# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
OAKS 401(K) PLAN AND TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1987

**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)
OAKS CLUB ROOM

4097 SAN PABLO AVENUE
EMERYVILLE, CA 94608

**2b** Employer Identification Number (EIN)
94-1194137

**2c** Plan Sponsor's telephone number
510-653-4456

**2d** Business code (see instructions)
713200

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/02/2026 | WARREN TAI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 230 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 165 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 171 |
| **b** | Retired or separated participants receiving benefits | **6b** | 5 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 48 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 224 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 225 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 194 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 189 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 1 |
| **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:

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
OAKS 401(K) PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
OAKS CLUB ROOM

**D** Employer Identification Number (EIN)
94-1194137

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|---|---|---|---|---|---|---|
| 37 60 64 65 71 | RECORDKEEPER | 2975 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

LPL FINANCIAL LLC

04-3046611

| (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? |
|---|---|---|---|---|---|---|
| 55 | ADVISOR | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 36515 | Yes [ ] No [X] |

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(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. |
|---|---|
| ABF LG CAP VAL ADV - SS&C GIDS, IN<br>2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(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. |
|---|---|
| COL CONTRARN CORE A - COLUMBIA MGT<br>430 W 7TH STREET<br>STE 219104<br>KANSAS CITY, MO 64105 | 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(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. |
|---|---|
| COL MID CAP IDX A - COLUMBIA MGT I<br>430 W 7TH STREET<br>STE 219104<br>KANSAS CITY, MO 64105 | 0.10% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(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. |
|---|---|
| IS S&P 500 IDX A - BNY MELLON INVE<br>500 ROSS STREET<br>15253-4426<br>PITTSBURGH, PA 53442 | 0.05% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(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. |
|---|---|
| J H MID CAP VAL S - JANUS HENDERSO<br>151 DETROIT STREET<br>DENVER, CO 80206 | 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(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. |
|---|---|
| J H SMALL CAP VAL S - JANUS HENDER<br>151 DETROIT STREET<br>DENVER, CO 80206 | 0.25% |

## 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 |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(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. |
|---|---|
| PIM STKPLUS SM A - SS&C GLOBAL INV<br>2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.20% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(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. |
|---|---|
| VICTORY S SM CO OP A - FIS INVESTO<br>FAITH INVESTOR SERVICES, LLC<br>14785 PRESTON ROAD, SUITE 1000<br>DALLAS, TX 75254 | 0.25% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| LPL FINANCIAL LLC | 55 | 36515 |

| **(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. |
|---|---|
| NATIONAL FINANCIAL SERVICES LLC<br><br>04-3523567 | |

## 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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
OAKS 401(K) PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
OAKS CLUB ROOM

**D** Employer Identification Number (EIN)
94-1194137

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2705157 | 3597713 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 101 |
| **(B)** Common | 1c(4)(B) | 1684266 | 1737576 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 296446 | 247070 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 21803987 | 24979478 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | -16351 | -3889 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **1e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 26473505 | 30558049 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 0 | 0 |
| **1h** Operating payables | 1h | 0 | 0 |
| **1i** Acquisition indebtedness | 1i | 0 | 0 |
| **1j** Other liabilities | 1j | 0 | 8 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 8 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 26473505 | 30558041 |

## 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) | 43477 | |
| **(B)** Participants | 2a(1)(B) | 1263360 | |
| **(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) | | 1306837 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 147607 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 10339 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 157946 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 3 | |
| **(B)** Common stock | 2b(2)(B) | 29830 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1367144 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1396977 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 6198886 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 6106174 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 92712 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 268621 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 268621 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2675320 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5898413 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1812552 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1812552 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Recordkeeping fees | 2i(3) | 1325 | |
| (4) IQPA audit fees | 2i(4) | 0 | |
| (5) Investment advisory and investment management fees | 2i(5) | 0 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | 0 | |
| (9) Valuation/appraisal fees | 2i(9) | 0 | |
| (10) Other trustee fees and expenses | 2i(10) | 0 | |
| (11) Other expenses | 2i(11) | 0 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 1325 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1813877 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4084536 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

