

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 OKIMOTO HOLDINGS, INC. 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2011
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) OKIMOTO HOLDINGS, INC. 85-863 FARRINGTON HIGHWAY WAIANAE, HI 96792
2b	Employer Identification Number (EIN) 82-2963975
2c	Plan Sponsor's telephone number 808-696-3131
2d	Business code (see instructions) 445110

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	KIT K. OKIMOTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2026	KIT K. OKIMOTO
	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	5 136
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) 136 6a(2) 128 6b 0 6c 6 6d 134 6e 1 6f 135 6g(1) 128 6g(2) 127 6h 6
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 3H

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

9a Plan funding arrangement (check all that apply) (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 OKIMOTO HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OKIMOTO HOLDINGS, INC.	D Employer Identification Number (EIN) 82-2963975	

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 JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)					
(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
01-0233346	65838	131305	127	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 5336	(b) Total amount of fees paid 0
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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 QUALIFIED PLAN SERVICES P.O. BOX 211 PEPEEKEO, HI 96783

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5336	0		5

(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	2767
5 Current value of plan's interest under this contract in separate accounts at year end	5	12019969

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.**6d**

Specify nature of costs ▶

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year**7b**

3336

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

3336

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

569

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

569

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

2767

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)	
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)	
(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)	
(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 OKIMOTO HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OKIMOTO HOLDINGS, INC.	D Employer Identification Number (EIN) 82-2963975	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JOHN HANCOCK USA
01-0233346
(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)

JOHN HANCOCK USA

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15		1300	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MISSION FINANCIAL GROUP LLC

83-0700995

(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	RIA	54161	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

QUALIFIED PLAN SERVICES

45-3916148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	THIRD PARTY ADMINISTRATO	9774	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan OKIMOTO HOLDINGS, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 OKIMOTO HOLDINGS, INC.		D Employer Identification Number (EIN) 82-2963975
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: BLACKROCK LIFEPATH INDEX 2065		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211976
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2060		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534320
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2055		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212574
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2050		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1232286
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1817023
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2040		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 277837
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2035		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276790
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK LIFEPATH INDEX 2030	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 186420
a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK LIFEPATH INDEX RETIREMENT	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 615384
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK LIFETIME BLEND 2060	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 8588
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK LIFETIME BLEND 2055	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 116265
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK LIFETIME BLEND 2045	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 138641
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK LIFETIME BLEND 2040	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 9834
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK LIFETIME BLEND 2030	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 901
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK LIFETIME BLEND 2025	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 85946
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK 2060 LIFETIME BLEND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 17704
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK 2050 LIFETIME BLEND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 23178

a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK LIFESTYLE BLEND AGGRES	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 8597
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK LIFESTYLE BLEND BALANC	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 17146
a Name of MTIA, CCT, PSA, or 103-12 IE:		FINANCIAL INDUSTRIES FUND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 15893
a Name of MTIA, CCT, PSA, or 103-12 IE:		FRANKLIN SMALL-MID GROWTH	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 62171
a Name of MTIA, CCT, PSA, or 103-12 IE:		INVESCO GLOBAL FUND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 35148
a Name of MTIA, CCT, PSA, or 103-12 IE:		INVESCO SMALL CAP GROWTH	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 24296
a Name of MTIA, CCT, PSA, or 103-12 IE:		MID CAP INDEX FUND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 20261
a Name of MTIA, CCT, PSA, or 103-12 IE:		SCIENCE & TECHNOLOGY FUND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 379970
a Name of MTIA, CCT, PSA, or 103-12 IE:		T. ROWE PRICE HEALTH SCIENCE	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 261277
a Name of MTIA, CCT, PSA, or 103-12 IE:		T. ROWE PRICE SCIENCE & TECHNOLOGY	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 462308

a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK 2045 LIFETIME BLEND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 238795
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK 2040 LIFETIME BLEND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 123453
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK 2035 LIFETIME BLEND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 214349
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK 2030 LIFETIME BLEND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 34133
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK 2025 LIFETIME BLEND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 25379
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK 2020 LIFETIME BLEND	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 25707
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK MULTIMANAGER AGGRESSIV	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 2862463
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK MULTIMANAGER GROWTH	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 535194
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK MULTIMANAGER BALANCED	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 284383
a Name of MTIA, CCT, PSA, or 103-12 IE:		JOHN HANCOCK MULTIMANAGER CONSERV	
b Name of sponsor of entity listed in (a):		JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)	
c EIN-PN	01-0233346-000	d Entity code	P 72502

