

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BEACH HAUS, LLC 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/2016
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) BEACH HAUS, LLC 7769 MELROSE AVENUE LOS ANGELES, CA 90046
2b	Employer Identification Number (EIN) 26-2142243
2c	Plan Sponsor's telephone number 323-466-6616
2d	Business code (see instructions) 541512

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2026	JEREMY MOSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 157
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 100 6a(2) 114 6b 1 6c 56 6d 171 6e 0 6f 171 6g(1) 130 6g(2) 143 6h 0
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 2T 3D

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BEACH HAUS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BEACH HAUS, LLC	D Employer Identification Number (EIN) 26-2142243	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	650-80029	143	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	38599
5 Current value of plan's interest under this contract in separate accounts at year end	5	4637234

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GIC

b Balance at the end of the previous year	7b	27960
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c Additions: (1) Contributions deposited during the year	7c(1)	7564	
(2) Dividends and credits	7c(2)	19	
(3) Interest credited during the year	7c(3)	567	
(4) Transferred from separate account	7c(4)	8073	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	16223
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d Total of balance and additions (add lines 7b and 7c(6))	7d	44183
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2241	
(2) Administration charge made by carrier	7e(2)	586	
(3) Transferred to separate account	7e(3)	2581	
(4) Other (specify below)	7e(4)	177	

▶ OTHER

(5) Total deductions	7e(5)	5585
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	38598
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BEACH HAUS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BEACH HAUS, LLC	D Employer Identification Number (EIN) 26-2142243	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation NATIONWIDE LIFE INSURANCE 31-4156830
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

STEELPEAK WEALTH LLC

21650 OXNARD ST STE 2300
WOODLAND HILLS, CA 91367

46-1173026

(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?
49	THIRD PARTY ADMINISTRATO	39444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE INSURANCE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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?
13 15 26	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	16338	Yes ☐ No ☒

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

NATIONWIDE

31-4177100

(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?
49	THIRD PARTY ADMINISTRATO	7962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	7389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUTUREPLAN BY ASCENSUS

PO BOX 734602
CHICAGO, IL 60673

82-3719843

(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?
49	THIRD PARTY ADMINISTRATO	1252	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE

31-4177100

(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?
49	THIRD PARTY ADMINISTRATO	40	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
NATIONWIDE INSURANCE	26	16338

(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.
NATIONWIDE INSURANCE 31-4177100	0

(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.

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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
(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 BEACH HAUS, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BEACH HAUS, LLC		D Employer Identification Number (EIN) 26-2142243
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: VNGRD 500 INDEX FD AS		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80667
a Name of MTIA, CCT, PSA, or 103-12 IE: INVSCO BALRSKCOMDTYSTRAT A		
b Name of sponsor of entity listed in (a): INVESCO		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34481
a Name of MTIA, CCT, PSA, or 103-12 IE: NW GQG US QULTY EQ A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99549
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR NEW INSIGHTS FUND		
b Name of sponsor of entity listed in (a): FIDELITY		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134161
a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE DESTINATION RETIREMENT		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245140
a Name of MTIA, CCT, PSA, or 103-12 IE: INVSCO GLBL OPFR A		
b Name of sponsor of entity listed in (a): INVESCO		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6559
a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-AMBCN INTL EQ ADV		
b Name of sponsor of entity listed in (a): AMERICAN BEACON		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59265
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS US GOVT SEC R3			
b Name of sponsor of entity listed in (a): AMERICAN FUNDS			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6462

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYMEL STRAT VAL A			
b Name of sponsor of entity listed in (a): BNY MELLON			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99391

a Name of MTIA, CCT, PSA, or 103-12 IE: DREY GLBL REALEST SEC A			
b Name of sponsor of entity listed in (a): BNY MELLON			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34555

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-DREY WW GR A			
b Name of sponsor of entity listed in (a): BNY MELLON			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43762

a Name of MTIA, CCT, PSA, or 103-12 IE: BLKRK INFL PRTCT BD INV A			
b Name of sponsor of entity listed in (a): BLACKROCK			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32336

