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
- [X] 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:
- [X] 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
PLANMEMBER POOLED EMPLOYER PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/2025

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)
PLANMEMBER SECURITIES CORPORATION

6187 CARPINTERIA AVENUE
CARPINTERIA, CA 93013

2b Employer Identification Number (EIN)
95-3706234

2c Plan Sponsor's telephone number
800-874-6910

2d Business code (see instructions)
541219

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.	10/15/2026	STEVE HANSON
	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**	0
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	629
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	67
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	696
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	697
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)**	0
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)**	563
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	45
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 2W 3B 3D 3F 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [ ] **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
PLANMEMBER POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANMEMBER SECURITIES CORPORATION

D Employer Identification Number (EIN)
95-3706234

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).. . . . . [X] 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

CHARLES SCHWAB & CO. INC.

94-1737782

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

CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

(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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 35 50 64	NONE	45482	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PLANMEMBER SECURITIES CORPORATION

95-3706234

(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 51	NONE	45354	Yes [ ] No [X]	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

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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 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
PLANMEMBER POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANMEMBER SECURITIES CORPORATION

D Employer Identification Number (EIN)
95-3706234

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		24517
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		115028
(2) Participant contributions	1b(2)		53094
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		135711
(9) Value of interest in common/collective trusts	1c(9)		
(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)		14726990
(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	0	15055340
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	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	0	15055340

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)	758702	
(B) Participants	2a(1)(B)	1448784	
(C) Others (including rollovers)	2a(1)(C)	724288	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2931774
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2836	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2836
(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)	285974	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		285974
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		1160575
c Other income	2c		2421
d Total income. Add all **income** amounts in column (b) and enter total	2d		4383580
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	693831	
(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)		693831
f Corrective distributions (see instructions)	2f		20964
g Certain deemed distributions of participant loans (see instructions)	2g		4079
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	107741	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		107741
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		826615
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3556965
l Transfers of assets:			
(1) To this plan	2l(1)		11498375
(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: HUTCHINSON AND BLOODGOOD LLP **(2)** EIN: 95-0858589

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		440812
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 [ ] 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
PLANMEMBER POOLED EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PLANMEMBER SECURITIES CORPORATION

D Employer Identification Number (EIN)
95-3706234

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): 82-3967259

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 Q702852A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 PLANMEMBER POOLED EMPLOYER PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PLANMEMBER SECURITIES CORPORATION	**D** Administrator's EIN 95-3706234

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☒ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
ACE SPRING SERVICE INC.	74-2583943	2.64	511033
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
KITCHEN CREATIONS, INC.	63-1199578	2.54	3309315

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARAGON, SANTILLAN & ASSOCIATES	45-3574068	1.32	243129
LITOSTROJ US, LLC	32-0613491	6.72	680560
BEE MEE THREE, INC.	84-3122173	0.34	45391
LABRAM HOMES, INC.	59-3215486	2.37	308409
NICHOLAS ANTHONY CIONE, LLC	82-4041022	1.02	211465
GERALD MCDONNELL & ASSOCIATES P.C. D/B/A GMA ARCHITECTS	93-1115438	2.53	383576
MULTI-TEK	93-1171263	8.35	803705
FAM AGENCY, INC.	87-3585437	2.50	383054
EXHIBIT EXPRESSIONS, LLC	58-2483927	2.58	467522

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCEANVIEW WINDOW CLEANING, INC.	84-1870068	0.83	86377
BEHM FINANCIAL, LLC	86-1600899	2.45	104912
PRODIAGNOSTICS MEDICAL CENTER, LLC	82-2878311	2.08	162680
KEALE CHIROPRACTIC LLC	87-2681866	2.64	147208
MUSTARD PRESS, INC.	93-1040139	2.43	555826
CAMACO, LLC D/B/A LIGON JONES INSURANCE SERVICES	87-4155080	1.66	105326
MTT GROUP, INC.	84-2933230	1.63	114039
ALBERSON ENTERPRISES LLC DBA METROWATCH	88-4094153	3.20	200288
HORIZON FINANCIAL IFS, INC.	45-4282965	0.57	29421

