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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JCJ-RALEIGH, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2003

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)
JCJ-RALEIGH, LLC

1930 STONEGATE DRIVE
BIRMINGHAM, AL 35242

2b Employer Identification Number (EIN)
63-1284962

2c Plan Sponsor's telephone number
205-823-4791

2d Business code (see instructions)
531110

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.	10/12/2026	AMY ANZALONE
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	298
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	**6a(1)**	260
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	278
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	44
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	322
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	322
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	266
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	288
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	11
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:

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

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 JCJ-RALEIGH, LLC 401(K) PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JCJ-RALEIGH, LLC	**D** Employer Identification Number (EIN) 63-1284962

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)

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 37 64 50 15	NONE	34125	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

COMMONWEALTH FINANCIAL NETWORK

29 SAWYER RD.
ONE UNIVERSITY OFFICE PARK
WALTHAM, MA 02453

(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	NONE	25887	Yes [ ] No [X]	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

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(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
JCJ-RALEIGH, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JCJ-RALEIGH, LLC

D Employer Identification Number (EIN)
63-1284962

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: FLEXPATH INDEX+ AGGRESSIVE 2055 R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
47-3170652-001	C	74521

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ AGGRESSIVE RETIRE R

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
47-2836296-001	C	7241

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ CONSERVATIVE 2055 R

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
47-3216409-001	C	4060

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE 2035 R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
47-3002484-001	C	1384147

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE 2045 R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
47-3071639-001	C	1013402

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE 2055 R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
47-3188067-001	C	914344

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ MODERATE RETIRE R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
47-2851418-001	C	1222045

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH INDEX+ AGGRESSIVE 2035 R1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
47-2987118-001	C	69570

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 plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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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 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
JCJ-RALEIGH, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JCJ-RALEIGH, LLC

D Employer Identification Number (EIN)
63-1284962

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10695	15969
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	225374	23721
(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)	106808	95365
(9) Value of interest in common/collective trusts	1c(9)	3833620	4689330
(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)	1041016	1517212
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	5217513	6341597
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5217513	6341597

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)	101822	
(B) Participants	2a(1)(B)	807539	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		909361
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	159	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9414	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9573
(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)	29627	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		29627
(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)		656280
(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)		148310
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1753151
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	567534	
(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)		567534
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	25887	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	34125	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1521	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		61533
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		629067
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1124084
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) [X] 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) [X] 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: CAMERON TRAVIS & COMPANY, P.C **(2)** EIN: 63-1185848

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.)	**4a**	X		95819
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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
JCJ-RALEIGH, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JCJ-RALEIGH, LLC

D Employer Identification Number (EIN)
63-1284962

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): 45-0404698

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702826A .

JCJ-RALEIGH, LLC
401(k) PLAN

BIRMINGHAM, ALABAMA

FINANCIAL STATEMENTS

DECEMBER 31, 2025 and 2024

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JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama — December 31, 2025

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CAMERON TRAVIS & COMPANY, P.C.

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
The JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

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

We have performed audits of the accompanying financial statements of the JCJ-Raleigh, LLC 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

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

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Cameron Travis & Co., P.C.

Cameron Travis & Company, P.C.
Birmingham, Alabama
October 9, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama — December 31, 2025 and 2024

	2025	2024
ASSETS		
Receivables		
Employer contributions receivable:		
Matching contributions on elective salary deferrals	$ 2,794	$ -
Qualifying non-elective contributions	13,175	10,695
Notes receivable - participants	95,365	106,808
Total receivables	111,334	117,503
Investments at fair value		
Cash and cash equivalents	23,721	225,374
Collective investment trust funds	4,689,330	3,833,620
Mutual funds	1,517,212	1,041,016
Total investments at fair value	6,230,263	5,100,010
Total assets	$ 6,341,597	$ 5,217,513
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities		
Accrued fees and expenses	$ -	$ -
Total liabilities	-	-
Net assets available for benefits	6,341,597	5,217,513
Liabilities and net assets available for benefits	$ 6,341,597	$ 5,217,513

See Accompanying Notes to Financial Statements and Independent Auditors' Report.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

JCJ-Raleigh, LLC 401(k) Plan
Birmingham, Alabama

Year ended
December 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants:		
Elective salary deferrals	$ 807,539	
Employer:		
Matching contributions	99,342	
Qualified nonelective contributions	2,480	
Total contributions		$ 909,361
Investment income		
Net appreciation in fair value of investments	777,273	
Dividends and interest	29,786	
Capital gains distributions	27,317	
Total investment income		834,376
Other income		
Interest on notes receivable - participants		9,414
Total additions to net assets		1,753,151
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	567,534	
Fees and expenses	61,533	
Total deductions from net assets		629,067
Net increase		1,124,084
Net assets available for benefits		
Beginning of the year		5,217,513
End of the year		$ 6,341,597

See Accompanying Notes to Financial Statements and Independent Auditors' Report.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the JCJ-Raleigh, LLC 401(k) Plan (Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the plan provisions.