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS CAP WLD BD R3			
b Name of sponsor of entity listed in (a): AMERICAN FUNDS			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33

a Name of MTIA, CCT, PSA, or 103-12 IE: COL CONTRA COR A			
b Name of sponsor of entity listed in (a): COLUMBIA			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	70427

a Name of MTIA, CCT, PSA, or 103-12 IE: NOMURA SMALL CAP VALUE FUND - CLASS			
b Name of sponsor of entity listed in (a): NOMURA INVESTMENT MANAGEMENT			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	52059

a Name of MTIA, CCT, PSA, or 103-12 IE: DTSCH RREEF GLBLRELESSEC A			
b Name of sponsor of entity listed in (a): DWS			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1654

a Name of MTIA, CCT, PSA, or 103-12 IE: DTSCH REALEST SEC A			
b Name of sponsor of entity listed in (a): DWS			
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12461

a Name of MTIA, CCT, PSA, or 103-12 IE:		DIAMOND HILL LGCAP INV	
b Name of sponsor of entity listed in (a):		DIAMOND HILL	
c EIN-PN	01-0000148-000	d Entity code	P 64596
a Name of MTIA, CCT, PSA, or 103-12 IE:		EV ATLNTA CAP SMID CAP A	
b Name of sponsor of entity listed in (a):		EATON VANCE	
c EIN-PN	01-0000148-000	d Entity code	P 48025
a Name of MTIA, CCT, PSA, or 103-12 IE:		FIDADV INTL CAP APP A	
b Name of sponsor of entity listed in (a):		FIDELITY	
c EIN-PN	01-0000148-000	d Entity code	P 39706
a Name of MTIA, CCT, PSA, or 103-12 IE:		FIDADV INVMT GRD BD A	
b Name of sponsor of entity listed in (a):		FIDELITY	
c EIN-PN	01-0000148-000	d Entity code	P 27407
a Name of MTIA, CCT, PSA, or 103-12 IE:		GDMNSCS GQGPTNRINTLOPPR A	
b Name of sponsor of entity listed in (a):		GOLDMAN SACHS	
c EIN-PN	01-0000148-000	d Entity code	P 56181
a Name of MTIA, CCT, PSA, or 103-12 IE:		AMFDS GR FD AM R3	
b Name of sponsor of entity listed in (a):		AMERICAN FUNDS	
c EIN-PN	01-0000148-000	d Entity code	P 30124
a Name of MTIA, CCT, PSA, or 103-12 IE:		NOMURA EMERGING MARKETS EQUITY FUND	
b Name of sponsor of entity listed in (a):		NOMURA INVESTMENT MANAGEMENT	
c EIN-PN	01-0000148-000	d Entity code	P 24076
a Name of MTIA, CCT, PSA, or 103-12 IE:		JPM LGCAP GR R3	
b Name of sponsor of entity listed in (a):		JP MORGAN	
c EIN-PN	01-0000148-000	d Entity code	P 45249
a Name of MTIA, CCT, PSA, or 103-12 IE:		JPM SMCAP VAL R3	
b Name of sponsor of entity listed in (a):		JP MORGAN	
c EIN-PN	01-0000148-000	d Entity code	P 9320
a Name of MTIA, CCT, PSA, or 103-12 IE:		JPM EQ INC R3	
b Name of sponsor of entity listed in (a):		JP MORGAN	
c EIN-PN	01-0000148-000	d Entity code	P 252

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM SMCAP EQ R3		
b Name of sponsor of entity listed in (a): JP MORGAN		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12774

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD INTL STRAT EQ OPEN		
b Name of sponsor of entity listed in (a): LAZARD		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37043

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGGM BW GLBL OPFR BD A		
b Name of sponsor of entity listed in (a): LEGG MASON		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1930

a Name of MTIA, CCT, PSA, or 103-12 IE: LRDA BT TTL RTN A		
b Name of sponsor of entity listed in (a): LORD ABBETT		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50010

a Name of MTIA, CCT, PSA, or 103-12 IE: LRDA BT HI YLD R4		
b Name of sponsor of entity listed in (a): LORD ABBETT		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21047

