

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 BCTGM ATLANTIC PROFIT SHARING FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1998
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) BCTGM ATLANTIC PROFIT SHARING FUND 3564 AVALON PARK E BLVD STE 1-55 ORLANDO, FL 32828-7365
2b	Employer Identification Number (EIN) 23-2972313
2c	Plan Sponsor's telephone number 267-387-6383
2d	Business code (see instructions) 311800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2026	HENRY MCKAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2026	PHILIP PATURZO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor TRUSTEES OF BCTGM ATLANTIC PROFIT SHARING FUND 3564 AVALON PARK E BLVD, STE 1-55 ORLANDO, FL 32828-7365	3b Administrator's EIN 23-2972313 3c Administrator's telephone number 267-387-6383 																				
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 2775																				
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.....	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:15%;">6a(1)</td><td style="text-align: right;">1170</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">1273</td></tr> <tr><td>6b</td><td style="text-align: right;">28</td></tr> <tr><td>6c</td><td style="text-align: right;">1608</td></tr> <tr><td>6d</td><td style="text-align: right;">2909</td></tr> <tr><td>6e</td><td style="text-align: right;">17</td></tr> <tr><td>6f</td><td style="text-align: right;">2926</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">2917</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">2917</td></tr> <tr><td>6h</td><td style="text-align: right;">273</td></tr> </table>	6a(1)	1170	6a(2)	1273	6b	28	6c	1608	6d	2909	6e	17	6f	2926	6g(1)	2917	6g(2)	2917	6h	273
6a(1)	1170																				
6a(2)	1273																				
6b	28																				
6c	1608																				
6d	2909																				
6e	17																				
6f	2926																				
6g(1)	2917																				
6g(2)	2917																				
6h	273																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 18																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BCTGM ATLANTIC PROFIT SHARING FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BCTGM ATLANTIC PROFIT SHARING FUND	D Employer Identification Number (EIN) 23-2972313	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TRANSAMERICA RETIREMENT SOLUTIONS	6400 C STREET SW - MAIL STOP E1 CR CEDAR RAPIDS, IA 52499
13-3689044	

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

6400 C STREET SW - MAIL STOP E1 CR
CEDAR RAPIDS, IA 52499

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 37 38 50 54 59 61 62 63 64 65 15 28 37 38	RECORD KEEPER	217313	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 54			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

KESTRA ADVISORY SERVICES, LLC

35-2552359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	72257	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

CITRIN COOPERMAN & COMPANY, LLP

100 JERICO QUADRANGLE STE 342
JERICO, NY 11753

22-2428965

(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?
10 50	ACCOUNTANT	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABATO, RUBENSTEIN AND ABATO, P.A.

809 GLENEAGLES COURT, SUITE 320
BALTIMORE, MD 21286

52-0904713

(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?
29	LEGAL	16875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WB ADVISORS, LLC

118 NORTH BEDFORD ROAD, SUITE 100
MOUNT KISCO, NY 10549

45-4840347

(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?
50	ADMINISTRATOR	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NATIONAL FINANCIAL SERVICES

245 SUMMER STREET V4C
BOSTON, MA 02210

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MID ATLANTIC CAPITAL CORPORATION

1251 WATERFRONT PLACE SUITE 510
PITTSBURGH, PA 15222

25-1409618

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BCTGM ATLANTIC PROFIT SHARING FUND	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BCTGM ATLANTIC PROFIT SHARING FUND	D Employer Identification Number (EIN) 23-2972313	

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:	RELIANCE/METLIFE STABLE 25053 CL 35
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b Name of sponsor of entity listed in (a):	METLIFE
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c EIN-PN 46-6625485-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4922825
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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:	
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b Name of sponsor of entity listed in (a):	
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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:	
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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:	
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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:	
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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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BCTGM ATLANTIC PROFIT SHARING FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BCTGM ATLANTIC PROFIT SHARING FUND	D Employer Identification Number (EIN) 23-2972313	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	70719	77537
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	43854	24482
(2) Participant contributions	1b(2)	27538	32878
(3) Other	1b(3)	8103	17065
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	891017	343267
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1267859	1237868
(9) Value of interest in common/collective trusts	1c(9)	4895317	4922825
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36608152	40988690
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	43812559	47644612