General

The Plan, an adoption of the Newport Group, Inc. Defined Contribution Pre-Approved Plan (Pre-Approved Plan) is a defined contribution plan covering all non-excluded employees of JCJ-Raleigh, LLC, and its affiliates (collectively, the Company). Excluded employees include non-resident aliens, interns, part-time employees (long-term part-time employees are not excluded), temporary employees, and seasonal employees. Employees who have completed one year of qualified service with at least 1,000 hours are eligible for matching employer contributions. Employees are, upon beginning employment, eligible to make contributions in the form of pre-tax and after-tax (Roth) elective salary deferrals. The Plan is subject to the provisions of ERISA. The Company serves as Plan administrator and has appointed two individuals to serve as trustees. Newport Trust Company, LLC (a division of Newport Group) and Newport Group (merged with and became a business group of Ascensus, LLC) serve as third-party trustee, investment custodian, and third-party administrator of the Plan. The Plan was most recently amended and restated effective March 1, 2024.

Employee Contributions

Participants may contribute up to the limits established by Internal Revenue Service (IRS) regulations and the Plan. Participants are also permitted to make rollover contributions to the Plan from other qualified plans. The Plan has an automatic enrollment feature for newly eligible employees; under this arrangement, 4% of eligible compensation is initially withheld as a pre-tax salary deferral contribution to the Plan. Effective March 1, 2024, an automatic escalation feature has been added for automatically enrolled participants whereby the automatic deferral increases by 1% per year each March 1st up to a maximum of 10%. Participants may opt out of automatic enrollment and salary deferral, or elect a different deferral percentage or amount, by providing written notice to the Plan administrator. Participants with salary deferrals who are, or who will become, age fifty by the end of the Plan year are permitted to make catch-up contributions as limited by the Internal Revenue Code (IRC).

Employer (Company) Contributions

The Company may make discretionary employer matching and profit-sharing contributions. For the years ended December 31, 2025, and 2024, the Company matching contribution was twenty-five percent of the first four percent (or actual percentage if less) of compensation deferred, limited to a maximum of one percent of eligible compensation. For the years ended December 31, 2025, and 2024, $13,175 and $10,695, respectively, in estimated qualified nonelective contributions (QNECs) have been accrued for five eligible employees who were inadvertently not enrolled in the Plan and thereby denied the opportunity to elect salary deferrals. The amounts accrued are the sum of 1) salary deferrals assuming all five employees had been automatically enrolled with 4% deferrals, 2) employer matching contributions, and 3) estimated earnings.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company's matching and other discretionary contributions, QNECs, and investment income or losses (dividends and interest, capital gains distributions, expenses, and appreciation or depreciation in the fair value of investments). Investment income or losses are allocated according to the investments selected by each participant on a separate and distinct basis. Participant accounts are charged with allocations of administrative expenses based on account balances, plus fees for specific services. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Vesting
Participants are immediately and fully vested in their employee and QNEC contributions, including the gains and losses thereon. Company matching and other discretionary contributions, including accumulated gains and losses thereon, become fully vested once a participant completes three years of qualified service. Qualified nonelective contributions for specific participants are fully vested.

Forfeitures
Forfeitures of unvested Company contributions and accumulated earnings may occur when a participant terminates employment and receives a full distribution from his or her vested account. Forfeitures occur on the earlier of a) the full distribution of a former participant's vested account balance or b) the last day of the Plan year in which a former participant incurs five consecutive one-year breaks in service. Forfeitures are used to pay Plan administrative expenses or reduce Company contributions. The Plan requires forfeitures to be disposed of by the end of the Plan year following the year in which the forfeitures occur. On December 31, 2025, unallocated forfeitures to be disposed of totaled $23,719, including $3,138 in 2025, $12,528 carried over from Plan year 2024, and $8,053 carried over from years prior to 2024. See Note 6.