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS TTL RTN A		
b Name of sponsor of entity listed in (a): MFS		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19475

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS RSRCH INTL A		
b Name of sponsor of entity listed in (a): MFS		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55896

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VAL A		
b Name of sponsor of entity listed in (a): MFS		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92135

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-MFS GR A		
b Name of sponsor of entity listed in (a): MFS		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98611

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MDCAP GR R3		
b Name of sponsor of entity listed in (a): MFS		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34761

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2060 A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 197840

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2055 A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 501518

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-NW DEST 2050 A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286006

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-NW DEST 2045 A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 301631

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-NW DEST 2040 A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35382

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-NW DEST 2035 A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22615

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-NW DEST 2030 A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101862

a Name of MTIA, CCT, PSA, or 103-12 IE: NW INFL PRTCT SEC A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22387

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-NW BD INDX A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25971

a Name of MTIA, CCT, PSA, or 103-12 IE: PUB-NW INTL INDX A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49150

a Name of MTIA, CCT, PSA, or 103-12 IE: NW S P 500 INDX SVC		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 687201

a Name of MTIA, CCT, PSA, or 103-12 IE: NW GOV MNY MKT INV		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73703

a Name of MTIA, CCT, PSA, or 103-12 IE: NW GENEVA SMCAP GR A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43653

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2065 A		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212

a Name of MTIA, CCT, PSA, or 103-12 IE: AMFDS NEW WLD R3		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97623

a Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS COR EQ INV		
b Name of sponsor of entity listed in (a): PARNASSUS		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137929

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO COMDTYREALRTNSTRAT A		
b Name of sponsor of entity listed in (a): PIMCO		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21011

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JNISN GR R2		
b Name of sponsor of entity listed in (a): PGIM		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69564

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TTL RTN BD R2		
b Name of sponsor of entity listed in (a): PGIM		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16630

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JNISN SM CO R2		
b Name of sponsor of entity listed in (a): PGIM		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24111

a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPR INTL GR INC R

b Name of sponsor of entity listed in (a): T. ROWE PRICE

c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40455
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a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS NFJ MDCAP VAL A

b Name of sponsor of entity listed in (a): VIRTUS

c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57184
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a Name of MTIA, CCT, PSA, or 103-12 IE: WF COR BD A

b Name of sponsor of entity listed in (a): ALLSPRING

c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 299
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a Name of MTIA, CCT, PSA, or 103-12 IE: WF SPEC MDCAP VAL A

b Name of sponsor of entity listed in (a): ALLSPRING

c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41718
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BEACH HAUS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BEACH HAUS, LLC	D Employer Identification Number (EIN) 26-2142243	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	8361	6087
(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)		
(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)	0	0
(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)	3382945	4631147
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	27960	38599
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	3419266	4675833

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 through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	3419266	4675833
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	68857	
(B) Participants	2a(1)(B)	723792	
(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)		792649
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(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)		580071
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1372720

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	68029	
(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)		68029
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)	48124	
(3) Recordkeeping fees	2i(3)		
(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)		48124
j Total expenses. Add all expense amounts in column (b) and enter total	2j		116153

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1256567
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAROLDI GUNDERSON LLP**

(2) EIN: **82-4308881**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan BEACH HAUS, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BEACH HAUS, LLC		D Employer Identification Number (EIN) 26-2142243
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): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A.