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32845

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51342

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223634

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUPAC FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55296

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 871

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20301

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE INTERNATIONAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27858

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1639

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70412

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4065

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VALUE FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**c** EIN-PN 01-0233346-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

62614

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 OKIMOTO HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 OKIMOTO HOLDINGS, INC.	D Employer Identification Number (EIN) 82-2963975	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	342688	318625
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9745680	11957355
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3336	2767
(15) Other.....	1c(15)	62401	62614

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	10154105	12341361

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	10154105	12341361
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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)	640128	
(B) Participants	2a(1)(B)	416750	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1056878
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)		1822388
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2879266

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	566024	
(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)		566024
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)	9774	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	56328	
(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)	59884	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		125986
j Total expenses. Add all expense amounts in column (b) and enter total	2j		692010

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2187256
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: **VERITY CERTIFIED PUBLIC ACCOUNTANTS**

(2) EIN: **45-4462880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan OKIMOTO HOLDINGS, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OKIMOTO HOLDINGS, INC.		D Employer Identification Number (EIN) 82-2963975
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): 01-0233346		
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
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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
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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 <u>04 / 01 / 2025</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703729A</u> .	

Financial Statements and Report of Independent
Certified Public Accountants

**Okimoto Holdings, Inc., 401(k) Profit Sharing
Plan**

December 31, 2025 and 2024 (unaudited)

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Report of Independent Certified Public Accountants

To the Participants and Plan Administrator,
Okimoto Holdings, Inc., 401(k) Profit Sharing Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of Okimoto Holdings, Inc., 401(k) Profit Sharing 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). The financial statements comprise the Statement of Net Assets Available for Benefits (Modified Cash Basis) as of December 31, 2025, and the related Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the year then ended, and the related notes to the financial statements (collectively, the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding 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 DOL Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certification from John Hancock Life Insurance Company ("John Hancock"), the Custodian of the Plan, as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Notes 3, 4, and 5 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the 2025 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the 2025 financial statements referred to above related to assets held by and certified to by John Hancock 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).

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Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Other Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements 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 U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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Auditor's Responsibilities for the Audit of the 2025 Financial Statements (continued)

In performing an audit in accordance with U.S. GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 – Prior-Year Unaudited Comparative Statement of Net Assets Available for Benefits

The accompanying statement of net assets available for benefits of the Plan as of December 31, 2024 is presented for comparative purposes only and was not audited.

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Other Matter – 2025 Supplemental Schedule Required by ERISA

The supplemental schedule of *Schedule H, Line 4i – 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 DOL 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL 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, are presented, in all material respects, in conformity with DOL Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by John Hancock 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).

The logo for Verity CPAs, featuring the word "Verity" in a large, elegant, cursive script, with "CPAs" in a smaller, simpler font to the right.

Honolulu, HI
July 30, 2026

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Okimoto Holdings, Inc., 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)

As of December 31,

	2025	2024 (unaudited)
ASSETS		
INVESTMENTS:		
Investments in registered investment companies, participant directed, at fair value	\$ 11,957,355	\$ 9,745,680
Investments in stable value fund, participant directed	62,614	62,401
Total investments	12,019,969	9,808,081
EMPLOYER RECEIVABLES	318,625	342,688
OTHER	2,767	3,336
NET ASSETS AVAILABLE FOR BENEFITS	\$ 12,341,361	\$ 10,154,105

The accompanying notes are an integral part of this financial statement.

Okimoto Holdings, Inc., 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Modified Cash Basis)

For the year ended December 31,

	<u>2025</u>
CHANGES IN NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net change in fair value of registered investment companies	<u>\$ 1,822,388</u>
Contributions:	
Employer	640,128
Participant	<u>416,750</u>
Total contributions	<u>1,056,878</u>
Total change	<u>2,879,266</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	566,024
Administrative expenses	66,102
Other expenses	<u>59,884</u>
Total deductions	<u>692,010</u>
NET CHANGE	2,187,256
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	<u>10,154,105</u>
End of the year	<u><u>\$ 12,341,361</u></u>

The accompanying notes are an integral part of this financial statement.