Investment Options
Upon enrollment in the Plan, a participant may direct contributions to one or more of the mutual funds, collective investment trust (target date retirement) funds, and cash equivalent account options offered and maintained by Ascensus Trust Company. A participant may change investment directions at any time. In the event a participant does not direct contributions, they are automatically invested in a default investment, which is a target retirement date moderate fund (currently, a flexPATH index+ moderate fund) aligned with a participant's birth date.

Notes Receivable - Participants
Participants may request loans in writing from the Plan administrator. Maximum borrowings are limited to the lesser of $50,000 or one-half of a participant's total vested account balance in the Plan. The minimum amount that may be borrowed is $1,000. Notes receivable are documented using written promissory notes signed by the participant, repaid through payroll deductions, required to be repaid within 60 months (up to 30 years where purpose is to purchase a principal residence), and must be adequately secured. Only one loan may be outstanding at any time. The interest rate on notes receivable is prime plus one percent (9.50% and 8.00% on December 31, 2025, and 2024, respectively). Notes receivable are treated as separate participant directed investments and are considered party-in-interest transactions. Amounts due are considered in default when one or more scheduled payments remain unpaid at the end of the calendar quarter following the calendar quarter when due. The Plan administrator has authority to use reasonable efforts to collect loans in default, including, in certain circumstances, recharacterizing delinquent amounts as distributions to participants.

Payment of Benefits
The Plan provides for vested benefits less than $5,000 to be distributed in a single lump sum upon termination, retirement, death, or disability without approval from a participant. If vested benefits exceed $5,000, a participant must approve the distribution, which is payable in a lump sum, except for required minimum distributions which may be paid through partial withdrawals or installments over periods of time not to exceed the assumed life expectancies of the participants or participants and their beneficiaries. Benefits are payable in cash, except for loan distributions.

Hardship distributions are permitted by the Plan from a participant's elective deferral accounts.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

The Plan permits in-service distributions from the fully vested accounts of participants who are age fifty-nine and one half or older and continue working for the Company or one of its affiliates.

Qualified reservist distributions from participants' elective deferral accounts are also available for participants called to active military duty for at least 180 days or for an indefinite period if such distributions are paid during the period of active duty.

A participant may elect to have all or a portion of benefits distributable, with certain limitations, paid directly to another eligible retirement plan, including an Individual Retirement Account (IRA), as a rollover distribution.

Excess Contributions
The IRC and Regulations thereunder limit the elective deferrals to a 401(k) plan that a participant may exclude from taxable income each year, and total contributions. The Plan may also limit contributions for compliance purposes (see Note 6). Excess deferrals that are not catch-up contributions and other contributions in excess of allowed amounts are considered excess contributions. Excess deferrals must be returned to the participant within time frames established by the Department of Labor. Excess employer contributions are forfeitable. When present, excess contributions are classified as a liability in the financial statements.

Administrative Expenses
Fees paid to Ascensus Trust Company and affiliates for the maintenance, custody of Plan assets, and advisory services are paid from the assets of the Plan and allocated to participants' accounts based on account balances. User fees for distributions, loan setup and maintenance, wire transfers, and certain additional services are charged directly to participants' accounts. JCJ Raleigh, LLC pays other costs on behalf of the Plan, including the annual audit fee, which are excluded from these financial statements.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Notes Receivable - Participants
Loans to participants are valued at their outstanding principal balance plus interest accrued but unpaid, which approximates fair value. Interest income is recorded on the accrual basis.

Investments and Investment Income
The Plan's investments are stated at fair value. Shares of registered investment companies (mutual funds) are valued at quoted market prices, representing the net asset value of shares held by the Plan on December 31, 2025, and 2024. Shares in bank collective investment funds are valued at the combined values of all underlying investments in the funds on December 31, 2025, and 2024. Purchases and sales of securities are recorded on a settlement date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Payment of Benefits
Benefits are recorded when paid.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Subsequent Events
Subsequent events were evaluated through October 9, 2026, which is the date the financial statements were available to be released. We are not aware of any subsequent events.

NOTE 3 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan. In the event of Plan termination, participants will become fully vested in their account balances.

NOTE 4 – TAX STATUS

The Pre-Approved Plan, which the Plan has adopted, was amended and restated effective January 1, 2021, to comply with legislative and regulatory changes described in IRS Notice 2017-37. The IRS has issued a letter to Newport Group, Inc., dated June 30, 2020, indicating that the Pre-Approved Plan is designed in accordance with the applicable sections of the IRC. The Plan itself has not received a determination letter from the IRS stating that the Plan is qualified under Section 401(a) of the IRC. However, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with applicable IRC requirements and therefore the Plan remains qualified under the IRC and the Trust established under the Plan continues to be tax-exempt.