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	44750	13000
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	21103	
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	65853	13000

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	43746706	47631612
--	-----------	----------	----------

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)	1643802	
(B) Participants	2a(1)(B)	1251255	
(C) Others (including rollovers)	2a(1)(C)	355	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2895412
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	110853	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		110853
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	631602	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		631602
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		121846
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5105047
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8864760

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4554338	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4554338
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		25399
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	217313	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	72257	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	16875	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	73672	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		400117
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4979854

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3884906
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BCTGM ATLANTIC PROFIT SHARING FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BCTGM ATLANTIC PROFIT SHARING FUND		D Employer Identification Number (EIN) 23-2972313
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 127
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

BCTGM Atlantic Profit Sharing Fund

Financial Statements and
Supplemental Schedule

December 31, 2025 and 2024

BCTGM Atlantic Profit Sharing Fund

December 31, 2025 and 2024

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Independent Auditor's Report

To the Board of Trustees of
BCTGM Atlantic Profit Sharing Fund

Opinion

We have audited the financial statements of BCTGM Atlantic Profit Sharing Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of BCTGM Atlantic Profit Sharing Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Management's Responsibility 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; this includes 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.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

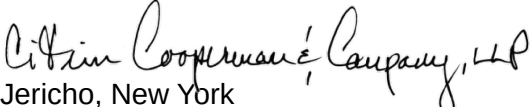
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule, is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.


Jericho, New York
July 31, 2026

BCTGM Atlantic Profit Sharing Fund

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at fair value		
Mutual funds	\$ 40,988,690	\$ 36,608,152
Stable value funds	4,922,825	4,895,317
Total investments at fair value	<u>45,911,515</u>	<u>41,503,469</u>
 Receivables		
Employer contributions	24,482	43,854
Participant contributions	32,878	27,538
Notes receivable from participants	1,237,868	1,267,859
Total receivables	<u>1,295,228</u>	<u>1,339,251</u>
 Cash	420,804	961,736
Prepaid expenses and other current assets	17,065	8,103
Total assets	<u>47,644,612</u>	<u>43,812,559</u>
 Liabilities		
Accounts payable and accrued expenses	13,000	44,750
Due to BCTGM Local Union No. 6	-	21,103
Total liabilities	<u>13,000</u>	<u>65,853</u>
 Net assets available for benefits	<u><u>\$ 47,631,612</u></u>	<u><u>\$ 43,746,706</u></u>

See accompanying notes to the financial statements.

BCTGM Atlantic Profit Sharing Fund

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Interest and dividend income - net	\$ 631,602	\$ 563,387
Net appreciation in fair value of investments	5,226,893	5,452,494
Investment expenses	(72,257)	(85,426)
Total investment income	<u>5,786,238</u>	<u>5,930,455</u>
 Contributions		
Employer	1,643,802	1,699,469
Participant	1,251,255	1,316,067
Rollovers	355	-
Total contributions	<u>2,895,412</u>	<u>3,015,536</u>
 Interest income on notes receivable from participants	110,853	93,525
Total additions	<u>8,792,503</u>	<u>9,039,516</u>
 Deductions from net assets attributed to		
Benefits paid to participants	4,554,338	4,053,454
Deemed distributions	25,399	45,473
Administrative expenses	327,860	309,469
Total deductions	<u>4,907,597</u>	<u>4,408,396</u>
Net increase	3,884,906	4,631,120
 Net assets available for benefits		
Beginning of year	43,746,706	39,115,586
End of year	<u><u>\$ 47,631,612</u></u>	<u><u>\$ 43,746,706</u></u>

See accompanying notes to the financial statements.