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBINSON MANUFACTURING COMPANY, INC.	73-1096564	2.13	1663892
COSGROVE, HUMPHREY & WEISMAN	86-3735941	1.55	45390
FORWARD ARTIST MANAGEMENT LLC	46-1392683	0.94	53925
FAMILY TREE CARE PROFESSIONALS, LLC	47-4772404	2.58	171460
305 CONSULTING ENGINEERS, LLC	46-2245961	1.35	37977
ZILE TECHNOLOGY, INC.	20-3900735	21.86	630892
LINDONLIGHT INVESTMENTS HOLDCO, INC.	99-2789687	10.55	302990
JBNL, INC.	47-3173848	2.00	37700
R D FOOTING SERVICE INC.	26-4276795	1.18	32543

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEVE SARWONO LLC DBA BATIK FINANCIAL	83-4089988	0.97	27003
PINNPACK CAPITAL HOLDINGS, LLC	87-1277333	4.50	3016986

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☒ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID R4AQCM7GH

PLANMEMBER POOLED EMPLOYER PLAN

FINANCIAL STATEMENTS
AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULE

For the Period from April 1, 2025 (Date of Inception) through December 31, 2025

(With Independent Auditors' Report Thereon)

Audit conducted pursuant to ERISA Section 103(a)(3)(C) and 29 CFR 2520.103-8

TABLE OF CONTENTS

Independent Auditors' Report....3
Statement of Net Assets Available for Benefits....7
Statement of Changes in Net Assets Available for Benefits....8
Notes to Financial Statements....9
Supplemental Schedule — Schedule H, Line 4i — Schedule of Assets (Held at End of Year)....15
Supplemental Schedule — Schedule H, Line 4a — Schedule of Delinquent Participant Contributions....16

YOUR PARTNER FOR SUCCESS SINCE 1922

(818) 637-5000
500 N. Brand Blvd, Suite 800
Glendale, CA 91203

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator Pooled Employer Plan Committee
PlanMember Pooled Employer Plan
Carpinteria, California

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

We have performed an audit of the accompanying financial statements of PlanMember Pooled Employer Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the period from April 1, 2025 (date of inception) through December 31, 2025, and the related notes to the financial statements. The Plan was newly established effective April 1, 2025; accordingly, no comparative prior-year financial information is presented.

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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding the 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 (qualified institution). Management has obtained a certification from Charles Schwab Trust Bank, a qualified institution, as of December 31, 2025 and for the period then ended, stating that the certified investment information, as described in Note 4, is complete and accurate.

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 U.S. GAAP.

Opinion

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

(1) the amounts and disclosures in the 2025 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; and

(2) the information in the 2025 financial statements referred to above related to assets held by and certified to by Charles Schwab Trust Bank agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Management is also responsible for determining that (i) the circumstances permit an ERISA Section 103(a)(3)(C) audit; (ii) the investment information is prepared and certified by qualified institutions as described in 29 CFR 2520.103-8; (iii) the certifications meet the requirements in 29 CFR 2520.103-5; and (iv) the certified investment information is appropriately measured, presented, and disclosed in accordance with U.S. GAAP.

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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 Schedule H, line 4i — schedule of assets (held at end of year) as of December 31, 2025, and Schedule H, line 4a — schedule of delinquent participant contributions for the period from April 1, 2025 (date of inception) through December 31, 2025, 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 the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by Charles Schwab Trust Bank 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).



Glendale, California
October 15, 2026

PLANMEMBER POOLED EMPLOYER PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025

ASSETS	
Investments, at fair value (Note 5):	
Mutual funds	$ 14,726,990
Notes receivable from participants	135,711
Receivables:	
Employer contributions receivable	115,028
Participant contributions receivable	53,094
Total receivables	168,122
Cash and cash equivalents	24,517
NET ASSETS AVAILABLE FOR BENEFITS	**$ 15,055,340**

See accompanying notes to financial statements.

