

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 GAFCON PM-CM LLC PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1991
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) GAFCON PM-CM LLC 10301 MEANLEY DRIVE, SUITE 225 SAN DIEGO, CA 92131
2b	Employer Identification Number (EIN) 99-0555624
2c	Plan Sponsor's telephone number 858-875-0010
2d	Business code (see instructions) 541990

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.	09/22/2026	BRYAN BENSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 202
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 122 6a(2) 121 6b 8 6c 78 6d 207 6e 0 6f 207 6g(1) 200 6g(2) 207 6h 22
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2A 2E 2F 2G 2J 2K 2S 2T 3D

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 0
- (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 GAFCON PM-CM LLC PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GAFCON PM-CM LLC	D Employer Identification Number (EIN) 99-0555624	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

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

JPMORGAN INVEST HOLDINGS LLC

13-2624428

(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?
64	RECORDKEEPER	4221	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 ☐

(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.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GAFCON PM-CM LLC PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GAFCON PM-CM LLC		D Employer Identification Number (EIN) 99-0555624
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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2050 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 819516
a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2030 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2902947
a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2045 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1446897
a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2035 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2517926
a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2010 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31096
a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2055 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 699204
a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2040 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2071258
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 04-3159710-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 441394

a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2020 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1090285

a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2060 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351578

a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN AND STEERS U.S. REALTY FUND C		
b Name of sponsor of entity listed in (a): COHEN AND STEERS REALTY SHARES		
c EIN-PN 47-1211722-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310967

a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2025 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2391431

a Name of MTIA, CCT, PSA, or 103-12 IE: GGT CAPITAL GROUP 2065 TD FUND CL R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 99-4997958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60527

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 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 GAFCON PM-CM LLC PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GAFCON PM-CM LLC	D Employer Identification Number (EIN) 99-0555624

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	187095	99963
(9) Value of interest in common/collective trusts	1c(9)	864038	15135026
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16882259	6774018
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	17933392	22009007

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	17933392	22009007
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	497585	
(B) Participants	2a(1)(B)	1553983	
(C) Others (including rollovers)	2a(1)(C)	67295	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2118863
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	13578	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13578
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	364352	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		364352
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1359000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1146262
c Other income	2c		-87010
d Total income. Add all income amounts in column (b) and enter total	2d		4915045

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	835209	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		835209
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	4221	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4221
j Total expenses. Add all expense amounts in column (b) and enter total	2j		839430

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4075615
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: LEVITZACKS CPAA, LLP

(2) EIN: 99-0515975

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?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 GAFCON PM-CM LLC PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GAFCON PM-CM LLC		D Employer Identification Number (EIN) 99-0555624
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

Gafcon PM-CM LLC Profit Sharing Plan
Financial Statements and Supplemental Schedule
Years Ended December 31, 2025 and 2024

LEVITZACKS CPAs, LLP
451 A STREET, SUITE 500
SAN DIEGO, CA 92101



INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Gafcon PM-CM LLC Profit Sharing Plan
San Diego, California

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

We have performed audits of the accompanying financial statements of Gafcon PM-CM LLC Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



INDEPENDENT AUDITOR'S REPORT (Continued)

Opinion (continued)

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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



INDEPENDENT AUDITOR'S REPORT (Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Gafcon PM-CM LLC Profit Sharing 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 Gafcon PM-CM LLC Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.



INDEPENDENT AUDITOR'S REPORT
(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



INDEPENDENT AUDITOR'S REPORT
(Continued)

Other Matter – Supplemental Schedule Required by ERISA (continued)

In our opinion—

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

LEVITZACKS CPAs, LLP
San Diego, California
September 16, 2026

Gafcon PM-CM LLC Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

ASSETS		
	<u>2025</u>	<u>2024</u>
Investments:		
Registered investment companies, at fair value	\$ 6,774,018	\$ 16,882,259
Collective investment trusts, at fair value	<u>15,135,026</u>	<u>864,038</u>
Total investments	21,909,044	17,746,297
Other assets:		
Company contribution receivable	-	200,000
Notes receivable from participants	<u>99,963</u>	<u>187,095</u>
Total other assets	<u>99,963</u>	<u>387,095</u>
Total assets	<u>22,009,007</u>	<u>18,133,392</u>
Net assets available for benefits	<u><u>\$ 22,009,007</u></u>	<u><u>\$ 18,133,392</u></u>

See accompanying notes to financial statements.