BCTGM Atlantic Profit Sharing Fund

Notes to the Financial Statements

December 31, 2025 and 2024

1. DESCRIPTION OF PLAN

The following description of the BCTGM Atlantic Profit Sharing Fund (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer contributory defined contribution plan covering eligible employees of participating employers who have a collective bargaining agreement (CBA) with the BCTGM Local Union No. 6 (the Union) or with BCTGM Local Union No. 102. The Plan and related trust were established on July 1, 1998 as a result of collective bargaining agreements between employers and the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The operation and administration of the Plan is the responsibility of the appointed Board of Trustees, consisting of representation from the participating employers and the Union. The CBAs expire at various times through October 2030.

Contributions - Each year participants may contribute a percentage of their pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Employers contribute on behalf of a participant to the Plan pursuant to rates established under collective bargaining agreements. In addition to employer contributions, participants may contribute up to the annual limits set by the Internal Revenue Service (IRS). Participants direct the investment of contributions into various investment options offered by the Plan. In accordance with the CBAs, employers are required to make monthly contributions at a dollar amount specified in the CBAs. Contribution amounts vary by CBA and are subject to certain IRS limitations.

Participant accounts - Each participant's account is credited with the participant's contributions and contributions made on their behalf by participating employers, as well as an allocation of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100% vested in their contributions and related earnings credited to their individual accounts. Vesting in employer contributions plus actual earnings thereon is based on years of service. A participant is 100% vested in employer contributions after three years of service. In addition, upon death, disability or attainment of normal retirement age, as defined by the plan document, a participant will become 100% vested.

BCTGM Atlantic Profit Sharing Fund

Notes to the Financial Statements

December 31, 2025 and 2024

Eligibility - Participants are eligible to participate in the Plan if they are employed by a participating employer and if they work in a job classification for which the CBA between BCTGM Local Union No. 6 and their employer or the participation agreement between their employer and the Plan (1) requires their employer to make contributions on their behalf; or (2) requires the participant to make 401(k) deferrals; or (3) provides for both types of contributions.

Forfeited accounts - Participants who have a break in service from all participating employers may forfeit any non-vested employer contributions upon distribution. The administrator shall apply forfeitures to restore a participant's forfeited amount if that participant received a voluntary distribution of their vested account and they perform an hour of service for the participating employer within five years from a break in service, to restore amounts forfeited due to disability, to pay any administrative expenses, or to remaining accounts on a pro-rata basis attributable to employer contributions, only. In 2025, the Trustees approved to distribute for the forfeiture account \$425 to each of the 1,186 vested participants as of July 31, 2025. In October 2025, the Plan distributed \$504,050 in total to the 1,186 vested participant accounts. In addition, in 2025 the Plan restored \$78,681 of forfeitures to the participant accounts from which it was taken. For the years ended December 31, 2025 and 2024, forfeitures of non-vested accounts totaled \$641,155 and \$779,285, respectively. For the years ended December 31, 2025 and 2024, administrative expense paid from forfeitures totaled \$137,105 and \$ 47,071, respectively. At December 31, 2025 and 2024, the balance in forfeited non-vested accounts totaled \$251,647 and \$774,727, respectively.

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. The loans are secured by the vested balance in the participant's account. The loan interest rate determined, is the interest rate set at the time the loan is made and does not change during the time of the loan. It is set at 1% above the prime rate. Principal and interest are paid ratably through payroll deductions. The loan, including interest, must be repaid over the period set by the Trustees but not longer than five years, except in the case of a loan to purchase a principal residence. Failure to repay the loan in accordance with the dues and maximum repayment period specified in the loan agreement, or if the participant has a severance from service with all participating employers because of retirement, resignation, discharge or the one-year anniversary of a layoff, will cause the loan to be deemed defaulted, resulting in a deemed distribution equal to the entire outstanding loan balance at the end of the calendar year.

