintains the contributions in a pooled account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the new assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment is presented on the face of the statement of net assets for benefits at contract value.

Contract value, as reported to the Plan by Voya Retirement Insurance and Annuity Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal, or transfer of all or a portion, of their investment at contract value. The contract value of the investment contracts at December 31, 2024 and 2023 were \$276,694 and \$180,784, respectively. The crediting interest rate is based on a formula agreed upon with the issuer but not less than 1.05% during the year ended December 31, 2024 and 1.50% during the year ended December 31, 2023. The guaranteed rate is reset annually.

<u>Guaranteed Investment Contract</u>	<u>Assets for the Year Ended December 31, 2024</u>
Balance, beginning of year	\$ 180,784
Participant contributions and transfers	10,044
Interest Income	31,082
Other fees and adjustments	2,280
Disbursements to pay benefits or purchase annuities	(50,719)
Fees	(28,398)
Funds transferred to / (from) general to separate accounts	<u>131,621</u>
Balance, end of year	\$ <u>276,694</u>

(Continued)

Jean Madeline, Inc.
401(k) Plan

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024

11. Guaranteed Investment Contract with Insurance Company – continued

Certain events limit the Plan's ability to transact at contract with Voya. Such events include the following: 1) amendments to the plan documents, including plan termination, 2) changes in the Plan's prohibition on competing investment options or deletion of equity wash positions, 3) bankruptcy of the plan sponsor or other sponsor events that cause a significant withdrawal from the plan, or 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with plan participants are probable of occurring.

12. Amendment

Pursuant to Revenue Procedure 2020-19, the employer amends the Rollover/Portability section of the Adoption Agreement as a correction method under EPCRS to reflect that effective October 8, 2019 the plan permitted employees to rollover Roth accounts from other qualified retirement plans. The plan was restated in 2022. There are no amendments made during 2024.

13. Reportable Transactions

Excess contributions received from highly compensated employees in any Plan year must be refunded to the applicable participants by March 15 of the subsequent calendar year. Failure to remit excess employee and employer contributions to the affected participants from Plan on a timely basis is considered a nonexempt prohibited transaction with a parties-in-interest and/or related parties.

The plan did not have any excess employee and employer contributions for the plan year ended December 31, 2024.

14. Subsequent Events

In 2024, total assets increased in line with the overall market performances, net of substantial distributions to participants, as disclosed. Additionally, management has given consideration to the impact of the previously enacted SECURE Act, and CARES Act.

SUPPLEMENTAL SCHEDULE

Jean Madeline, Inc.
401(k) Plan
Employer Identification Number (EIN) 23-1596775 – Plan 001
Schedule H, Line 4(i)

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2024

(a) Party- In- Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Voya Financial	AmBcn Intl Equity Fund R6	(1)	\$ 133,842
*	Voya Financial	AmCen Mid Cap Value Fund R6	(1)	45,225
*	Voya Financial	American Funds Am Balanced R6	(1)	2,151,445
*	Voya Financial	American Funds Amer Mutual R6	(1)	616,588
*	Voya Financial	American Funds Cap Wd Bd R6	(1)	90,135
*	Voya Financial	American Funds Growth Fnd R6	(1)	1,202,901
*	Voya Financial	American Funds Income Fnd R6	(1)	65,476
*	Voya Financial	American Funds New World R6	(1)	173,261
*	Voya Financial	American Funds Nw Prspctv R6	(1)	157,231
*	Voya Financial	Carillon Eagle Mid Cap Grw R6	(1)	229,171
*	Voya Financial	DFA Infl-Prot Sec Port Ins	(1)	154,645
*	Voya Financial	DFA Real Estate Secs Port Ins	(1)	90,879
*	Voya Financial	DFA US Targeted VI Port Ins	(1)	8,651
*	Voya Financial	Fidelity 500 Index Fund	(1)	788,780
*	Voya Financial	PGIM High Yield Fund R6	(1)	64,537
*	Voya Financial	TRwPr Blue Chip Growth Fnd I	(1)	2,064,631
*	Voya Financial	Vangrd LifeStrat Cns Gr Fd Inv	(1)	15,458
*	Voya Financial	Vangrd LifeStrat Grw Fd Inv	(1)	540,395
*	Voya Financial	Vangrd LifeStrat Inc Fd Inv	(1)	11,861
*	Voya Financial	Vangrd LifeStrat Md Grw Fd Inv	(1)	110,708
*	Voya Financial	Vangrd Mid-Cap Index Fund Adm	(1)	344,990
*	Voya Financial	Vangrd Small-Cap Index Fnd Adm	(1)	165,835
*	Voya Financial	Vangrd Tot Bd Mkt Ind Fd Adm	(1)	192,079
*	Voya Financial	Vangrd Tot Int Stk In F Adm	(1)	527,463
*	Voya Financial	Voya Index Solution 2025 P Z	(1)	375,704
*	Voya Financial	Voya Index Solution 2035 P Z	(1)	358
*	Voya Financial	Voya Index Solution 2040 P Z	(1)	3,681
*	Voya Financial	Voya Index Solution 2045 P Z	(1)	281,966
*	Voya Financial	Voya Index Solution 2050 P Z	(1)	59,059
*	Voya Financial	Voya Index Solution 2055 P Z	(1)	81,600
*	Voya Financial	Voya Index Solution 2060 P Z	(1)	57,288
*	Voya Financial	Voya Index Solution 2065 P Z	(1)	<u>71,728</u>
			Sub-total	\$ 10,877,571