Okimoto Holdings, Inc., 401(k) Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

December 31, 2025 and 2024 (unaudited)

NOTE 1 – DESCRIPTION OF THE PLAN

Okimoto Corporation established the Okimoto Corporation 401(k) Profit Sharing Plan on January 1, 2011, for the exclusive benefit of all eligible employees and their beneficiaries with the intention to provide a measure of retirement security for their future. On January 1, 2018, Okimoto Holdings, Inc. (the “Company” or the “Plan Sponsor”) became the Plan’s Sponsor in which the Plan’s name was amended and restated to reflect the Okimoto Holdings, Inc., 401(k) Profit Sharing Plan (the “Plan”). The following description of the Plan provides general information only. For a more complete description of the Plan’s provisions, participants should refer to the Plan Agreement and Summary Plan Description.

General

The Plan is a defined contribution plan covering employees of the Company who are at least 21 years of age and have completed 12 months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions

Participants may make employee salary deferral contributions to the Plan up to the lesser of 100% of their eligible compensation or \$23,500 for the calendar year ended December 31, 2025, adjusted annually for the cost of living, plus an additional \$7,500 for employees age 50 and over for the calendar year ended December 31, 2025. Such contributions are non-forfeitable and are credited to the individual account of the participant. Excess contributions are refunded in accordance with provisions of the Internal Revenue Code (“IRC”). For the year ended December 31, 2025, the Company contributed matching contributions equal to 100% of participants’ elective deferral contributions, up to 6% of eligible compensation. Total employer matching contributions were \$319,679 for the year ended December 31, 2025.

Participants direct their contributions into various investment options. The Plan currently offers various registered investment companies for participants.

The Company’s discretionary contributions are determined annually by its management and are invested in a portfolio of investments as directed by the participants. During the year ended December 31, 2025, the Company made discretionary contributions totaling \$320,449.

Participant accounts

Each participant’s account is credited with the participant’s contributions and the Company’s contributions; plus, an allocation of administrative expenses and investment earnings (losses). Allocations are based on participant’s earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant’s account.

Vesting

Employer matching contributions vest 20% for each year of service after one year and are 100% vested after six years of continuous service. The employees’ salary deferral and earnings thereon, and rollover accounts are always 100% vested.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Payment of benefits

The vested amount in each participant's account is payable upon normal retirement, disability, death, termination of employment, or termination of the Plan by the Company. Participants may elect to receive the vested value of their accounts in installments or may elect to receive a lump sum distribution. Participants may withdraw all or a portion of their deferral contributions in the event of a financial hardship, subject to compliance with other restrictions in the Plan.

Forfeitures

Termination of employment for reasons other than retirement, disability, or death results in a forfeiture of the non-vested portion of the participant's account balance. Forfeitures are used to pay plan administrative expenses and reduce future Company contributions. Forfeited non-vested accounts at December 31, 2025, amounted to \$6,730. During the year ended December 31, 2025, forfeitures in the amount of \$6,161 were used to pay plan expenses.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies, consistently applied in the preparation of the accompanying financial statements follows.

Basis of accounting

The financial statements of the Plan have been prepared on the cash basis, modified to record assets or liabilities with respect to cash transactions and events that provide a benefit or result in an obligation that covers a period greater than the period in which the cash transaction or event occurred. The modifications result in the recording of investments and related short-term term obligations on the Statements of Net Assets Available for Benefits (Modified Cash Basis).

This method of accounting represents a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("U.S. GAAP"). The modified cash basis of accounting differs from U.S. GAAP primarily in that certain income and related assets (such as contributions not yet collected, and other accrued assets and income) have been recognized when received rather than when earned and certain expenses and related liabilities (such as distributions not yet paid, and other accrued liabilities and expenses) have been recognized when paid rather than when the obligations were incurred.

Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. It is reasonably possible that such estimates may change within the near term, and such differences could be material to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment valuation and income recognition

Investments in registered investment companies are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Investments in stable value funds are valued based upon the redemption price of the units held by the Plan, which is based on the current fair value of the stable value fund's underlying assets. Unit values are determined by the financial institution sponsoring such fund by dividing the fund's net assets at fair value by its units outstanding at the valuation dates.

The plan holds the right to liquidate its positions in this stable value fund at any time, subject to a reasonable notification period. No unfunded commitments existed with respect to this stable value fund at December 31, 2025.

Payment of benefits

Benefits are recorded when paid.

Administration expenses

The Plan is sponsored and administered by the Company. Certain administrative functions are performed by officers or employees of the Company, who receive no compensation from the Plan. All administrative expenses are the responsibility of the Plan; however, the Company at its discretion may pay such expenses. On December 31, 2025, the investments are in the custody of John Hancock Life Insurance Company ("John Hancock"), which also provides recordkeeping services to the Plan.

NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified the completeness and accuracy of all investments reflected in the accompanying Statements of Net Assets Available for Plan Benefits (Modified Cash Basis) as of December 31, 2025, and the related investment activity reflected in the accompanying Statement of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis) for the year ended December 31, 2025.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited)

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies: Registered investment companies consist of mutual funds. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact purchases and sales at that price. The mutual funds held by the Plan are deemed to be actively traded. These securities are classified as Level 1.

Stable value fund: The stable value fund is invested primarily in benefit responsive contracts issued by state regulated insurance companies and banks and valued at the NAV of units of the bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to insure that securities liquidations will be carried out in an orderly business manner.

There have been no changes in the methodologies used during the year ended December 31, 2025.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited, continued)

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

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

	Level 1	Level 2	Level 3	Measured at NAV	Total
Registered investment companies	\$ 11,957,355	\$ -	\$ -	\$ -	\$ 11,957,355
Total investments in fair value hierarchy	11,957,355	-	-	-	11,957,355
Stable value fund	-	-	-	62,614	62,614
Total investments	<u>\$ 11,957,355</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 62,614</u>	<u>\$ 12,019,969</u>

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 (unaudited):

	Level 1	Level 2	Level 3	Measured at NAV	Total
Registered investment companies	\$ 9,745,680	\$ -	\$ -	\$ -	\$ 9,745,680
Total investments in fair value hierarchy	9,745,680	-	-	-	9,745,680
Stable value fund	-	-	-	62,401	62,401
Total investments	<u>\$ 9,745,680</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 62,401</u>	<u>\$ 9,808,081</u>

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by John Hancock, the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. For the year ended December 31, 2025, fees paid for investment advisory and management, contract administration, and custodial services were \$56,328, \$9,774, and \$59,884, respectively.

NOTE 6 – PLAN TERMINATION

Although the Plan expects to continue the Plan indefinitely, the Company has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan ("full termination") subject to the provisions of ERISA. In the event of full termination, termination with respect to a group or class of participants ("partial plan termination"), or a partial discontinuance of contributions, the unvested portion of Company contributions for participants subject to such full termination, partial termination, or partial discontinuance will become fully vested and non-forfeitable.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 7 – TAX STATUS

The Plan Sponsor adopted a pre-approved plan that received a favorable Internal Revenue Service ("IRS") Opinion Letter dated June 30, 2020. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. It is the Plan's policy to recognize interest accrued related to underpayment of income taxes in interest expense and penalties in administrative expenses. The Plan has no uncertain tax positions as of December 31, 2025.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits (Modified Cash Basis).

The Plan and Company operate in the State of Hawai'i. Local, national, and international events can have severe, adverse effects on economic conditions in Hawai'i. These financial statements do not include the adjustments that would result if the Plan was to account for future losses or asset impairments as the effects on the financial statements of the Plan from such changes in economic conditions, are not presently determinable.

NOTE 9 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2025 financial statements for subsequent events through July 30, 2026, the date the financial statements were available to be issued, and was not aware of any subsequent events that would require additional recognition or disclosure in the financial statements.