BCTGM Atlantic Profit Sharing Fund

Notes to the Financial Statements

December 31, 2025 and 2024

Payment of benefits - On the termination of service due to death, disability or retirement, a participant, if their vested balance is greater than \$5,000, may elect to receive either a lump sum amount equal to the value of the participant's vested interest in her or her account, or installment payments as provided in the plan document. For termination of service due to resignation, discharge or layoff, a participant may elect to receive the value of the vested interest in his or her account on the earliest of the following: the day of resignation, discharge or layoff or the one-year anniversary of their layoff. Accordingly, if the participant was laid off and there is no intervening retirement, resignation or discharge, the participant will not be eligible for a distribution of their vested account balance until one year after their last day of work. Distributions are permitted under the following circumstances:

1. A participant attains age 65 and is retired from employment with all participating employers;
2. A participant retires from employment with all participating employers after reaching age 55 and is 100% vested in employer contributions;
3. A participant has a break in service with all participating employers;
4. A participant becomes disabled under the terms of the Plan;
5. Hardship distributions.

If the total value of the vested portion of a participant's contribution account is \$1,000 or less, the distribution of such account will be in one lump sum payment.

Plan regulations require that the distribution of individual accounts commence once a participant attains the age of 70 ½ or in the year of retirement, whichever occurs later.

A participant may elect to receive his or her interest in the Plan in one of the following ways:

1. A direct rollover to another qualified plan or Individual Retirement Account;
2. A single lump sum, monthly, quarterly, or semi-annual payment;
3. A series of installments over a period not to exceed 10 years.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of accounting - The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in accordance with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results may differ from those estimates.

BCTGM Atlantic Profit Sharing Fund

Notes to the Financial Statements

December 31, 2025 and 2024

Cash and cash equivalents - The Plan considers all highly liquid instruments with original maturities of three months or less when purchased to be cash equivalents. At December 31, 2025 and 2024, there were no cash equivalents.

Benefits - Benefits are recorded when paid.

Expenses - Fees related to administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

Investment valuation and income recognition - The Plan's 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 Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and investment consultant, as applicable. See Note 4 for discussion of fair value measurements.

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

Employer and participant contributions receivable - Employer and participant contributions receivable are stated at the amount the Plan expects to collect from participants and employers pursuant to collective bargaining agreements. The allowance for doubtful accounts is based on the Plan's review of outstanding receivables, collections experience and other circumstances that may affect the ability of the employers to pay their obligations to the Plan. Contributions receivables are written off when they are determined to be uncollectible. As of December 31, 2025 and 2024, there was no allowance for doubtful accounts.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. 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.

Tax status - The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 401(a) of the IRC, and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the IRS on January 13, 2016, and the Plan sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

BCTGM Atlantic Profit Sharing Fund

Notes to the Financial Statements

December 31, 2025 and 2024

Uncertain tax positions - The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in process. Additionally, plan management believes that the Plan's returns for the years prior to the year ended December 31, 2022, are no longer open to examination, based on the statutory period for years subject to audit.

Subsequent events - The Plan has evaluated events and transactions that occurred through July 31, 2026, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

3. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan pays fees for arrangements with service providers, including for management of certain Plan investments by the custodian. Such providers and custodian are parties in interest under ERISA. However, all transactions with such providers and custodian qualify as exempt party in interest transactions under ERISA. In addition, certain plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party in interest transactions and are identified as such on the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

The Plan reimburses the Union for certain administrative expenses paid on the Plan's behalf by the Union. For the years ended December 31, 2025 and 2024, the Union paid administrative expenses totaling \$54,854 and \$43,953, respectively, on behalf of the Plan. Included in prepaid expenses and other current assets at December 31, 2025 and 2024, was \$- and \$8,103, respectively, of the amount paid by the Union. At December 31, 2025 and 2024, the amount due to the Union was \$- and \$21,103, respectively.

4. FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs to the valuation technique are unadjusted quoted prices for identical assets or liabilities in active markets.