Gafcon PM-CM LLC Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions to net assets:		
Participant contributions	\$ 1,553,983	\$ 1,494,233
Rollover contributions	67,295	1,564,495
Company contributions	297,585	200,000
Net realized and unrealized appreciation in fair value of investments	1,146,262	1,653,345
Interest income on collective investment trusts	1,359,000	23,595
Reinvested dividends	364,352	715,814
Interest income on notes receivable from participants	13,578	11,259
Other additions-returned distributions	<u>-</u>	<u>174,866</u>
Total additions	<u>4,802,055</u>	<u>5,837,607</u>
Deductions from net assets:		
Benefits paid to participants	835,209	7,174,387
Other deductions-reissued distributions	87,010	-
Administrative expenses	<u>4,221</u>	<u>4,404</u>
Total deductions	<u>926,440</u>	<u>7,178,791</u>
Increase (decrease) in net assets available for benefits	3,875,615	(1,341,184)
Net assets available for benefits:		
Beginning of year	<u>18,133,392</u>	<u>19,474,576</u>
End of year	<u><u>\$ 22,009,007</u></u>	<u><u>\$ 18,133,392</u></u>

See accompanying notes to financial statements.

Gafcon PM-CM LLC Profit Sharing Plan

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

Note 1. DESCRIPTION OF THE PLAN

The following description of the Gafcon PM-CM LLC Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

During May 2024, the former plan sponsor, Gafcon, Inc., agreed to sell certain net assets of the company to Gafcon PM-CM LLC, a newly formed entity. In accordance with the agreement, Gafcon PM-CM LLC assumed the Gafcon, Inc. 401(k) Profit Sharing Plan and substantially all employees of the company. In addition, the plan name was changed to the Gafcon PM-CM LLC Profit Sharing Plan effective May 11, 2024. The Plan is a defined contribution 401(k) plan established to provide retirement benefits for eligible employees of Gafcon PM-CM LLC, Sharepoint360, Inc., and Gafcon Design Build LLC (collectively, the Company) who are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to the amount permitted under the Internal Revenue Code, including catch-up contributions for eligible participants. There is an automatic salary deferral percentage for new participants who do not have a salary reduction agreement in effect. The automatic salary deferral percentage is 6% for the first year and increases 1% each year thereafter until it reaches 10%. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (Rollover Contributions). The Company may elect to make discretionary matching contributions and discretionary nonelective contributions to the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company matching contributions, an allocation of Company nonelective contributions, and the earnings thereon. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The allocation of Company nonelective contributions to participant accounts is determined by the Company subject to a general non-discrimination test.

Gafcon PM-CM LLC Profit Sharing Plan

Notes to Financial Statements

(continued)

Years Ended December 31, 2025 and 2024

Note 1. DESCRIPTION OF THE PLAN (continued)

Investment Options

Participants may direct the investment of their accounts among various investment options provided by JPMorgan Invest Holdings LLC.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Company.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions and earnings thereon is based on years of service. Effective January 1, 2025, participants are 100% vested after three years of credited service.

Forfeitures

Forfeitures can be used to pay for administrative expenses or to cover Company contributions. In 2025 and 2024, the amount forfeited was \$16,573 and \$13,893, respectively. In 2025 and 2024, forfeitures totaling \$11,225 and \$-0-, respectively, were used to cover Company contributions. No forfeitures were used to pay for administrative expenses in 2025 and 2024. The forfeiture account had a balance of \$61,991 and \$54,147 as of December 31, 2025 and 2024, respectively.

Revenue-Sharing Arrangement

Empower Trust Company, LLC ("Empower") receives revenue from mutual fund service providers for services they provide to the funds. This revenue is used to offset certain amounts owed to Empower for its administrative services to the Plan. If the revenue received from such mutual fund service providers exceeds the amount due to Empower, they remit the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2025 and 2024, there was no revenue-sharing funds remitted to the Plan. During 2025 and 2024, no revenue-sharing funds were used to reduce administrative expenses or were allocated to the accounts of participants.