PLANMEMBER POOLED EMPLOYER PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD FROM APRIL 1, 2025 (DATE OF INCEPTION) THROUGH DECEMBER 31, 2025

ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 1,160,575
Dividends and capital gains	285,974
Total investment income	1,446,549
Interest income on notes receivable from participants	2,836
Contributions (Note 1):	
Participants	1,448,784
Employer	758,702
Rollovers	724,288
Total contributions	2,931,774
Other income	2,421
Total additions	**4,383,580**
DEDUCTIONS	
Benefits paid to participants	693,831
Corrective distributions	20,964
Deemed distributions of participant loans	4,079
Administrative expenses	107,741
Total deductions	826,615
Net increase before transfers of assets	**3,556,965**
Transfers of assets from other plans (Note 3)	11,498,375
Net increase	**15,055,340**
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of period (April 1, 2025)	—
End of period	**$ 15,055,340**

See accompanying notes to financial statements.

PLANMEMBER POOLED EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 — DESCRIPTION OF PLAN

General. The following description of PlanMember Pooled Employer Plan (the Plan) provides only general information. Participants should refer to the Plan document and their Participating Employer's adoption agreement for a more complete description of the Plan's provisions. The Plan is a pooled employer plan (PEP) as defined in Section 3(43) of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 413(e) of the Internal Revenue Code (IRC), established by PlanMember Securities Corporation (the Pooled Plan Provider, or PPP) pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act). The Plan was established effective April 1, 2025 (date of inception for these financial statements). The Plan is a defined contribution plan covering eligible employees of unrelated employers that have adopted the Plan (Participating Employers), and is intended to qualify under IRC Sections 401(a) and 501(a). The Plan is a multiple employer plan described in IRC Sections 413(c) and 413(e). PlanMember Securities Corporation is the Plan Sponsor, Plan Administrator and PPP, and is located in Carpinteria, California. Milliman, Inc. is the recordkeeper, and Plan assets are held in trust by Charles Schwab Trust Bank (the Trustee). Each Participating Employer participates in the Plan through an adoption agreement with the PPP. Under the terms of the Plan, each Participating Employer is responsible for providing data, remitting contributions and funding corrections attributable to its employees. The Plan is subject to the applicable provisions of ERISA.

Eligibility. Eligibility requirements are elected by each Participating Employer in its adoption agreement and generally range from immediate eligibility to attainment of age 21 and completion of one year of service (1,000 hours of service), with entry on the first day of the month or other entry date specified in the adoption agreement. Certain Participating Employers exclude specified classes of employees, such as union employees, nonresident aliens, leased employees, and part-time, temporary or seasonal employees. Pursuant to the SECURE Act, as amended by the SECURE 2.0 Act of 2022, long-term part-time employees who have completed two consecutive 12-month periods (beginning after December 31, 2020) with at least 500 hours of service in each period, and who have attained age 21, are eligible to make elective deferrals.

Contributions. Eligible participants may contribute a percentage or dollar amount of eligible compensation as pre-tax 401(k) or Roth 401(k) deferrals, and, where permitted by the Participating Employer's adoption agreement, after-tax voluntary contributions. Certain Participating Employers have adopted automatic enrollment features, under which eligible employees who do not make an affirmative election are enrolled at a default deferral rate specified in the adoption agreement. For the 2025 plan year, contributions are subject to the following IRC limitations: the annual elective deferral limit under IRC Section 402(g) of $23,500; the catch-up contribution limit under IRC Section 414(v) of $7,500 for participants who attain age 50 or older by the end of the taxable year, or $11,250 for participants who attain ages 60 through 63 during the taxable year; the annual additions limit under IRC Section 415(c) of the lesser of $70,000 or 100% of compensation; and the annual compensation limit under IRC Section 401(a)(17) of $350,000. Participants may also contribute amounts representing distributions from other eligible retirement plans (rollovers). As elected in each adoption agreement, Participating Employers make safe harbor matching or nonelective contributions and may make discretionary matching contributions, discretionary profit sharing contributions, qualified nonelective contributions, or other employer contributions.