The Plan administrator indicates that the Plan has not taken any uncertain tax positions that would require recognition or disclosure in the financial statements. The Plan is subject to routine examination by taxing authorities. There are no examinations in progress or pending for any tax periods as of December 31, 2025.

NOTE 5 – RISKS AND UNCERTAINTIES, CONCENTRATIONS

The Plan invests in various mutual and collective investment trust funds which are exposed to various risks including interest rate, market volatility, and credit risks. Furthermore, the value of each fund is dependent on its underlying investments. The presence of these risks indicates that it is at least reasonably possible that changes in values will occur in the near term and that such changes could materially affect participant account balances and amounts reported in the financial statements and supplemental schedules.

On December 31, 2025, and 2024, the following collective investment trust funds each held more than 10% of the Plan's total assets:

NOTE 5 – RISK AND UNCERTAINTIES; CONCENTRATIONS (Continued)

	2025	2024
flexPATH Index+ Moderate 2035 Fund R1	$ 1,384,147	$ 1,192,633
flexPATH Index+ Moderate Retirement R1	1,222,045	1,154,291
flexPATH Index+ Moderate 2045 Fund R1	1,013,402	766,790
flexPATH Index+ Moderate 2055 Fund R1	914,344	600,074

NOTE 6 – PLAN COMPLIANCE MATTERS

The IRC requires that 401(k) plans undergo annual testing for discrimination in favor of highly compensated participants. The annual tests are referred to as the Actual Deferral Percentage (ADP) and Actual Contribution Percentage (ACP) tests. The Plan passed the ADP and ACP tests for years 2025 and 2024. Other corrective actions include the forfeiture of excess employer matching contributions and earnings totaling $49 and $214 during the years ended December 31, 2025, and 2024, respectively. Unused forfeitures from 2024 and earlier totaling $20,581 (Note 1 Forfeitures) were not used by the end of 2025 and therefore require corrective action using guidelines provided in the IRS Employee Plans Compliance Resolution System. The Plan administrator has requested Ascensus to initiate correcting measures, which may include allocating the unused forfeitures accumulated through 2024 to participants. See Note 11 for disclosures of late deposited contributions.

NOTE 7 – FAIR VALUE MEASUREMENTS

The Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board's Accounting Standards Codification requires disclosure of a fair value hierarchy with three broad levels of input used to value assets and liabilities measured at fair value. The three levels, based on priorities in descending order, are described as follows:

Level 1: inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities.

Level 2: inputs that are observable, either directly or indirectly. Inputs may consist of quoted prices for similar assets and liabilities in active markets, quoted prices for identical assets or liabilities in inactive markets, inputs other than quoted prices that are observable for an asset or liability, or inputs derived principally from or corroborated by observable market data by correlation or other means.

Level 3: significant inputs are unobservable and cannot be corroborated through observable market data by correlation or other means.

The determination of where assets and liabilities are included in the hierarchy is based on the lowest level of any input that is significant to fair value measurement. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments and maximizes the use of observable inputs. There were no assets or liabilities measured at Level 3 as of December 31, 2025, and 2024. There were no changes in the methodologies used for fair value measurement during 2025 and 2024.

NOTE 7 – FAIR VALUE MEASUREMENTS (Continued)

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the Plan's administrator believes that the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Plan's investment assets for the years ending December 31, 2025, and 2024 were valued by Newport Trust Company.

The fair value of cash and cash equivalents are the balances reported by Newport Trust Company as shown in the statements of net assets available for benefits.

The fair value of investments in registered investment companies (mutual funds) is the daily closing price as reported by each fund. Mutual funds held by the Plan are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset values and to transact at these prices. Mutual funds held by the Plan are actively traded.

The fair value of investments in collective investment trust funds is derived from the fair values of the underlying assets in each fund, which may rise and fall according to market activity. Each fund generally invests in a combination of stocks and stock funds, bonds and bond funds, and money funds.