BEACH HAUS LLC 401(K) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULE

AS OF DECEMBER 31, 2025 AND 2024
AND FOR THE YEAR ENDED DECEMBER 31, 2025
AND
INDEPENDENT AUDITORS' REPORT

**BEACH HAUS LLC 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

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Supplemental Schedule:	
Schedule of Assets (Held at End of Year) as of December 31, 2025	16 – 17

Note: All other supplemental schedules required by 29 CFR Section 2520.130-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

The Trustee
Beach Haus LLC 401(k) Plan

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

We have performed audits of the accompanying financial statements of the Beach Haus 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, and 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 audits of the Beach Haus LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 a certification from a qualified institution 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 3 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Beach Haus LLC 401(k) 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Beach Haus LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Beach Haus LLC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Beach Haus LLC 401(k) 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 schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

July 27, 2026
Brentwood, TN

Gundersen CPAs, LLP
Gundersen CPAs LLP



BEACH HAUS LLC 401(K) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024**

	2025	2024
Assets		
Investments:		
Investments at fair value (Notes 2, 3, and 4)	\$ 4,563,531	\$ 3,284,208
Money market fund at fair value (Notes 3 and 4)	73,703	107,098
Fixed select contract, at contract value (Note 3 and 4)	<u>38,599</u>	<u>27,960</u>
Total Investments	4,675,833	3,419,266
Receivables:		
Participant contributions	-	36,438
Employer contributions	<u>78,353</u>	<u>69,505</u>
Total receivables	78,353	105,943
Total Assets	<u>4,754,186</u>	<u>3,525,209</u>
Net assets available for benefits	<u><u>\$ 4,754,186</u></u>	<u><u>\$ 3,525,209</u></u>

See accompanying notes to the financial statements and independent auditors' report.

BEACH HAUS LLC 401(K) PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 577,305
Dividends	<u>2,277</u>
	579,582

Contributions:

Participants	687,354
Employer	<u>78,194</u>
	<u>765,548</u>

Total additions	<u>1,345,130</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	68,029
Administrative expenses	<u>48,124</u>
Total deductions	<u>116,153</u>

Net increase in net assets available for benefits	1,228,977
---	-----------

Net assets available for benefits, beginning of year	<u>3,525,209</u>
--	------------------

Net assets available for benefits, end of year	<u><u>\$ 4,754,186</u></u>
--	----------------------------

See accompanying notes to the financial statements and independent auditors' report.

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Beach Haus, LLC 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

The Plan is a cash or deferred profit sharing plan and was originally established on January 1, 2016 upon adoption of the Ascensus LLC Non-standardized Defined Contribution Pre-Approval Plan. On January 1, 2022, the Plan was amended to conform with minimum distribution rules which requires a complete distribution to beneficiaries of deceased participants within 10 years after death (5 years if beneficiary is not a person). Additionally, distributions must begin by April 1 of the calendar year following the year the participant turns 70 ½ (if the participant was born before July 1, 1949) or age 72 (if the participant was born after June 30, 1949), or when the participant retires, if later. Additionally, the amendment allowed long-term part-time employees to be eligible to enter the Plan.

Employees of Beach Haus, LLC (the “Employer”) may participate in the Plan upon meeting eligibility requirements, as described below. Future Plan by Ascensus (the “TPA”) is responsible for the overall administration and operation of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and is designed to qualify under Section 401(k) of the Internal Revenue Code (the “IRC”).

Eligibility

All employees who are a minimum of 21 years of age and have completed one month of eligible service are eligible to participate in the Plan. Following satisfaction of the eligibility requirements, which include a required 30 days of employment before enrolment, employees are able to enroll in the Plan on the first day of each calendar quarter.

Participant Contributions

Tax-Deferred Contributions

A participant in the Plan may elect to have voluntary tax-deferred contributions deducted from their pay, for each pay period, up to the annual maximum allowed under the IRC, which was \$23,500 for the year ended December 31, 2025 for participants under age 50, and a total of \$31,000 for participants over age 50 (\$23,500 in normal deferrals, plus an extra \$7,500 in catch-up deferrals). For the year ended December 31, 2024, the maximum allowed under the IRC was \$23,000 for participants under age 50, and a total of \$30,500 for participants over age 50 (\$23,000 in normal deferrals, plus an extra \$7,500 in catch-up deferrals).

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Contributions (Continued)

Rollover Contributions

An employee who receives a qualifying rollover distribution from an eligible retirement plan may make a rollover contribution into the Plan, even though the employee has not otherwise become eligible to participate in the Plan.