Participant Accounts. Each participant's account is credited with the participant's contributions, the applicable Participating Employer's contributions (if any), and an allocation of Plan earnings or losses, and is charged with an allocation of applicable administrative expenses paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately 100% vested in their own contributions, rollovers and safe harbor contributions, plus actual earnings thereon. Vesting in other Participating Employer contributions is based on years of credited service under the vesting schedule elected by each Participating Employer in its adoption agreement, which may not be less favorable than a six-year graded schedule. Participants become fully vested upon attainment of Normal Retirement Age (age 65), death while employed, or total and permanent disability.

Forfeited Accounts. Forfeited nonvested accounts may be used to pay Plan administrative expenses or to reduce future Participating Employer contributions, as directed by each Participating Employer's adoption agreement. As of December 31, 2025, forfeited nonvested accounts totaled $1,137.

Notes Receivable from Participants. Participants may borrow from their accounts a minimum of $1,000 up to the lesser of $50,000 or 50% of their vested account balance. Loans are secured by the participant's account balance and bear interest at the prime rate plus 1%, fixed for the loan duration. Repayment is through payroll deductions over a term not exceeding five years (15 years for a primary residence loan). No more than one loan per participant may be outstanding at any time.

Benefit Payments. Upon termination, death, disability, or retirement, participants may receive their vested account balance as a lump-sum distribution or in partial withdrawals. In-service distributions are available upon attainment of age 59½. Hardship distributions are available subject to each Participating Employer's adoption agreement. Vested balances not exceeding $7,000 may be distributed without the participant's consent; balances of $1,000 or more are automatically rolled over to an individual retirement account if the participant does not make an affirmative election upon termination.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP) as set forth in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 962, Plan Accounting — Defined Contribution Pension Plans.

Use of Estimates. The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, as defined by ASC 820, Fair Value Measurement. See Note 5. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation in fair value of investments includes the Plan's realized gains and losses on investments bought and sold as well as the unrealized appreciation and depreciation on investments held during the period. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Other income consists of miscellaneous trust receipts and is recognized when received.

Notes Receivable from Participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2025. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Delinquent notes receivable are reclassified as deemed distributions based on the terms of the Plan document. During the period, one participant loan with an unpaid balance of $4,079 was deemed distributed and is reported as a deduction in the statement of changes in net assets available for benefits.

Contributions. Contributions from participants and Participating Employers are recognized in the period to which they relate. Employer contributions receivable and participant contributions receivable represent amounts owed to the Plan as of December 31, 2025, pursuant to formal commitments or the terms of the Plan, that had not yet been received by the Plan. Employer contributions receivable include 2025 profit sharing and safe harbor nonelective contributions of $115,028 that certain Participating Employers deposited to the Plan in 2026.

Payment of Benefits. Benefits are recorded when paid.

Administrative Expenses. Certain reasonable expenses of administering the Plan, including PPP, recordkeeping, and conversion fees, are paid from Plan assets. Fees related to the administration of participant notes receivable are charged directly to the borrowing participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments. Expenses not paid from Plan assets are borne by the PPP or the Participating Employers and are not reflected in these financial statements.

Subsequent Events. The Plan has evaluated subsequent events through October 15, 2026, the date the financial statements were available to be issued. Subsequent to December 31, 2025, additional employers adopted the Plan and assets of other plans were transferred into the Plan.

NOTE 3 — TRANSFERS OF ASSETS FROM OTHER PLANS

In connection with the establishment of the Plan and the adoption of the Plan by Participating Employers during the period, assets were transferred into the Plan from other plans previously maintained by or covering employees of the Participating Employers. Assets attributable to 24 Participating Employers were transferred from the plan arrangement previously recordkept by Newport Group; these assets were received primarily in cash, and participant loans were transferred in kind. Effective November 1, 2025, the account balances of employees of another Participating Employer were merged into the Plan. Transfers of assets into the Plan totaled $11,498,375 for the period from April 1, 2025 (date of inception) through December 31, 2025 and are presented gross of conversion fees of $16,905. These conversion fees were deducted from the transferred assets and are included in administrative expenses. No assets were transferred out of the Plan during the period.