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

	2025			2024		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Cash and cash equivalents	$ 23,721	$ -	$ 23,721	$ 225,374	$ -	$ 225,374
Mutual funds	1,517,212	-	1,517,212	1,041,016	-	1,041,016
Collective investment trust funds	-	4,689,330	4,689,330	-	3,833,620	3,833,620
	$ 1,540,933	$ 4,689,330	$ 6,230,263	$ 1,266,390	$ 3,833,620	$ 5,100,010

NOTE 8 – RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

Ascensus Trust Company and Ascensus, LLC (Newport Trust Company and Newport Group, Inc. prior to June 26, 2023) serve as the Plan's trustee, investment custodian, and third-party administrator and therefore are related parties and parties-in-interest to the Plan. Certain officers and employees of the Company perform administrative services for the Plan, and the Company provides office space for the Plan's use, at no cost to the Plan.

See Note 1 Notes Receivable – Participants and Administrative Expenses for additional Related Party and Party-in-Interest transactions.

NOTE 9 – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 9 – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (Continued)

Plan investments, including notes receivable from participants, and investment income, including investment appreciation/depreciation, interest and dividend income, and related information as presented in the financial statements and supplemental schedule of assets (held at end of year) were obtained from data that has been certified as complete and accurate to the Plan administrator by Ascensus, LLC, authorized representative of Ascensus Trust Company and Newport Trust Company, and Newport Group as of December 31, 2025 and 2024 and for the years then ended.

NOTE 10 – AMENDMENT AND RESTATEMENT OF PLAN

The Plan was amended and restated effective March 1, 2024. Following is a summary of the significant new provisions:

1) The class of employees excluded from participating in the Plan was expanded to include seasonal employees with less than one year of service.
2) Long-term part-time (LTPT) employees were identified as those part-time employees not otherwise excluded who are credited with at least 3 consecutive years including 500 or more hours of service after 2020. LTPT employees are eligible for salary deferrals, including Roth 401(k) deferrals, and are subject to the Plan's automatic deferral provisions.
3) Effective March 1, 2024, automatic escalation became effective for all participants in the automatic deferral arrangement. Automatic deferrals will increase by 1% of compensation annually on March 1, 2024 and succeeding years up to a maximum of 10% of compensation, subject to IRS limits on annual additions to participant accounts.
4) Qualified birth or adoption distributions of up to $5,000 may be requested up to one year following the birth of a participant's child or adoption of another child under age 18 or who is physically or mentally incapable of self-care.
5) Required minimum distributions may be delayed until April 1 of the year after becoming age 72 for participants born after June 30, 1949.

NOTE 11 – DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant deferrals and loan payments totaling $71,441, $145, and $24,233 for the years ended December 31, 2025, 2024, and 2023. respectively, have been determined to be late deposited. The Plan administrator has requested Ascensus, LLC to correct the late deposits by calculating lost earnings and allocating them to the accounts of the affected participants. Furthermore, a supplemental schedule of delinquent participant contributions has been added to these financial statements as required by ERISA; see page 13.

SUPPLEMENTAL SCHEDULES

JCJ-Raleigh, LLC 401(k) Plan
EIN 63-1284962
Plan Number 001
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

	Participant Contributions Transferred Late to Plan	Check here if Late Participant Loan Repay-ments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2025	$ 71,441	X	$ 71,441			
2024	145	X	145			
2023	24,233	X	24,233			
	$ 95,819		$ 95,819			

See Independent Auditors' Report.