At December 31, 2025 and 2024, unallocated revenue-sharing funds totaled \$30,597 and \$29,423, respectively.

Gafcon PM-CM LLC Profit Sharing Plan

Notes to Financial Statements

(continued)

Years Ended December 31, 2025 and 2024

Note 1. DESCRIPTION OF THE PLAN (continued)

Returned Distributions

During 2023, certain benefit payments were issued but were subsequently returned to the Plan during 2024 as the checks were never cashed. During 2025, a portion of these returned distributions were reissued to the participant. Returned benefit payments are presented as “other additions-returned distributions” and reissued benefit payments are presented as “Other deductions-reissued distributions” in the statements of changes in net assets available for benefits.

Payment of Benefits

Participants are entitled to a distribution of their vested account balance upon retirement, termination of employment, death, or permanent disability. Participants may also withdraw any part of their vested account balance upon attaining age 59½. Participants who meet the hardship withdrawal rules may withdraw all or a portion of their vested account balance upon approval of the Plan Administrator.

Notes Receivable from Participants

Participants may request loans in an amount not to exceed the lesser of \$50,000 or 50% of their vested account balance. The loans are due over terms of up to 5 years or longer, if related to the purchase or improvement of a principal residence. Loans are secured by the participant’s account and are repaid via payroll deductions. Interest is at 1% over the prime rate when the loan is originated and is fixed for the life of the loan. Interest rates ranged from 4.25% to 9.50% at December 31, 2025 and 2024.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation

Investments in registered investment companies and collective investment trusts are stated at fair value based on the net asset value of shares held by the Plan at year end.

Gafcon PM-CM LLC Profit Sharing Plan

Notes to Financial Statements

(continued)

Years Ended December 31, 2025 and 2024

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants

Notes receivable from participants are stated at their unpaid principal balance plus accrued but unpaid interest.

Benefits Paid to Participants

Benefits paid to participants are recorded when paid.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Note 3. FAIR VALUE MEASUREMENTS

Generally accepted accounting principles prescribe a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 Fair Value Measurements

Fair values are based on publicly quoted prices in active markets for identical assets. The fair value of investments in registered investment companies are based on the publicly quoted net asset value of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

Fair values are based on observable inputs other than publicly quoted prices in active markets for identical assets. The fair value of investments in collective investment trusts is based on the value of the underlying investments held by the trusts.

Level 3 Fair Value Measurements

Fair values are based on unobservable inputs used for valuing the asset.

Gafcon PM-CM LLC Profit Sharing Plan
Notes to Financial Statements
(continued)
Years Ended December 31, 2025 and 2024

Note 3. FAIR VALUE MEASUREMENTS (continued)

Fair Value Measurements as of December 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments in registered investment companies	\$ 6,774,018	\$ -	\$ -	\$ 6,774,018
Investments in collective investment trusts	-	15,135,026	-	15,135,026
Total investments measured at fair value	<u>\$ 6,774,018</u>	<u>\$ 15,135,026</u>	<u>\$ -</u>	<u>\$ 21,909,044</u>

Fair Value Measurements as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments in registered investment companies	\$ 16,882,259	\$ -	\$ -	\$ 16,882,259
Investments in collective investment trusts	-	864,038	-	864,038
Total investments measured at fair value	<u>\$ 16,882,259</u>	<u>\$ 864,038</u>	<u>\$ -</u>	<u>\$ 17,746,297</u>

Note 4. INVESTMENTS IN COLLECTIVE INVESTMENT TRUSTS

The Putnam Stable Value Fund (Putnam Fund) is a stable fixed income fund which invests in high-quality guaranteed investment contracts (GICs) and similar contracts issued by insurance companies, banks, and other financial institutions. The Putnam Fund may also invest up to 75% of its assets in security-backed investment contracts (SBICs), including separate account products of insurance companies. The Putnam Fund invests at least 5% of its assets in high-quality money market instruments, cash, cash equivalents, and other stable value funds (including fixed income funds underlying SBICs) with investment policies and other provisions similar to those of the Fund.