BCTGM Atlantic Profit Sharing Fund

Notes to the Financial Statements

December 31, 2025 and 2024

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

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

Stable value funds: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

BCTGM Atlantic Profit Sharing Fund

Notes to the Financial Statements

December 31, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at fair value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Mutual funds	\$40,988,690	\$ -	\$ -	\$40,988,690
Total assets in the fair value hierarchy	40,988,690	-	-	40,988,690
Investments measured at net asset value (a)				
Stable value funds	-	-	-	4,922,825
Total investments at fair value	\$40,988,690	\$ -	\$ -	\$45,911,515

Assets at fair value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	\$36,608,152	\$ -	\$ -	\$36,608,152
Total assets in the fair value hierarchy	36,608,152	-	-	36,608,152
Investments measured at net asset value (a)				
Stable value funds	-	-	-	4,895,317
Total investments at fair value	\$36,608,152	\$ -	\$ -	\$41,503,469

* Investments that are measured at fair value using NAV (or its equivalent) practical expedient are not classified in the fair value hierarchy. The fair value amounts presented as "Investments measured at NAV" are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables set forth a summary of the Plan's investments that are reported at net asset value per share:

Fair Value Using Net Asset Value per Share at December 31, 2025					
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Stable value funds	\$ 4,922,825	\$ -	Daily	None	None

Fair Value Using Net Asset Value per Share at December 31, 2024					
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Stable value funds	\$ 4,895,317	\$ -	Daily	None	None

BCTGM Atlantic Profit Sharing Fund

Notes to the Financial Statements

December 31, 2025 and 2024

5. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved by the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants and beneficiaries. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

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 risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The Plan maintains cash balances at large national and regional banks. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation (FDIC), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of December 31, 2025 and 2024, the amount in excess of the FDIC limit was \$93,267 and \$ \$641,018, respectively. The Plan has not experienced any losses in such accounts.

For the years ending December 31, 2025 and 2024, approximately 63% and 67%, respectively, of employer contributions were received from four employers in each year, respectively. A change in the financial condition of these employers could impact the future funding of the Plan.

7. OPERATING EXPENSES

The Plan recorded the following expenses for the years ended December 31, 2025 and 2024:

Administrative expenses	2025	2024
Administrative fees	\$ 217,313	\$ 223,444
Audit fees	20,000	18,551
Conferences and meetings	54,854	33,656
Legal fees	16,875	15,000
Insurance	18,818	18,818
Total administrative expenses	\$ 327,860	\$ 309,469

Supplemental Schedule

BCTGM Atlantic Profit Sharing Fund

EIN: 23-2972313

Plan Number: 001

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

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	Mutual Fund CUSIP 648018844	American Funds New Perspective R4, 72,340.33 Shares	\$ -	\$ 5,003,057
	Mutual Fund CUSIP 09661L302	BNY Mellon S&P 500 Index, 57,203.92 Shares	-	3,506,028
	Mutual Fund CUSIP 131582785	Calvert US Lg Cap Core Rspnb Idx A, 66,642.18 Shares	-	3,623,335
	Mutual Fund CUSIP 233203785	DFA Emerging Mkts I, 3,207.07 Shares	-	119,078
	Mutual Fund CUSIP 256210105	Dodge & Cox Inc I, 226,302.61 Shares	-	2,907,989
	Mutual Fund CUSIP 316389303	Fidelity Blue Chip Gr, 24,312.16 Shares	-	6,492,319
	Mutual Fund CUSIP 315793505	Fidelity Freedom Index 2020 Inv, 19,867.83 Shares	-	335,369
	Mutual Fund CUSIP 315793604	Fidelity Freedom Index 2025 Inv, 36,708.44 Shares	-	746,282
	Mutual Fund CUSIP 315793703	Fidelity Freedom Index 2030 Inv, 53,539.34 Shares	-	1,211,060
	Mutual Fund CUSIP 315793802	Fidelity Freedom Index 2035 Inv, 59,161.23 Shares	-	1,575,464
	Mutual Fund CUSIP 315793885	Fidelity Freedom Index 2040 Inv, 26,839.06 Shares	-	774,307
	Mutual Fund CUSIP 315793877	Fidelity Freedom Index 2045 Inv, 47,222.83 Shares	-	1,456,824
	Mutual Fund CUSIP 315793869	Fidelity Freedom Index 2050 Inv, 46,095.64 Shares	-	1,426,199
	Mutual Fund CUSIP 315793828	Fidelity Freedom Index 2055 Inv, 68,865.10 Shares	-	1,751,928
	Mutual Fund CUSIP 315793695	Fidelity Freedom Index 2060 Inv, 62,055.62 Shares	-	1,337,919
	Mutual Fund CUSIP 315796839	Fidelity Freedom Index 2065 Inv, 47,037.83 Shares	-	821,281
	Mutual Fund CUSIP 315792150	Fidelity Freedom Index Inc Investor, 4,000.20 Shares	-	49,483
	Mutual Fund CUSIP 316390475	Fidelity Slct Medical Equip & Sys, 486.12 Shares	-	29,289
	Mutual Fund CUSIP 355148503	Franklin Small Cap Val Adv, 1,728.93 Shares	-	104,531
	Mutual Fund CUSIP 353496409	Franklin Utilities A1, 2,063.65 Shares	-	49,321
	Mutual Fund CUSIP 471023333	Janus Henderson Gbl Tech I, 3,564.62 Shares	-	249,488
	Mutual Fund CUSIP 4812C0399	JPMorgan Govt Bd A, 32,362.51 Shares	-	315,534