Supplementary Information

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

As of December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Stable value fund</u>			
*	John Hancock	John Hancock Stable Value Fund	**	62,614
		Total stable value fund		62,614
	<u>Registered investment companies</u>			
*	John Hancock	John Hancock Multimanager Aggressive Lifestyle	**	\$ 2,862,463
	BlackRock	Blackrock LifePath Index 2045	**	1,817,023
	BlackRock	Blackrock LifePath Index 2050	**	1,232,286
	BlackRock	Blackrock LifePath Retirement	**	615,384
*	John Hancock	John Hancock Multimanager Growth Lifestyle	**	535,194
	BlackRock	Blackrock LifePath Index 2060	**	534,320
	T. Rowe Price	T. Rowe Price Science & Technology	**	462,308
	T. Rowe Price	Science & Technology Fund	**	379,970
*	John Hancock	John Hancock Multimanager Balanced Lifestyle	**	284,383
	BlackRock	Blackrock LifePath Index 2040	**	277,837
	BlackRock	Blackrock LifePath Index 2035	**	276,790
	T. Rowe Price	T. Rowe Price Health Science	**	261,277
*	John Hancock	John Hancock 2045 Lifetime Blend	**	238,795
*	John Hancock	500 Index Fund	**	223,634
*	John Hancock	John Hancock 2035 Lifetime Blend	**	214,349
	BlackRock	Blackrock LifePath Index 2055	**	212,574
	BlackRock	Blackrock LifePath Index 2065	**	211,976
	BlackRock	Blackrock LifePath Index 2030	**	186,420
*	John Hancock	John Hancock Lifetime Blend 2045	**	138,641
*	John Hancock	John Hancock 2040 Lifetime Blend	**	123,453
*	John Hancock	John Hancock Lifetime Blend 2055	**	116,265
*	John Hancock	John Hancock Lifetime Blend 2025	**	85,946
*	John Hancock	John Hancock Multimanager Conservative Lifestyle	**	72,502
	BlackRock	BlackRock Global Allocation	**	70,412
	Franklin Tempelton	Franklin Small-Mid Growth	**	62,171
	American Funds	American Funds Eupac Fund	**	55,296
	Vanguard	Vanguard Small Cap Growth Index	**	51,342
	Invesco	Invesco Global Fund	**	35,148
*	John Hancock	John Hancock 2030 Lifetime Blend	**	34,133
	Vanguard	Vanguard Energy Fund	**	32,845
*	John Hancock	John Hancock Disciplined Value International	**	27,858
*	John Hancock	John Hancock 2020 Lifetime Blend	**	25,707
*	John Hancock	John Hancock 2025 Lifetime Blend	**	25,379
	Invesco	Invesco Small Cap Growth	**	24,296
*	John Hancock	John Hancock 2050 Lifetime Blend	**	23,178
	Lazard	Lazard International Equity Index Fund	**	20,301
	Fidelity	Fidelity Mid Cap Index Fund	**	20,261
*	John Hancock	John Hancock 2060 Lifetime Blend	**	17,704
*	John Hancock	John Hancock Lifestyle Blend Balanced	**	17,146
*	John Hancock	Financial Industries Fund	**	15,893
*	John Hancock	John Hancock Lifetime Blend 2040	**	9,834
*	John Hancock	John Hancock Lifestyle Blend Aggressive	**	8,597
*	John Hancock	John Hancock Lifetime Blend 2060	**	8,588
	MFS	MFS Utilities Fund	**	4,065
*	John Hancock	Total Stock Market Index Fund	**	1,639
*	John Hancock	John Hancock Lifetime Blend 2030	**	901
	Franklin Templeton	Franklin Mutual Global Discovery	**	871
		Total registered investment companies		11,957,355
		Total Assets (Held at End of Year)		\$ 12,019,969

* In column (a), if applicable, denotes party-in-interest to the Plan.

** In column (d), cost information is omitted for participant-directed investments.

Financial Statements and Report of Independent
Certified Public Accountants

**Okimoto Holdings, Inc., 401(k) Profit Sharing
Plan**

December 31, 2025 and 2024 (unaudited)

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Report of Independent Certified Public Accountants

To the Participants and Plan Administrator,
Okimoto Holdings, Inc., 401(k) Profit Sharing Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of Okimoto Holdings, Inc., 401(k) Profit Sharing 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). The financial statements comprise the Statement of Net Assets Available for Benefits (Modified Cash Basis) as of December 31, 2025, and the related Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the year then ended, and the related notes to the financial statements (collectively, the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding 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 DOL Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certification from John Hancock Life Insurance Company ("John Hancock"), the Custodian of the Plan, as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Notes 3, 4, and 5 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the 2025 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the 2025 financial statements referred to above related to assets held by and certified to by John Hancock 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).

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Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Other Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2025 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements 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 U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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Auditor's Responsibilities for the Audit of the 2025 Financial Statements (continued)

In performing an audit in accordance with U.S. GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 – Prior-Year Unaudited Comparative Statement of Net Assets Available for Benefits

The accompanying statement of net assets available for benefits of the Plan as of December 31, 2024 is presented for comparative purposes only and was not audited.

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Other Matter – 2025 Supplemental Schedule Required by ERISA

The supplemental schedule of *Schedule H, Line 4i – 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 DOL 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL 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, are presented, in all material respects, in conformity with DOL Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by John Hancock 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).

The logo for Verity CPAs, featuring the word "Verity" in a large, elegant, cursive script, with "CPAs" in a smaller, simpler font to the right.