Withdrawals from the Putnam Fund are generally permitted daily at net asset value. The trustee of the Putnam Fund attempts to maintain sufficient liquidity to meet all withdrawal requests. However, it is possible that such requests will exceed the Putnam Fund's available liquidity. The trustee may defer honoring a withdrawal request if, as a result of the closing or other disruption of financial markets or exchanges, the trustee is unable to settle prudently the transactions necessary to honor a withdrawal request on a timely basis.

Gafcon PM-CM LLC Profit Sharing Plan

Notes to Financial Statements

(continued)

Years Ended December 31, 2025 and 2024

Note 4. INVESTMENTS IN COLLECTIVE INVESTMENT TRUSTS (continued)

If the trustee determines that the Putnam Fund does not have sufficient liquidity to meet a withdrawal request, the trustee may defer honoring employer-initiated withdrawal requests (e.g. a withdrawal due to plan termination) for a period of up to 12 months. Qualified employee-initiated withdrawal requests for benefit payments generally will continue to be made as provided for during such period.

The Cohen & Steers U.S. Realty Fund Class O (Cohen Fund) is a collective investment trust managed by Cohen & Steers Capital Management, Inc. The Cohen Fund is designed to achieve maximum total return by investing in a diversified portfolio of U.S. publicly traded real estate companies, including real estate investment trusts. The Cohen Fund is a pooled investment vehicle organized as a trust and is available exclusively to qualified retirement plans. The Cohen Fund qualifies as a group trust under IRS Revenue Ruling 81-100, making it tax-exempt.

Withdrawals from the Cohen Fund are generally permitted daily at net asset value, but may be subject to advance notice requirements, minimum holding periods, or other restrictions depending on the trust's operational policies and market conditions.

The Great Gray Trust Capital Group Funds (GGT Funds) are a group of target date funds held in a collective investment trust managed by Great Gray Collective Investment Trust. The GGT Funds are designed to achieve varying objectives based on the target retirement date of the fund. The GGT Funds are a pooled investment vehicle organized as a trust and are available exclusively to qualified retirement plans. The GGT Funds qualify as a group trust under IRS Revenue Ruling 81-100, making them tax-exempt.

Withdrawals from the GGT Funds are generally permitted daily at net asset value, but may be subject to advance notice requirements, minimum holding periods, or other restrictions depending on the trust's operational policies and market conditions.

Gafcon PM-CM LLC Profit Sharing Plan

Notes to Financial Statements

(continued)

Years Ended December 31, 2025 and 2024

Note 5. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2025.

Increase in net assets available for benefits per the financial statements	\$ 3,875,615
Company contribution receivable at beginning of year	<u>200,000</u>
Increase in net assets available for benefits per Form 5500	<u>\$ 4,075,615</u>

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2024.

Net assets available for benefits per the financial statements	\$ 18,133,392
Company contribution receivable at end of year	<u>(200,000)</u>
Net assets available for benefits per Form 5500	<u>\$ 17,933,392</u>

Note 6. INFORMATION PREPARED AND CERTIFIED BY QUALIFIED INSTITUTION

The following 2025 and 2024 information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Empower Trust Company, LLC.

	<u>2025</u>	<u>2024</u>
Investments in registered investment companies	\$ 6,774,018	\$ 16,882,259
Investments in collective investment trusts	\$ 15,135,026	\$ 864,038
Notes receivable from participants	\$ 99,963	\$ 187,095
Net realized and unrealized appreciation in fair value of investments	\$ 1,146,262	\$ 1,653,345
Interest income on collective investment trusts	\$ 1,359,000	\$ 23,595
Reinvested dividends	\$ 364,352	\$ 715,814
Interest income on notes receivable from participants	\$ 13,578	\$ 11,259

Gafcon PM-CM LLC Profit Sharing Plan

Notes to Financial Statements

(continued)

Years Ended December 31, 2025 and 2024

Note 7. RISKS AND UNCERTAINTIES

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

Note 8. PLAN TERMINATION

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

Note 9. PARTY-IN-INTEREST

Certain expenses of the Plan are paid for by the Company. The Company is the sponsor of the Plan and, therefore, these transactions qualify as party-in-interest. The most significant of these costs paid by the Company are the salaries for the employees responsible for plan administration and fees paid to third-party administrators.