NOTE 4 — CERTIFICATION OF INVESTMENT INFORMATION

Charles Schwab Trust Bank, the Trustee of the Plan, provided the Plan Administrator with a certification as to the completeness and accuracy of the investment information reflected in the accompanying statement of net assets available for benefits as of December 31, 2025, the statement of changes in net assets available for benefits for the period from April 1, 2025 (date of inception) through December 31, 2025, and the supplemental schedule of assets (held at end of year) as of December 31, 2025. Certain information in the accompanying statement of net assets available for benefits as of December 31, 2025, the statement of changes in net assets available for benefits for the period from April 1, 2025 (date of inception) through December 31, 2025, and the supplemental schedule of assets (held at end of year), related to investments held and the net appreciation in fair value of investments, dividends, and capital gains, was obtained by management and agreed to, or derived from, information certified as complete and accurate by Charles Schwab Trust Bank, a qualified institution as defined under ERISA Section 103(a)(3)(C). Notes receivable from participants and the related interest income, cash, and contributions receivable were excluded from the certification and were tested directly by the auditors.

NOTE 5 — FAIR VALUE OF INVESTMENTS

ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Level 1 inputs are unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access. Level 2 inputs are observable inputs other than Level 1 prices. Level 3 inputs are unobservable and significant to the fair value measurement.

Mutual Funds. Valued at the daily closing net asset value (NAV) reported by each fund. The funds are open-end mutual funds registered with the SEC, required to publish a daily NAV and to transact at that price. All mutual funds held are classified as Level 1. Notes receivable from participants are measured at unpaid principal balance plus accrued interest, which approximates fair value, and are not subject to the ASC 820 fair value hierarchy.

The following table presents the Plan's assets measured at fair value as of December 31, 2025, by level within the fair value hierarchy:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 14,726,990	$ —	$ —	$ 14,726,990
Total	**$ 14,726,990**	**$ —**	**$ —**	**$ 14,726,990**

NOTE 6 — RISKS AND UNCERTAINTIES

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

NOTE 7 — PLAN TERMINATION

Although it has not expressed any intent to do so, the PPP has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Participating Employer contributions. The PPP may also involuntarily terminate the participation of any individual Participating Employer upon 30 days' written notice, resulting in a spin-off or transfer of that employer's participants' accounts to a successor plan.

NOTE 8 — PLAN TAX STATUS

The Plan has adopted the Milliman, Inc. Defined Contribution Pre-Approved Plan (Basic Plan Document #01), which received a favorable opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, indicating that the pre-approved plan document is designed in accordance with the applicable provisions of the IRC. The Plan has been amended since the date of the opinion letter.

The Plan administrator has identified certain operational errors attributable to individual Participating Employers, including the failure to make required safe harbor contributions, and intends to correct them in accordance with the IRS Employee Plans Compliance Resolution System. In addition, compliance testing for certain Participating Employers for the 2025 plan year had not been completed as of the date these financial statements were available to be issued; the Plan administrator intends to complete such testing and correct any failures within the applicable correction periods. Under the terms of the Plan and IRC Section 413(e), each Participating Employer is responsible for corrections attributable to its employees. The Plan administrator believes the Plan, as amended, is designed and is being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified and the related trust is tax-exempt.

US GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on its technical merits, to be sustained upon examination by the IRS. 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 2025 plan year is the Plan's first plan year and remains subject to examination.

NOTE 9 — PARTY-IN-INTEREST AND RELATED-PARTY TRANSACTIONS

Certain Plan investments are held and managed by Charles Schwab Trust Bank, the Trustee of the Plan, and include shares of a money market fund affiliated with the Trustee. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules of ERISA pursuant to ERISA Section 408(b)(8). The Plan issues notes receivable to participants, secured by participant account balances; these also qualify as party-in-interest transactions and are exempt pursuant to ERISA Section 408(b)(1) and IRC Section 4975(d)(1). PlanMember Securities Corporation, the Plan's Administrator and PPP, received direct compensation of $45,354 from the Plan during the period, and Milliman, Inc., the recordkeeper, received direct compensation of $45,482 during the period, for services rendered to the Plan. The amounts of such compensation are reported on Schedule C of the Plan's Form 5500 for the period ended December 31, 2025. These transactions qualify as party-in-interest and related-party transactions and are exempt from the prohibited transaction rules of ERISA pursuant to ERISA Section 408(b)(2). Delinquent participant contributions constituting nonexempt party-in-interest transactions are described in Note 10.