Honolulu, HI
July 30, 2026

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Okimoto Holdings, Inc., 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Modified Cash Basis)

As of December 31,

	<u>2025</u>	<u>2024</u> (unaudited)
ASSETS		
INVESTMENTS:		
Investments in registered investment companies, participant directed, at fair value	\$ 11,957,355	\$ 9,745,680
Investments in stable value fund, participant directed	<u>62,614</u>	<u>62,401</u>
Total investments	<u>12,019,969</u>	<u>9,808,081</u>
EMPLOYER RECEIVABLES	318,625	342,688
OTHER	<u>2,767</u>	<u>3,336</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 12,341,361</u></u>	<u><u>\$ 10,154,105</u></u>

The accompanying notes are an integral part of this financial statement.

Okimoto Holdings, Inc., 401(k) Profit Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(Modified Cash Basis)

For the year ended December 31,

	<u>2025</u>
CHANGES IN NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net change in fair value of registered investment companies	<u>\$ 1,822,388</u>
Contributions:	
Employer	640,128
Participant	<u>416,750</u>
Total contributions	<u>1,056,878</u>
Total change	<u>2,879,266</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	566,024
Administrative expenses	66,102
Other expenses	<u>59,884</u>
Total deductions	<u>692,010</u>
NET CHANGE	2,187,256
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	<u>10,154,105</u>
End of the year	<u><u>\$ 12,341,361</u></u>

The accompanying notes are an integral part of this financial statement.

Okimoto Holdings, Inc., 401(k) Profit Sharing Plan

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis)

December 31, 2025 and 2024 (unaudited)

NOTE 1 – DESCRIPTION OF THE PLAN

Okimoto Corporation established the Okimoto Corporation 401(k) Profit Sharing Plan on January 1, 2011, for the exclusive benefit of all eligible employees and their beneficiaries with the intention to provide a measure of retirement security for their future. On January 1, 2018, Okimoto Holdings, Inc. (the “Company” or the “Plan Sponsor”) became the Plan’s Sponsor in which the Plan’s name was amended and restated to reflect the Okimoto Holdings, Inc., 401(k) Profit Sharing Plan (the “Plan”). The following description of the Plan provides general information only. For a more complete description of the Plan’s provisions, participants should refer to the Plan Agreement and Summary Plan Description.

General

The Plan is a defined contribution plan covering employees of the Company who are at least 21 years of age and have completed 12 months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions

Participants may make employee salary deferral contributions to the Plan up to the lesser of 100% of their eligible compensation or \$23,500 for the calendar year ended December 31, 2025, adjusted annually for the cost of living, plus an additional \$7,500 for employees age 50 and over for the calendar year ended December 31, 2025. Such contributions are non-forfeitable and are credited to the individual account of the participant. Excess contributions are refunded in accordance with provisions of the Internal Revenue Code (“IRC”). For the year ended December 31, 2025, the Company contributed matching contributions equal to 100% of participants’ elective deferral contributions, up to 6% of eligible compensation. Total employer matching contributions were \$319,679 for the year ended December 31, 2025.

Participants direct their contributions into various investment options. The Plan currently offers various registered investment companies for participants.

The Company’s discretionary contributions are determined annually by its management and are invested in a portfolio of investments as directed by the participants. During the year ended December 31, 2025, the Company made discretionary contributions totaling \$320,449.

Participant accounts

Each participant’s account is credited with the participant’s contributions and the Company’s contributions; plus, an allocation of administrative expenses and investment earnings (losses). Allocations are based on participant’s earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant’s account.

Vesting

Employer matching contributions vest 20% for each year of service after one year and are 100% vested after six years of continuous service. The employees’ salary deferral and earnings thereon, and rollover accounts are always 100% vested.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 1 – DESCRIPTION OF THE PLAN (continued)

Payment of benefits

The vested amount in each participant's account is payable upon normal retirement, disability, death, termination of employment, or termination of the Plan by the Company. Participants may elect to receive the vested value of their accounts in installments or may elect to receive a lump sum distribution. Participants may withdraw all or a portion of their deferral contributions in the event of a financial hardship, subject to compliance with other restrictions in the Plan.

Forfeitures

Termination of employment for reasons other than retirement, disability, or death results in a forfeiture of the non-vested portion of the participant's account balance. Forfeitures are used to pay plan administrative expenses and reduce future Company contributions. Forfeited non-vested accounts at December 31, 2025, amounted to \$6,730. During the year ended December 31, 2025, forfeitures in the amount of \$6,161 were used to pay plan expenses.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies, consistently applied in the preparation of the accompanying financial statements follows.