JCJ-Raleigh, LLC 401(k) Plan
EIN 63-1284962
Plan Number 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(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	(e) Current value
		Cash - Interest Bearing	
	Banc of California	Banc of California Master Deposit Account A	$ 23,721
		Collective Investment Trust Funds	
	Great Gray Trust Company, LLC	flexPATH Index+ Aggressive 2035 R1	69,570
	Great Gray Trust Company, LLC	flexPATH Index+ Aggressive 2055 R1	74,521
	Great Gray Trust Company, LLC	flexPATH Index+ Aggressive Retirement R1	7,241
	Great Gray Trust Company, LLC	flexPATH Index+ Conservative 2055 R1	4,060
	Great Gray Trust Company, LLC	flexPATH Index+ Moderate 2035 R1	1,384,147
	Great Gray Trust Company, LLC	flexPATH index+ Moderate 2045 R1	1,013,402
	Great Gray Trust Company, LLC	flexPATH Index+ Moderate 2055 R1	914,344
	Great Gray Trust Company, LLC	flexPATH Index+ Moderate Retirement R1	1,222,045
			4,689,330
		Mutual Funds	
	Fidelity Advisor Funds	Fidelity Advisor International Value Z	146,746
	Franklin Templeton	Franklin Utilities R6	353,265
	BNY Mellon Securities Corporation	BNY Mellon Global Fixed Income Y	65,286
	Federated Hermes	Federated Hermes MDT Large Cap Gr R6	71,379
	Federated Hermes	Federated Hermes MDT Large Cap VI R6	66,016
	MFS Funds	MFS Mid Cap Value R6	16,763
	Northern Trust	Northern Small Cap Index	25,895
	Putnam Investments, LLC	Putnam Global Health Y	22,915
	Principal Funds	Principal Short-Term Income Institutional	7,602
	The Vanguard Group	Vanguard 500 Index Admiral	138,805
	The Vanguard Group	Vanguard Mid Cap Growth Index Admiral	124,494
	The Vanguard Group	Vanguard Information Tech Index Adm	176,443
	The Vanguard Group	Vanguard Mid Cap Index Admiral	63,342
	The Vanguard Group	Vanguard Real Estate Index Admiral	147,085
	The Vanguard Group	Vanguard Growth Index Fund Admiral	8,220
	Dimensional Fund Advisors	DFA U.S. Small Cap Value Portfolio I	13,276
	American Century Investment Services, Inc.	American Century Small Cap Gr R6	14,166
	American Century Investment Services, Inc.	Avantis Emerging Markets Equity Institutional	42,516
	BlackRock Investments, LLC	BlackRock High Yield Portfolio K	5,738
	Diamond Hill Capital Management, Inc.	Diamond Hill Core Bond Y	7,260
			1,517,212
		Total Investments	6,230,263
*	Participant loans	Interest rates 4.25%-9.50%, maturing through 2030	95,365
Total Assets (Held at End of Year)			$ 6,325,628

* Indicates party-in-interest to the Plan
Cost information for column (d) has not been presented as this information is not applicable for participant-directed investments.

See Independent Auditors' Report.

Attachment to 2025 Form 5500
Assets Held at Year End

Plan Name JCJ-RALEIGH, LLC 401(K) PLAN
Plan Sponsor Name JCJ-RALEIGH, LLC
EIN 63-1284962
PN 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
	Banc of California	Banc of California Master Demand Acct A	0	23,721
	BlackRock	BlackRock High Yield Portfolio K	0	5,738
	Diamond Hill	Diamond Hill Core Bond Y	0	7,260
	flexPATH	flexPATH Index+ Aggressive 2035 R1	0	69,570
	flexPATH	flexPATH Index+ Aggressive 2055 R1	0	74,521
	flexPATH	flexPATH Index+ Aggressive Retire R1	0	7,241
	flexPATH	flexPATH Index+ Conservative 2055 R1	0	4,060
	flexPATH	flexPATH Index+ Moderate 2035 R1	0	1,384,147
	flexPATH	flexPATH Index+ Moderate 2045 R1	0	1,013,402
	flexPATH	flexPATH Index+ Moderate 2055 R1	0	914,344
	flexPATH	flexPATH Index+ Moderate Retire R1	0	1,222,045
	Franklin	Franklin Utilities Fund R6	0	353,265
	MFS	MFS Mid Cap Value R6	0	16,763
	Northern	Northern Small Cap Index Fund	0	25,895
	Principal	Principal Short-Term Income Instl	0	7,602
	Vanguard	Vanguard 500 Index Adm	0	138,805
	Vanguard	Vanguard Growth Index Adm	0	8,220
	Vanguard	Vanguard Information Tech Index Adm	0	176,443
	Vanguard	Vanguard Mid Cap Index Adm	0	63,342
	Vanguard	Vanguard Mid-Cap Growth Index Adm	0	124,494
	Vanguard	Vanguard Real Estate Index Adm	0	147,085
	Putnam	Putnam Global Health Care Y	0	22,915
	Fidelity	Fidelity Advisor Intl Value Z	0	146,746
	American Century	American Century Small Cap Gr R6	0	14,166
	DFA	DFA U.S. Small Cap Value Portfolio I	0	13,276
	BNY	BNY Mellon Global Fixed Income Y	0	65,286
	Avantis	Avantis Emerging Markets Equity Instl	0	42,516
	Federated Hermes	Federated Hermes Mdt Lrg Cp Vl R6	0	66,016
	Federated Hermes	Federated Hermes MDT Lrg Cp Gr R6	0	71,379
	Participant's Loan Account	Various Rates and Maturities	0	95,365