Catch-Up Contributions

In addition to the tax-deferred contributions described above, Plan participants who will be at least 50 years old by the end of the calendar year and who have contributed the maximum amount of tax-deferred contributions for the year, may make additional catch-up contributions to the Plan in accordance with, and subject to, the limitations of the IRC. The catch-up contribution limit was \$7,500 for each of the years ended December 31, 2025 and 2024.

Employer Contributions

In accordance with the Plan Agreement, the Employer will make matching contributions in a uniform rate equal to 25% of the participants elective deferral not to exceed 4% of the participants compensation. During the years ended December 31, 2025 and 2024 there were matching contributions declared in the amounts of \$84,473 and \$77,273, respectively, which were paid in March of the subsequent years. These contributions are presented on the respective December 31, 2025 and 2024 balance sheets (Note 7) net of forfeitures of \$6,120 and \$8,416, respectively. Additionally, there are corrective contributions included with the employer receivable as of December 31, 2024.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with (a) the participant's contributions, (b) Employer matching contributions (when applicable) made to the Plan; and (c) investment earnings. Each participant's account is charged with participant specific fees, such as withdrawal fees, and allocations of investment losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Investment Options

The Plan offers various investment options which are managed by outside investment managers. Upon enrollment in the Plan, the participants may direct their contributions in any of the investment funds offered at the time. Participants should refer to the investment literature provided by the Employer for a complete description of the investment options and for the detailed composition of each investment fund.

Vesting

Participants are fully vested in their tax-deferred, rollover contributions, and catch-up contributions.

Each participant attains a vested and nonforfeitable right in Employer matching contributions and non-elective contribution account (when applicable) in accordance with the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
1 year	0%
2 years	25%
3 years	50%
4 years	100%

Forfeitures

The end of year forfeitures balance at December 31, 2025 and 2024 was \$6,087 and \$8,362, respectively. Due to termination of employment, participants forfeited \$6,141 and \$12,772, respectively, during the years ended December 31, 2025 and 2024. During the year ended December 31, 2025, \$8,416 of forfeitures were used to reduce the 2024 employer matching contributions. During the year ended December 31, 2024, \$4,566 of forfeitures were applied to reduce 2023 contribution remittances and administrative fees.

Benefit Payments

Upon termination of service, participants with a vested account balance of \$5,000 or less (excluding rollovers) will receive an automatic cash-out distribution while participants with a vested account balance greater than \$5,000 (excluding rollovers) can elect to receive a lump-sum distribution, or rollover their account balances into another qualified plan within a reasonable period of time following the date the participant terminates employment. Partial withdrawals or installments are only permitted for participants with vested account balances of \$5,000 or more, who also must receive required minimum distributions under IRC §401(a)(9).

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments (Continued)

In-service account withdrawals are permitted for participants who suffer certain financial hardships and meet criteria established by the Internal Revenue Service ("IRS"). In-service account withdrawals are also permitted for participants who have reached 59 1/2 years of age.

Any withdrawals by participants prior to terminating employment with the Employer and prior to age 59 1/2 are subject to ordinary personal income taxes and an early withdrawal penalty. Additionally, withdrawals by terminated participants, prior to the attainment of age 59 1/2, which are not rolled over into another qualified plan, are also subject to ordinary personal income taxes and an early withdrawal penalty.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Accounting Method

The Plan financial statements have been prepared on the accrual basis of accounting in accordance with Accounting Principles Generally Accepted in the United States of America ("GAAP").

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

In preparing financial statements in conformity with GAAP, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Options

The Plan offers various investment options which are managed by outside investment managers. Upon enrollment in the Plan, participants may direct their contributions to any of the investment funds offered at the time. Participants may change their investment options daily. Participants should refer to the investment literature provided by the Company for a complete description of the investment options and for the detailed composition of each investment fund.