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

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

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: KEVIN LAM CPA **(2)** EIN: 81-3085366

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
OAKS 401(K) PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
OAKS CLUB ROOM

**D** Employer Identification Number (EIN)
94-1194137

## 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** |

**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): 04-6568107

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

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

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

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

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

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

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

| | | | |
|---|---|---|---|
| **6** | **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** | |
| | **b** Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** | |
| | **c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** | |

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

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

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

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

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

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

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

**a** Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

# OAKS CLUB ROOM

# 401(K) PLAN AND TRUST

# AUDIT REPORT

# FOR YEARS ENDED DECEMBER 31, 2025 and 2024

OAKS CLUB ROOM
401(K) PLAN AND TRUST
FOR YEARS ENDED DECEMBER 31, 2025 and 2024
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**KEVIN LAM**
**CERTIFIED PUBLIC ACCOUNTANT**

## Independent Auditor's Report

September 30, 2026

To the Trustees of the
OAKS 401(K) PLAN AND TRUST
4099 San Pablo Avenue
Emeryville, CA 94608

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Oaks 401(K) Plan and Trust's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), my 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

**Opinion**

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

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

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

**Basis for Opinion**

I conducted my audit in accordance with auditing standards generally accepted in the United States of America (GAAS). My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit

of the Financial Statements section of my report. I am required to be independent of Oaks 401(k) Plan and to meet my other ethical responsibilities, in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the Financial Statements**

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

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

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

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

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

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

- 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 Oaks 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Oaks 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

My 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

I am 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 I identified during the audit.

**Other Matters**

*Supplemental Schedules Required by ERISA*

The supplemental schedule of Schedule H, Part IV, Line 4i as of or for the year ended December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, I compared such information to the related certified investment information.

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

In my opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

kevin lam

KEVIN LAM CPA
San Mateo, California

OAKS 401(K) PLAN AND TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

ASSETS

| | 2025 | 2024 |
|---|---|---|
| Investments at fair market value | $30,310,979 | $26,177,059 |
| Receivables: | | |
| Participant Loan | 247,070 | 296,446 |
| TOTAL ASSETS | $30,558,049 | $26,473,505 |

LIABILITIES AND NET ASSETS AVAILABLE FOR PLAN BENEFITS

| | | |
|---|---|---|
| Other liabilities | 7 | - |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $30,558,042 | $26,473,505 |

See accompanying notes to financial statements

OAKS 401(K) PLAN AND TRUST
STATEMENT OF CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

| | December 31, 2025 | December 31, 2024 |
|---|---|---|
| ADDITIONS: | | |
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation (depreciation) in fair value of investments | $ 3,036,654 | $ 2,939,784 |
| Interest | 147,607 | 136,768 |
| Dividends | 1,396,976 | 1,112,599 |
| | 4,581,237 | 4,189,151 |
| Interest income on notes receivable from participants | 10,339 | 9,902 |
| Contributions: | | |
| Participants | 1,263,360 | 1,249,452 |
| Employer | 43,478 | 60,518 |
| Rollovers | - | 3,343 |
| | 1,306,838 | 1,313,313 |
| TOTAL ADDITIONS | 5,898,414 | 5,512,366 |
| DEDUCTIONS: | | |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | 1,812,552 | 813,522 |
| Deemed default distributions | - | (587) |
| Trustee and administration fees | 1,325 | 1,525 |
| TOTAL DEDUCTIONS | 1,813,877 | 814,460 |
| NET INCREASE (DECREASE) | 4,084,537 | 4,697,906 |
| Net Assets Available for Benefits: | | |
| Beginning of year | 26,473,505 | 21,775,599 |
| End of year | $ 30,558,042 | $ 26,473,505 |

See accompanying notes to financial statements

OAKS 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 and 2024

Note 1—Description of the Plan

The following description of the Oaks (the Company) 401(K) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Oaks is referred to in the notes as the Company or the Sponsor.

a. General— The purpose of the plan is to enable eligible Employees to save for retirement. The Plan is for the exclusive benefit of eligible Employees and their Beneficiaries.