Basis of accounting

The financial statements of the Plan have been prepared on the cash basis, modified to record assets or liabilities with respect to cash transactions and events that provide a benefit or result in an obligation that covers a period greater than the period in which the cash transaction or event occurred. The modifications result in the recording of investments and related short-term term obligations on the Statements of Net Assets Available for Benefits (Modified Cash Basis).

This method of accounting represents a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("U.S. GAAP"). The modified cash basis of accounting differs from U.S. GAAP primarily in that certain income and related assets (such as contributions not yet collected, and other accrued assets and income) have been recognized when received rather than when earned and certain expenses and related liabilities (such as distributions not yet paid, and other accrued liabilities and expenses) have been recognized when paid rather than when the obligations were incurred.

Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. It is reasonably possible that such estimates may change within the near term, and such differences could be material to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment valuation and income recognition

Investments in registered investment companies are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Investments in stable value funds are valued based upon the redemption price of the units held by the Plan, which is based on the current fair value of the stable value fund's underlying assets. Unit values are determined by the financial institution sponsoring such fund by dividing the fund's net assets at fair value by its units outstanding at the valuation dates.

The plan holds the right to liquidate its positions in this stable value fund at any time, subject to a reasonable notification period. No unfunded commitments existed with respect to this stable value fund at December 31, 2025.

Payment of benefits

Benefits are recorded when paid.

Administration expenses

The Plan is sponsored and administered by the Company. Certain administrative functions are performed by officers or employees of the Company, who receive no compensation from the Plan. All administrative expenses are the responsibility of the Plan; however, the Company at its discretion may pay such expenses. On December 31, 2025, the investments are in the custody of John Hancock Life Insurance Company ("John Hancock"), which also provides recordkeeping services to the Plan.

NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified the completeness and accuracy of all investments reflected in the accompanying Statements of Net Assets Available for Plan Benefits (Modified Cash Basis) as of December 31, 2025, and the related investment activity reflected in the accompanying Statement of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis) for the year ended December 31, 2025.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited)

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies: Registered investment companies consist of mutual funds. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact purchases and sales at that price. The mutual funds held by the Plan are deemed to be actively traded. These securities are classified as Level 1.

Stable value fund: The stable value fund is invested primarily in benefit responsive contracts issued by state regulated insurance companies and banks and valued at the NAV of units of the bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to insure that securities liquidations will be carried out in an orderly business manner.

There have been no changes in the methodologies used during the year ended December 31, 2025.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 4 – FAIR VALUE MEASUREMENTS (unaudited, continued)

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

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

	Level 1	Level 2	Level 3	Measured at NAV	Total
Registered investment companies	\$ 11,957,355	\$ -	\$ -	\$ -	\$ 11,957,355
Total investments in fair value hierarchy	11,957,355	-	-	-	11,957,355
Stable value fund	-	-	-	62,614	62,614
Total investments	<u>\$ 11,957,355</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 62,614</u>	<u>\$ 12,019,969</u>

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 (unaudited):

	Level 1	Level 2	Level 3	Measured at NAV	Total
Registered investment companies	\$ 9,745,680	\$ -	\$ -	\$ -	\$ 9,745,680
Total investments in fair value hierarchy	9,745,680	-	-	-	9,745,680
Stable value fund	-	-	-	62,401	62,401
Total investments	<u>\$ 9,745,680</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 62,401</u>	<u>\$ 9,808,081</u>

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by John Hancock, the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. For the year ended December 31, 2025, fees paid for investment advisory and management, contract administration, and custodial services were \$56,328, \$9,774, and \$59,884, respectively.

NOTE 6 – PLAN TERMINATION

Although the Plan expects to continue the Plan indefinitely, the Company has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan ("full termination") subject to the provisions of ERISA. In the event of full termination, termination with respect to a group or class of participants ("partial plan termination"), or a partial discontinuance of contributions, the unvested portion of Company contributions for participants subject to such full termination, partial termination, or partial discontinuance will become fully vested and non-forfeitable.

NOTES TO THE FINANCIAL STATEMENTS
(Modified Cash Basis) (continued)

December 31, 2025 and 2024 (unaudited)

NOTE 7 – TAX STATUS

The Plan Sponsor adopted a pre-approved plan that received a favorable Internal Revenue Service ("IRS") Opinion Letter dated June 30, 2020. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. It is the Plan's policy to recognize interest accrued related to underpayment of income taxes in interest expense and penalties in administrative expenses. The Plan has no uncertain tax positions as of December 31, 2025.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits (Modified Cash Basis).