Costs and Expenses

The costs and expenses of the Plan are shared by the Plan and the Employer. Audit fees are paid by the Employer. Participant specific fees are paid out of the assets of the Plan allocated to corresponding participant accounts. Administration expenses not directly related to specific participants, including fees for direct investment transactions, recordkeeping, and trustee services that are paid out of assets of the Plan, are allocated to participant accounts based on individual participant account balances. Investment-related expenses are included in the net appreciation in fair value of the related investment.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. \$68,029 were disbursed to participants whom elected to withdraw from the Plan during the year ended December 31, 2025.

Income Taxes

GAAP requires 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 the technical merit, to be sustained upon examination by the IRS. The Employer has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there were no uncertain positions taken or expected to be taken. The Plan has not recognized any interest or penalties related to uncertain tax positions.

NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY NATIONWIDE TRUST COMPANY, FSB (UNAUDITED)

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

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY NATIONWIDE TRUST COMPANY, FSB (UNAUDITED) (CONTINUED)

Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by the Plan's Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

As of December 31, 2025 and 2024, the Custodian certified the completeness and accuracy of net investments as follows:

	<u>2025</u>	<u>2024</u>
Investments, at fair value	\$ 4,563,531	\$ 3,284,208
Money market funds, at fair value	73,703	107,098
Fixed select contract, at contract value	<u>38,599</u>	<u>27,960</u>
	<u><u>\$ 4,675,833</u></u>	<u><u>\$ 3,419,266</u></u>

For the year ended December 31, 2025, the Custodian certified the completeness and accuracy of net investment income as follows:

	<u>2025</u>
Net realized gain on investments	\$ 577,305
Dividends	<u>2,277</u>
	<u><u>\$ 579,582</u></u>

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan uses Accounting Standards Codification ("ASC") 820 for fair value measurements, which defines fair value as 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 (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. In such cases, the lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

The three levels of the fair value hierarchy are as follows:

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 – Quoted prices in markets that are not considered to be active, or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable, including option pricing models, discounted cash flow models, and similar techniques.

The Plan's investments in mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end.

The following table shows the balances of these assets based on the GAAP designated fair value hierarchy as of December 31, 2025 and 2024:

<i>Fair Value Measurements as of December 31, 2025</i>				
	Level 1	Level 2	Level 3	Total
Fixed guaranteed contracts	\$ -	\$ -	\$ 38,599	\$ 38,599
Money market funds	73,703	-	-	73,703
Mutual funds	4,563,531	-	-	4,563,531
Total	\$ 4,637,234	\$ -	\$ 38,599	\$ 4,675,833

<i>Fair Value Measurements as of December 31, 2024</i>				
	Level 1	Level 2	Level 3	Total
Fixed guaranteed contracts	\$ -	\$ -	\$ 27,960	\$ 27,960
Money market funds	107,098	-	-	107,098
Mutual funds	3,284,208	-	-	3,284,208
Total	\$ 3,391,306	\$ -	\$ 27,960	\$ 3,419,266

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient are not required to be classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

There were no transfers between fair value levels during the years ended December 31, 2025 and 2024.

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 5 - TAX STATUS

By a letter dated May 7, 2015 and December 31, 2018, the IRS has determined that the form of the Plan Agreement and related trust are acceptable under Section 401(a) of the Internal Revenue Code ("IRC") for use by employers for the benefit of their employees. Effective January 1, 2022, the Employer adopted the Cycle 3 restatement, which included a new adoption agreement, basic plan document, and trust agreement.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is still subject to federal and state income tax examinations by taxing authorities for the years ended December 31, 2019 through 2025.

NOTE 6 - RELATED-PARTY TRANSACTIONS

The Plan investments in common and collective trust accounts and fixed select contacts were directed by Nationwide Investment Group. Fees paid by the Plan for the investment management services amounted to \$48,124 and \$33,740 for the years ended December 31, 2025 and 2024, respectively.