See independent auditor's report.

BCTGM Atlantic Profit Sharing Fund

EIN: 23-2972313

Plan Number: 001

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

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	Mutual Fund CUSIP 4812C1710	JPMorgan Mid Cap Gr I, 48,889.51 Shares	-	\$ 2,424,920
	Mutual Fund CUSIP 24610B859	Macquarie Small Cap Core I, 12,347.13 Shares	-	376,093
	Mutual Fund CUSIP 552746356	MFS Intl Gr R6, 4,241.48 Shares	-	201,386
	Mutual Fund CUSIP 77957Y106	T. Rowe Price Mid Cap Val, 56,627.09 Shares	-	1,821,693
	Mutual Fund CUSIP 8172B825	Touchstone Small Co Y, 58,957.90 Shares	-	429,214
	Mutual Fund CUSIP 92204A835	Vanguard Financials Index Adm, 313.66 Shares	-	20,978
	Mutual Fund CUSIP 92205M606	Vanguard Mid Cap Index Adm, 368.049 Shares	-	132,262
	Mutual Fund CUSIP 921908877	Vanguard REIT Index Adm, 1,358.50 Shares	-	170,342
	Mutual Fund CUSIP 922031836	Vanguard Short Term Inv Grade Adm, 145,030.18 Shares	-	1,525,717
				40,988,690
*	Stable Value Funds CUSIP 759522402	Reliance/MetLife Stable 25053 CI 35, 25,057.65 Shares	-	4,922,825
				45,911,515
*	Participants notes receivable with interest rates of 4.25% to 9.5%			1,237,868
				<u>\$ 47,149,383</u>

* Denotes a party in interest.

** Cost information is not presented as all investments are participant-directed.

See independent auditor's report.