The Plan and Company operate in the State of Hawai'i. Local, national, and international events can have severe, adverse effects on economic conditions in Hawai'i. These financial statements do not include the adjustments that would result if the Plan was to account for future losses or asset impairments as the effects on the financial statements of the Plan from such changes in economic conditions, are not presently determinable.

NOTE 9 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2025 financial statements for subsequent events through July 30, 2026, the date the financial statements were available to be issued, and was not aware of any subsequent events that would require additional recognition or disclosure in the financial statements.

Supplementary Information

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

As of December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Stable value fund</u>			
*	John Hancock	John Hancock Stable Value Fund	**	62,614
		Total stable value fund		62,614
	<u>Registered investment companies</u>			
*	John Hancock	John Hancock Multimanager Aggressive Lifestyle	**	\$ 2,862,463
	BlackRock	Blackrock LifePath Index 2045	**	1,817,023
	BlackRock	Blackrock LifePath Index 2050	**	1,232,286
	BlackRock	Blackrock LifePath Retirement	**	615,384
*	John Hancock	John Hancock Multimanager Growth Lifestyle	**	535,194
	BlackRock	Blackrock LifePath Index 2060	**	534,320
	T. Rowe Price	T. Rowe Price Science & Technology	**	462,308
	T. Rowe Price	Science & Technology Fund	**	379,970
*	John Hancock	John Hancock Multimanager Balanced Lifestyle	**	284,383
	BlackRock	Blackrock LifePath Index 2040	**	277,837
	BlackRock	Blackrock LifePath Index 2035	**	276,790
	T. Rowe Price	T. Rowe Price Health Science	**	261,277
*	John Hancock	John Hancock 2045 Lifetime Blend	**	238,795
*	John Hancock	500 Index Fund	**	223,634
*	John Hancock	John Hancock 2035 Lifetime Blend	**	214,349
	BlackRock	Blackrock LifePath Index 2055	**	212,574
	BlackRock	Blackrock LifePath Index 2065	**	211,976
	BlackRock	Blackrock LifePath Index 2030	**	186,420
*	John Hancock	John Hancock Lifetime Blend 2045	**	138,641
*	John Hancock	John Hancock 2040 Lifetime Blend	**	123,453
*	John Hancock	John Hancock Lifetime Blend 2055	**	116,265
*	John Hancock	John Hancock Lifetime Blend 2025	**	85,946
*	John Hancock	John Hancock Multimanager Conservative Lifestyle	**	72,502
	BlackRock	BlackRock Global Allocation	**	70,412
	Franklin Tempelton	Franklin Small-Mid Growth	**	62,171
	American Funds	American Funds Eupac Fund	**	55,296
	Vanguard	Vanguard Small Cap Growth Index	**	51,342
	Invesco	Invesco Global Fund	**	35,148
*	John Hancock	John Hancock 2030 Lifetime Blend	**	34,133
	Vanguard	Vanguard Energy Fund	**	32,845
*	John Hancock	John Hancock Disciplined Value International	**	27,858
*	John Hancock	John Hancock 2020 Lifetime Blend	**	25,707
*	John Hancock	John Hancock 2025 Lifetime Blend	**	25,379
	Invesco	Invesco Small Cap Growth	**	24,296
*	John Hancock	John Hancock 2050 Lifetime Blend	**	23,178
	Lazard	Lazard International Equity Index Fund	**	20,301
	Fidelity	Fidelity Mid Cap Index Fund	**	20,261
*	John Hancock	John Hancock 2060 Lifetime Blend	**	17,704
*	John Hancock	John Hancock Lifestyle Blend Balanced	**	17,146
*	John Hancock	Financial Industries Fund	**	15,893
*	John Hancock	John Hancock Lifetime Blend 2040	**	9,834
*	John Hancock	John Hancock Lifestyle Blend Aggressive	**	8,597
*	John Hancock	John Hancock Lifetime Blend 2060	**	8,588
	MFS	MFS Utilities Fund	**	4,065
*	John Hancock	Total Stock Market Index Fund	**	1,639
*	John Hancock	John Hancock Lifetime Blend 2030	**	901
	Franklin Templeton	Franklin Mutual Global Discovery	**	871
		Total registered investment companies		11,957,355
		Total Assets (Held at End of Year)		\$ 12,019,969

* In column (a), if applicable, denotes party-in-interest to the Plan.

** In column (d), cost information is omitted for participant-directed investments.