NOTE 7 - FINANCIAL STATEMENT PRESENTATION

The financial statements of the Plan contain certain classifications of assets, additions to net assets, and deductions from net assets that differ from the presentation of assets, income and expenses that are reported on Internal Revenue Service Form 5500.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 4,754,186	\$ 3,525,209
Contributions receivable	<u>(78,353)</u>	<u>(105,943)</u>
Net assets available for benefits per Form 5500	<u><u>\$ 4,675,833</u></u>	<u><u>\$ 3,419,266</u></u>

BEACH HAUS, LLC 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 7 - FINANCIAL STATEMENT PRESENTATION (CONTINUED)

The following is a reconciliation of the increase in net assets available for benefits per the financial statements, to the Form 5500 for the years ended December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Net increase in assets available for benefits per the financial statements	\$ 1,228,977	\$ 915,552
Changes in contributions related to receivables	27,590	(1,224)
Corrective distributions	<u>-</u>	<u>640</u>
Net increase in assets available for benefits per Form 5500	<u>\$ 1,256,567</u>	<u>\$ 914,968</u>

NOTE 8 - SUBSEQUENT EVENTS

Subsequent events were evaluated through July 27, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

		(c)			
(b)		Description of investment including		(d)	(e)
(a)	Identity of issuer, borrower, lessor, or similar party	maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Allspring Global Investments	Allspr Spec Mdcap Val A	**	\$	41,718
	Allspring Global Investments	WF Cor BD A	**	\$	299
	American Beacon Funds	Ambcn Intl Eq Adv	**	\$	59,265
	American Funds Group	Amfds Cap Wld Bd R3	**	\$	33
	American Funds Group	Amfds Gr Fd Am R3	**	\$	30,124
	American Funds Group	Amfds New Wld R3	**	\$	97,623
	American Funds Group	Amfds Us Govt Sec R3	**	\$	6,462
	Blackrock Funds	Blkrk Infl Prtct Bd Inv A	**	\$	32,336
	Bny Mellon Investment Mgmt	Bnymel Devlmktrealestsec A	**	\$	34,555
	Bny Mellon Investment Mgmt	Bnymel Strat Val A	**	\$	99,391
	Bny Mellon Investment Mgmt	Bnymel Ww Gr A	**	\$	43,762
	Carillon Tower Advisers	De Smacap Val A	**	\$	52,059
	Columbia Contraarian Core Fu	Col Contra Cor A	**	\$	70,427
	Diamond Hill Funds	Diamond Hill Lgcap Cap A	**	\$	64,595
	Dws Investment Management	Dws Realest Sec A	**	\$	12,461
	Dws Investment Management	Dws Rreef Gblblessec A	**	\$	1,654
	Eaton Vance Funds	Ev Atlnta Cap Smid Cap A	**	\$	48,025
	Fidelity Investments	Fidadv Intl Cap App A	**	\$	39,706
	Fidelity Investments	Fidadv Invmt Grd Bd A	**	\$	27,407
	Fidelity Investments	Fidadv New Insghs A	**	\$	134,161
	Goldman Sachs Asset Mgmt	Gdmnscs Gqgptnrntloppr A	**	\$	56,181
	Investco	Invsco Balriskcomdystrat A	**	\$	34,481
	Investco	Invsco Glbl Oppr A	**	\$	6,559
	J.P. Morgan Investment Mgm	Jpm Eq Inc R	**	\$	252
	J.P. Morgan Investment Mgm	Jpm Lgcap Gr R3	**	\$	45,249
	J.P. Morgan Investment Mgm	Jpm Smcap Eq R3	**	\$	12,774
	J.P. Morgan Investment Mgm	Jpm Smcap Val R3	**	\$	9,320
	Lazard Funds	Lazard Intl Strat Eq	**	\$	37,043
	Legg Mason	Leggm Bw Glbl Oppr Bd A	**	\$	1,930
	Lord Abbett Funds	Lrdabt Hi Yld R4	**	\$	21,047
	Lord Abbett Funds	Lrdabt Ttl Rtn A	**	\$	50,010
	Massachusetts Financial Ser	Mfs Mdcap Gr R3	**	\$	34,761
	Massachusetts Financial Ser	Mfs Gr A +	**	\$	98,611
	Massachusetts Financial Ser	Mf Ttl Rtn A	**	\$	19,475
	Massachusetts Financial Ser	Mfs Val A	**	\$	92,135
	Massachusetts Financial Ser	Mfs Rsrch Intl A	**	\$	55,896

See independent auditors' report.