NOTE 10 — NONEXEMPT TRANSACTIONS — DELINQUENT PARTICIPANT CONTRIBUTIONS

During the period from April 1, 2025 (date of inception) through December 31, 2025, certain participant contributions were not remitted to the Plan's trust within the time period required by Department of Labor Regulation 29 CFR 2510.3-102, under which participant contributions become Plan assets as of the earliest date on which they can reasonably be segregated from the Participating Employer's general assets. Participant pre-tax elective deferrals of $346,502 and Roth elective deferrals of $94,310, totaling $440,812, were remitted later than required. These late remittances constitute nonexempt prohibited transactions under ERISA Section 406 and IRC Section 4975. As of the date these financial statements were available to be issued, the lost earnings on the delinquent participant contributions had not been remitted to the Plan. The Plan administrator intends to cause the applicable Participating Employers to remit the lost earnings and to file any required excise tax returns after the date of these financial statements. The delinquent participant contributions are reported on the supplemental Schedule H, line 4a — Schedule of Delinquent Participant Contributions.

PLANMEMBER POOLED EMPLOYER PLAN

E.I.N.: 95-3706234 | PLAN NUMBER: 001

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

Identity of Issue / Borrower	Description of Investment	Current Value **
American Funds	American Funds New World R6	16,164
DFA	DFA US Core Equity 1 Port Instl	125,251
Federated	Federated Inst High Yield Bond	6,654
Fidelity Investments	Fidelity 500 Index Fd	353,497
Fidelity Investments	Fidelity Large Cap Growth Index Fd	2,017,408
Fidelity Investments	Fidelity Long-Term Trs Bd Idx Instl Prm	641,458
Fidelity Investments	Fidelity Mid Cap Index	51,132
Fidelity Investments	Fidelity Small Cap Index	57,137
Fidelity Investments	Fidelity Total Intl Index	1,414,265
iShares by BlackRock	iShares Total US Stock Market Index K	54,820
* Schwab	Schwab Govt Money Fund	1,137
Vanguard	Vanguard Emerging Mkts Stock Idx Adm	124,680
Vanguard	Vanguard European Stock Index Adm	484,387
Vanguard	Vanguard Inflation Prot Sec Adm	6,393
Vanguard	Vanguard High-Yield Corporate Adm	585,095
Vanguard	Vanguard Interm-Term Investment-Grade Adm	1,143,948
Vanguard	Vanguard Intrm Trsy Indx Adm	1,128,043
Vanguard	Vanguard Mid-Cap Value Index Adm	686,370
Vanguard	Vanguard Pacific Stock Index Adm	333,104
Vanguard	Vanguard Mid-Cap Growth Index Adm	401,690
Vanguard	Vanguard Real Estate In Fund Adm	3,356
Vanguard	Vanguard Short-Term Federal Adm	233,396
Vanguard	Vanguard Short-Term Invst Grade Adm	907,791
Vanguard	Vanguard Small Cap Growth Index Adm	403,514
Vanguard	Vanguard Small Cap Value Index Adm	929,940
Vanguard	Vanguard Total Bond Market Index Adm	228,644
Vanguard	Vanguard Total Intl Stock Index Adm	81,326
Vanguard	Vanguard Value Index Adm	2,306,390
	Total Mutual Funds	**$ 14,726,990**
* Participants	Participant loans — interest rates 4.75% to 10.25%, various maturities	135,711
* Charles Schwab Trust Bank	Cash and cash equivalents (uninvested cash pending investment/distribution)	24,517
	Total Assets Held at End of Year	**$ 14,887,218**

* Party-in-interest, as defined by ERISA.