JPMorgan Invest Holdings LLC is the custodian and Empower Trust Company, LLC is the recordkeeper for the Plan's assets. JPMorgan Invest Holdings LLC and Empower Trust Company, LLC function as investment managers for certain Plan investments and, as a result, these transactions qualify as party-in-interest transactions.

Note 10. TAX STATUS

The Plan operates under a standardized prototype plan. The prototype plan received a determination letter from the Internal Revenue Service dated November 14, 2022, indicating that the Plan qualifies under Section 401(a) and 401(k) of the Internal Revenue Code (the Code). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is exempt from federal income taxes under Section 501(a) of the Code. The Plan is required to operate in accordance with the Code to maintain its tax qualification.

Gafcon PM-CM LLC Profit Sharing Plan

Notes to Financial Statements

(continued)

Years Ended December 31, 2025 and 2024

Note 10. TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for an uncertain position if it is not more likely than not that the position would be sustained upon examination by the Internal Revenue Service.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2022.

Note 11. SUBSEQUENT EVENTS

Management has evaluated subsequent events for possible accrual or disclosure through September 16, 2026, which is the date the 2025 financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year)
Attachment to Schedule H (Form 5500) - Line 4i (Part IV)

Company Name: Gafcon PM-CM LLC
Plan Name: Gafcon PM-CM LLC Profit Sharing Plan
Plan Year: 1/1/25 - 12/31/25
EIN: 99-0555624
Plan No: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS NEW WORLD R6	Mutual Funds	\$ -	\$ 158,439
	ARTISAN INTERNATIONAL VALUE INSTL	Mutual Funds	\$ -	\$ 588,723
	FIDELITY 500 INDEX	Mutual Funds	\$ -	\$ 1,375,063
	FIDELITY MID CAP INDEX	Mutual Funds	\$ -	\$ 364,593
	FIDELITY SMALL CAP INDEX	Mutual Funds	\$ -	\$ 164,415
	FIDELITY TOTAL INTERNATIONAL INDEX	Mutual Funds	\$ -	\$ 325,083
*	J P MORGAN U.S. SMALL COMPANY R6	Mutual Funds	\$ -	\$ 571,544
*	JPMORGAN CORE PLUS BOND R6	Mutual Funds	\$ -	\$ 359,696
*	JPMORGAN LARGE CAP GROWTH R6	Mutual Funds	\$ -	\$ 1,363,540
*	JPMORGAN LARGE CAP VALUE R6	Mutual Funds	\$ -	\$ 358,062
*	JPMORGAN MID CAP GROWTH R6	Mutual Funds	\$ -	\$ 170,803
*	JPMORGAN US EQUITY R6	Mutual Funds	\$ -	\$ 432,869
*	JPMORGAN US GOVERNMENT MMKT INSTL	Mutual Funds	\$ -	\$ 1
	PIMCO INCOME INSTL	Mutual Funds	\$ -	\$ 401,193
	VICTORY SYCAMORE ESTABLISHED VALUE R6	Mutual Funds	\$ -	\$ 139,994
	COHEN & STEERS U.S. REALTY FUND CLASS O	Collective Trust Funds	\$ -	\$ 310,967
	GGT CAPITAL GROUP 2010 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 31,096
	GGT CAPITAL GROUP 2020 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 1,090,285
	GGT CAPITAL GROUP 2025 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 2,391,431
	GGT CAPITAL GROUP 2030 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 2,902,947
	GGT CAPITAL GROUP 2035 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 2,517,926
	GGT CAPITAL GROUP 2040 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 2,071,258
	GGT CAPITAL GROUP 2045 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 1,446,897
	GGT CAPITAL GROUP 2050 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 819,516
	GGT CAPITAL GROUP 2055 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 699,204
	GGT CAPITAL GROUP 2060 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 351,578
	GGT CAPITAL GROUP 2065 TD FUND CL R1	Collective Trust Funds	\$ -	\$ 60,527
	PUTNAM STABLE VALUE FUND	Collective Trust Funds	\$ -	\$ 441,394
*	PARTICIPANT LOANS	Interest Rates (4.25% to 9.50%)		\$ 99,963
	* Represents a party-in-interest to the Plan for which a statutory exemption exists.			