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(c)				
Description of investment including				
(b)	Identity of issuer, borrower, maturity date, rate of interest, collateral, lessor, or similar party	(d)	(e)	
(a)		par, or maturity value	Cost	Current Value
*	Nationwide Fund Group	Nw Bd Indx A	**	\$ 25,971
*	Nationwide Fund Group	Nw Dest 2030 A	**	\$ 101,862
*	Nationwide Fund Group	Nw Dest 2035 A	**	\$ 22,615
*	Nationwide Fund Group	Nw Dest 2040 A	**	\$ 35,382
*	Nationwide Fund Group	Nw Dest 2045 A	**	\$ 301,631
*	Nationwide Fund Group	Nw Dest 2050 A	**	\$ 286,006
*	Nationwide Fund Group	Nw Dest 2055 A	**	\$ 501,518
*	Nationwide Fund Group	Nw Dest 2060 A	**	\$ 197,840
*	Nationwide Fund Group	Nw Dest 2065 A	**	\$ 212
*	Nationwide Fund Group	Nw Dest Rtrmt A	**	\$ 245,140
*	Nationwide Fund Group	Nw Gov Mny Mkt Inv	**	\$ 73,703
*	Nationwide Fund Group	Nw Gqg US Quality Equity Fund - Class A	**	\$ 99,549
*	Nationwide Fund Group	Nw Geneva Smcap Gr A	**	\$ 43,653
*	Nationwide Fund Group	Nw Infl Prtct Sec A	**	\$ 22,387
*	Nationwide Fund Group	Nw Intl Indx A	**	\$ 49,150
*	Nationwide Fund Group	Nw S P 500 Indx Svc	**	\$ 687,201
*	Nationwide Fund Group	NW Fixed Select Option	**	\$ 38,599
	Nomura Asset Management	Nomura Emerging Markets Equity Fund -	**	\$ 24,076
	Parnassus Investments	Parnassus Cor Eq Inv	**	\$ 137,929
	Pgim Investments	Pgim Jnism Sm Co R2	**	\$ 24,111
	Pgim Investments	Pgim Jnism GR R2	**	\$ 69,564
	Pgim Investments	Pgim Ttl Rtn Bd R2	**	\$ 16,630
	Pimco	Pimco Comdtyrealrtstrat A	**	\$ 21,011
	T. Rowe Price Group	Trowepr Intl Gr Inc RR	**	\$ 40,455
	Virtus Mutual Funds	Virtus Nfj Mdcap Val A	**	\$ 57,184
	Vanguard	Vngrd 500 Index Fs As +	**	\$ 80,667
				\$ 4,675,833

* Indicates a party-in-interest to the Plan

** Cost information is not required for participant-directed investments.

See independent auditors' report.

BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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(a)	Identity of issuer, borrower, lessor, or similar party	maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Allspring Global Investments	Allspr Spec Mdcap Val A	**	\$	41,718
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	American Funds Group	Amfds Gr Fd Am R3	**	\$	30,124
	American Funds Group	Amfds New Wld R3	**	\$	97,623
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	Bny Mellon Investment Mgmt	Bnymel Ww Gr A	**	\$	43,762
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	Fidelity Investments	Fidadv Invmt Grd Bd A	**	\$	27,407
	Fidelity Investments	Fidadv New Insghs A	**	\$	134,161
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	J.P. Morgan Investment Mgm	Jpm Smcap Val R3	**	\$	9,320
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	Massachusetts Financial Ser	Mf Ttl Rtn A	**	\$	19,475
	Massachusetts Financial Ser	Mfs Val A	**	\$	92,135
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BEACH HAUS LLC 401(K) PLAN
PLAN E.I.N. 26-2142243; PLAN # 003

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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(a)	lessor, or similar party	par, or maturity value	(d) Cost	(e) Current Value
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