** The Plan's investments are participant-directed; accordingly, historical cost is not required to be presented and has been omitted pursuant to 29 CFR 2520.103-11.

The investment information above was certified as complete and accurate by Charles Schwab Trust Bank pursuant to 29 CFR 2520.103-5(c).

PLANMEMBER POOLED EMPLOYER PLAN

E.I.N.: 95-3706234 | PLAN NUMBER: 001

SCHEDULE H, LINE 4a — SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FOR THE PERIOD FROM APRIL 1, 2025 (DATE OF INCEPTION) THROUGH DECEMBER 31, 2025

		Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments Are included?	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP*
$ 440,812	[ ]	$ 440,812	$ --	$ --	$ --

*Voluntary Fiduciary Correction Program

PLANMEMBER POOLED EMPLOYER PLAN

E.I.N.: 95-3706234 | PLAN NUMBER: 001

SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

Identity of Issue / Borrower	Description of Investment	Current Value **
American Funds	American Funds New World R6	16,164
DFA	DFA US Core Equity 1 Port Instl	125,251
Federated	Federated Inst High Yield Bond	6,654
Fidelity Investments	Fidelity 500 Index Fd	353,497
Fidelity Investments	Fidelity Large Cap Growth Index Fd	2,017,408
Fidelity Investments	Fidelity Long-Term Trs Bd Idx Instl Prm	641,458
Fidelity Investments	Fidelity Mid Cap Index	51,132
Fidelity Investments	Fidelity Small Cap Index	57,137
Fidelity Investments	Fidelity Total Intl Index	1,414,265
iShares by BlackRock	iShares Total US Stock Market Index K	54,820
* Schwab	Schwab Govt Money Fund	1,137
Vanguard	Vanguard Emerging Mkts Stock Idx Adm	124,680
Vanguard	Vanguard European Stock Index Adm	484,387
Vanguard	Vanguard Inflation Prot Sec Adm	6,393
Vanguard	Vanguard High-Yield Corporate Adm	585,095
Vanguard	Vanguard Interm-Term Investment-Grade Adm	1,143,948
Vanguard	Vanguard Intrm Trsy Indx Adm	1,128,043
Vanguard	Vanguard Mid-Cap Value Index Adm	686,370
Vanguard	Vanguard Pacific Stock Index Adm	333,104
Vanguard	Vanguard Mid-Cap Growth Index Adm	401,690
Vanguard	Vanguard Real Estate In Fund Adm	3,356
Vanguard	Vanguard Short-Term Federal Adm	233,396
Vanguard	Vanguard Short-Term Invst Grade Adm	907,791
Vanguard	Vanguard Small Cap Growth Index Adm	403,514
Vanguard	Vanguard Small Cap Value Index Adm	929,940
Vanguard	Vanguard Total Bond Market Index Adm	228,644
Vanguard	Vanguard Total Intl Stock Index Adm	81,326
Vanguard	Vanguard Value Index Adm	2,306,390
	Total Mutual Funds	**$ 14,726,990**
* Participants	Participant loans — interest rates 4.75% to 10.25%, various maturities	135,711
* Charles Schwab Trust Bank	Cash and cash equivalents (uninvested cash pending investment/distribution)	24,517
	Total Assets Held at End of Year	**$ 14,887,218**

* Party-in-interest, as defined by ERISA.

** The Plan's investments are participant-directed; accordingly, historical cost is not required to be presented and has been omitted pursuant to 29 CFR 2520.103-11.

The investment information above was certified as complete and accurate by Charles Schwab Trust Bank pursuant to 29 CFR 2520.103-5(c).

PLANMEMBER POOLED EMPLOYER PLAN

E.I.N.: 95-3706234 | PLAN NUMBER: 001

SCHEDULE H, LINE 4a — SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FOR THE PERIOD FROM APRIL 1, 2025 (DATE OF INCEPTION) THROUGH DECEMBER 31, 2025

		Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments Are included?	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP*
$ 440,812	[ ]	$ 440,812	$ --	$ --	$ --

*Voluntary Fiduciary Correction Program