(Continued)

Jean Madeline, Inc.
401(k) Plan
Employer Identification Number (EIN) 23-1596775 – Plan 001
Schedule H, Line 4(i)

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2024

(a) Party- In- Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Sub-total from previous page	(1)	\$ 10,877,571
*	Voya Financial	Voya Intermediate Bond Fund R6	(1)	141,200
*	Voya Financial	Voya Gv Mny Mkt F A (Hld Acct)	(1)	593
*	Voya Financial	Voya Fixed Account	(1)	<u>276,694</u>
			Sub-total	\$ 11,296,058
*	Participant Loans	Participant Loans with interest at 5.25% to 10.50%	(1)	<u>56,388</u>
		Total assets per Form 5500		\$ <u>11,352,446</u>

* Party-In-Interest as defined by ERISA

(1) – Cost omitted for participant directed investments

Annual Return/Report of Employee Benefit Plan
 This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).
 ▶ **Complete all entries in accordance with the Instructions to the Form 5500.**

Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶

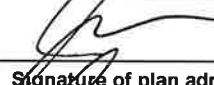
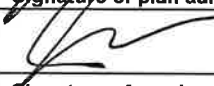
D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information --- enter all requested information

1a Name of plan Jean Madeline, Inc. 401(k) Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1996
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) Jean Madeline, Inc. 575 Pinetown Road #789 US Fort Washington PA 19034	2b Employer Identification Number (EIN) 23-1596775
	2c Plan Sponsor's telephone number (215) 238-9998
	2d Business code (see instructions) 812112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/13/25	Justin Lehman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/23/25	Justin Lehman
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Jean Madeline, Inc.
401(k) Plan
Employer Identification Number (EIN) 23-1596775 – Plan 001
Schedule H, Line 4(i)

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2024

(a) Party- In- Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Voya Financial	AmBcn Intl Equity Fund R6	(1)	\$ 133,842
*	Voya Financial	AmCen Mid Cap Value Fund R6	(1)	45,225
*	Voya Financial	American Funds Am Balanced R6	(1)	2,151,445
*	Voya Financial	American Funds Amer Mutual R6	(1)	616,588
*	Voya Financial	American Funds Cap Wd Bd R6	(1)	90,135
*	Voya Financial	American Funds Growth Fnd R6	(1)	1,202,901
*	Voya Financial	American Funds Income Fnd R6	(1)	65,476
*	Voya Financial	American Funds New World R6	(1)	173,261
*	Voya Financial	American Funds Nw Prspctv R6	(1)	157,231
*	Voya Financial	Carillon Eagle Mid Cap Grw R6	(1)	229,171
*	Voya Financial	DFA Infl-Prot Sec Port Ins	(1)	154,645
*	Voya Financial	DFA Real Estate Secs Port Ins	(1)	90,879
*	Voya Financial	DFA US Targeted VI Port Ins	(1)	8,651
*	Voya Financial	Fidelity 500 Index Fund	(1)	788,780
*	Voya Financial	PGIM High Yield Fund R6	(1)	64,537
*	Voya Financial	TRwPr Blue Chip Growth Fnd I	(1)	2,064,631
*	Voya Financial	Vangrd LifeStrat Cns Gr Fd Inv	(1)	15,458
*	Voya Financial	Vangrd LifeStrat Grw Fd Inv	(1)	540,395
*	Voya Financial	Vangrd LifeStrat Inc Fd Inv	(1)	11,861
*	Voya Financial	Vangrd LifeStrat Md Grw Fd Inv	(1)	110,708
*	Voya Financial	Vangrd Mid-Cap Index Fund Adm	(1)	344,990
*	Voya Financial	Vangrd Small-Cap Index Fnd Adm	(1)	165,835
*	Voya Financial	Vangrd Tot Bd Mkt Ind Fd Adm	(1)	192,079
*	Voya Financial	Vangrd Tot Int Stk In F Adm	(1)	527,463
*	Voya Financial	Voya Index Solution 2025 P Z	(1)	375,704
*	Voya Financial	Voya Index Solution 2035 P Z	(1)	358
*	Voya Financial	Voya Index Solution 2040 P Z	(1)	3,681
*	Voya Financial	Voya Index Solution 2045 P Z	(1)	281,966
*	Voya Financial	Voya Index Solution 2050 P Z	(1)	59,059
*	Voya Financial	Voya Index Solution 2055 P Z	(1)	81,600
*	Voya Financial	Voya Index Solution 2060 P Z	(1)	57,288
*	Voya Financial	Voya Index Solution 2065 P Z	(1)	<u>71,728</u>
			Sub-total	\$ 10,877,571

(Continued)

Jean Madeline, Inc.
401(k) Plan
Employer Identification Number (EIN) 23-1596775 – Plan 001
Schedule H, Line 4(i)

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December 31, 2024

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