BCTGM Atlantic Profit Sharing Fund

EIN: 23-2972313

Plan Number: 001

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

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	Mutual Fund CUSIP 648018844	American Funds New Perspective R4, 72,340.33 Shares	\$ -	\$ 5,003,057
	Mutual Fund CUSIP 09661L302	BNY Mellon S&P 500 Index, 57,203.92 Shares	-	3,506,028
	Mutual Fund CUSIP 131582785	Calvert US Lg Cap Core Rspnb Idx A, 66,642.18 Shares	-	3,623,335
	Mutual Fund CUSIP 233203785	DFA Emerging Mkts I, 3,207.07 Shares	-	119,078
	Mutual Fund CUSIP 256210105	Dodge & Cox Inc I, 226,302.61 Shares	-	2,907,989
	Mutual Fund CUSIP 316389303	Fidelity Blue Chip Gr, 24,312.16 Shares	-	6,492,319
	Mutual Fund CUSIP 315793505	Fidelity Freedom Index 2020 Inv, 19,867.83 Shares	-	335,369
	Mutual Fund CUSIP 315793604	Fidelity Freedom Index 2025 Inv, 36,708.44 Shares	-	746,282
	Mutual Fund CUSIP 315793703	Fidelity Freedom Index 2030 Inv, 53,539.34 Shares	-	1,211,060
	Mutual Fund CUSIP 315793802	Fidelity Freedom Index 2035 Inv, 59,161.23 Shares	-	1,575,464
	Mutual Fund CUSIP 315793885	Fidelity Freedom Index 2040 Inv, 26,839.06 Shares	-	774,307
	Mutual Fund CUSIP 315793877	Fidelity Freedom Index 2045 Inv, 47,222.83 Shares	-	1,456,824
	Mutual Fund CUSIP 315793869	Fidelity Freedom Index 2050 Inv, 46,095.64 Shares	-	1,426,199
	Mutual Fund CUSIP 315793828	Fidelity Freedom Index 2055 Inv, 68,865.10 Shares	-	1,751,928
	Mutual Fund CUSIP 315793695	Fidelity Freedom Index 2060 Inv, 62,055.62 Shares	-	1,337,919
	Mutual Fund CUSIP 315796839	Fidelity Freedom Index 2065 Inv, 47,037.83 Shares	-	821,281
	Mutual Fund CUSIP 315792150	Fidelity Freedom Index Inc Investor, 4,000.20 Shares	-	49,483
	Mutual Fund CUSIP 316390475	Fidelity Slct Medical Equip & Sys, 486.12 Shares	-	29,289
	Mutual Fund CUSIP 355148503	Franklin Small Cap Val Adv, 1,728.93 Shares	-	104,531
	Mutual Fund CUSIP 353496409	Franklin Utilities A1, 2,063.65 Shares	-	49,321
	Mutual Fund CUSIP 471023333	Janus Henderson Gbl Tech I, 3,564.62 Shares	-	249,488
	Mutual Fund CUSIP 4812C0399	JPMorgan Govt Bd A, 32,362.51 Shares	-	315,534

See independent auditor's report.

BCTGM Atlantic Profit Sharing Fund

EIN: 23-2972313

Plan Number: 001

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

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	Mutual Fund CUSIP 4812C1710	JPMorgan Mid Cap Gr I, 48,889.51 Shares	-	2,424,920
	Mutual Fund CUSIP 24610B859	Macquarie Small Cap Core I, 12,347.13 Shares	-	376,093
	Mutual Fund CUSIP 552746356	MFS Intl Gr R6, 4,241.48 Shares	-	201,386
	Mutual Fund CUSIP 77957Y106	T. Rowe Price Mid Cap Val, 56,627.09 Shares	-	1,821,693
	Mutual Fund CUSIP 8172B825	Touchstone Small Co Y, 58,957.90 Shares	-	429,214
	Mutual Fund CUSIP 92204A835	Vanguard Financials Index Adm, 313.66 Shares	-	20,978
	Mutual Fund CUSIP 92205M606	Vanguard Mid Cap Index Adm, 368.049 Shares	-	132,262
	Mutual Fund CUSIP 921908877	Vanguard REIT Index Adm, 1,358.50 Shares	-	170,342
	Mutual Fund CUSIP 922031836	Vanguard Short Term Inv Grade Adm, 145,030.18 Shares	-	1,525,717
				40,988,690
*	Stable Value Funds CUSIP 759522402	Reliance/MetLife Stable 25053 CI 35, 25,057.65 Shares	-	4,922,825
				45,911,515
*	Participants notes receivable with interest rates of 4.25% to 9.5%			1,237,868
				<u>\$ 47,149,383</u>

* Denotes a party in interest.

** Cost information is not presented as all investments are participant-directed.

See independent auditor's report.