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**Gafcon PM-CM LLC Profit Sharing Plan****01-JAN-25 to 31-DEC-25****10-JAN-26 10:47:37**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1GC10R1			28,992.10	31,095.79
1GC20R1			1,009,941.96	1,090,285.04
1GC25R1			2,216,072.19	2,391,431.00
1GC30R1			2,689,778.30	2,902,947.24
1GC35R1			2,288,886.56	2,517,926.31
1GC40R1			1,853,017.40	2,071,257.63
1GC45R1			1,289,330.96	1,446,896.65
1GC50R1			728,940.86	819,516.11
1GC55R1			622,393.46	699,203.85
1GC60R1			314,686.05	351,578.36
1GC65R1			54,280.93	60,527.40
1RNWGX			140,741.04	158,439.39
1APHKX			543,925.50	588,723.13
1FTIHX			290,333.61	325,083.03
1CSRES0			291,300.98	310,966.93
1FSSNX			140,141.31	164,415.30
1JUSMX			547,410.80	571,543.87
1FSMDX			324,636.59	364,592.50
1JMGMX			144,917.87	170,802.56
1VEVRX			151,169.84	139,994.11
1FXAIX			1,061,603.12	1,375,062.83
1JLGMX			1,065,959.61	1,363,540.23
1JLVMX			343,540.39	358,062.21
1JUEMX			352,321.63	432,869.32
1JCPUX			354,391.06	359,696.20
1PIMIX			395,633.27	401,192.03
1PCSV15			247,136.12	247,136.12
1IJGXX			0.22	0.22
			19,491,483.73	21,714,785.36
PARTICIPANT LOANS	VARIOUS	4.250-9.500	99,621.94	99,963.40
FORFEITURES			194,258.03	194,258.03

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Gafcon PM-CM LLC Profit Sharing Plan**01-JAN-25 to 31-DEC-25****10-JAN-26 10:47:37**

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

INVESTMENT OPTION:

1GC10R1 GGT Capital Group 2010 TD Fund CL R1
 1GC25R1 GGT Capital Group 2025 TD Fund CL R1
 1GC35R1 GGT Capital Group 2035 TD Fund CL R1
 1GC45R1 GGT Capital Group 2045 TD Fund CL R1
 1GC55R1 GGT Capital Group 2055 TD Fund CL R1
 1GC65R1 GGT Capital Group 2065 TD Fund CL R1
 1APHKX Artisan International Value Instl
 1CSRES0 Cohen & Steers U.S. Realty Fund Class O
 1JUSMX J P Morgan U.S. Small Company R6
 1JMGMX JPMorgan Mid Cap Growth R6
 1FXAIX Fidelity 500 Index
 1JLVMX JPMorgan Large Cap Value R6
 1JCPUX JPMorgan Core Plus Bond R6
 1PCSV15 Putnam Stable Value Fund

1GC20R1 GGT Capital Group 2020 TD Fund CL R1
 1GC30R1 GGT Capital Group 2030 TD Fund CL R1
 1GC40R1 GGT Capital Group 2040 TD Fund CL R1
 1GC50R1 GGT Capital Group 2050 TD Fund CL R1
 1GC60R1 GGT Capital Group 2060 TD Fund CL R1
 1RNWGX American Funds New World R6
 1FTIHX Fidelity Total International Index
 1FSSNX Fidelity Small Cap Index
 1FSMDX Fidelity Mid Cap Index
 1VEVRX Victory Sycamore Established Value R6
 1JLGMX JPMorgan Large Cap Growth R6
 1JUEMX JPMorgan US Equity R6
 1PIMIX PIMCO Income Instl
 1IJGXX JPMorgan US Government MMkt Instl

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

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