The Plan (which is a 401(K) plan) is a defined-contribution plan covering all full-time eligible employees of the Company who have one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions—Each year, participants may contribute up to the maximum percentage allowable under the federal statutory limit of Code Section 401(K), as defined in the Plan. The limits for 2025 is $23,500 and 2024 is $23,000. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. For the years ended December 31, 2025 and 2024 the catch-up contribution amounted to $7,500 ($11,250 for plan participants aged 60 to 63 qualify for a higher catch-up limit) and $7,500 respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various stock, bond and hybrid funds as investment options for participants. The Company may make discretionary matching contributions. Discretionary matching contributions, if made, will be computed by the Company based on the participant's eligible compensation deferred into the Plan each payroll period.

The Company may designate all or a portion of any matching contributions for a payroll period as "qualified matching contributions" and allocate them to Non-Highly Compensated Employees to help the Plan pass one or more annually required Internal Revenue Code nondiscrimination test(s). Any such contributions will be allocated to those Participants eligible to receive the Employer matching contributions described above who made Deferral Contributions during the payroll period. Participants are 100% vested in these contributions and may not request a hardship withdrawal of these contributions.

The Company may make discretionary nonelective contributions in an amount to be determined by taking the appropriate legal action for each Plan Year. Participant must be employed as of the last day of the Plan Year to be eligible for any nonelective contributions that may be made for that Plan Year. Participant do not need to satisfy this requirement if he/she die (including death while performing Qualified Military Service), become disabled or retire during the Plan Year.

Discretionary nonelective contributions, if any, made to the Plan by the Company will be allocated to participant's account in the ratio that his/her eligible compensation bears to the total eligible compensation paid to all eligible participants.

c. Participant Accounts—Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings (losses). Administrative expenses are borne by the participants and are allocated to the participants' accounts.

Note 1—Description of the Plan (continued)

d. Vesting—Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service earned at 20 percent after the first two years and each year thereafter.

e. Notes Receivable from Participants—Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. However, if a participant's vested interest in their participant's account attributable to such contributions is less than $20,000, the participant may borrow up to the lesser of $10,000 or their vested interest. Loan transactions are treated as a transfer to (from) the respective investment funds from (to) the Notes Receivable from Participants' Fund. All loans must be repaid in level payments through after-tax payroll deductions on at least a quarterly basis over a five-year period unless it is for the purchase of a principal residence in which case the loan repayment period may not extend beyond 10 years from the date of the loan. If repayment is not made by payroll deduction, a loan shall be repaid in accordance with procedures provided by the Plan Administrator. The level repayment requirement may be waived for a period of one year or less if participant is on a leave of absence, however, the loan must still be repaid in full on the maturity date. If a loan is not repaid within its stated period, it will be treated as a taxable distribution to the participant. All loans shall bear a reasonable rate of interest as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The interest rate shall remain fixed throughout the duration of the loan.

f. Payment of Benefits—On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments based upon various factors including the life expectancy of the participant and if elected, their beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution within one year.

g. Forfeited Accounts—Forfeited balances of terminated participants' non-vested amounts are credited to a forfeiture account. A forfeiture will occur in the Plan Year that participant receives a distribution of his/her entire vested Account, or if participant does not receive a distribution, after five consecutive one year breaks in service. Forfeitures are retained in the Plan and may first be used to pay administrative expenses. Any remaining amounts will be used to reduce future Employer contributions payable under the Plan. In 2025 and 2024, these accounts were used to reduce employer contributions by $22,096 and $2,276, respectively.

h. Hardship Withdrawals - Participant may apply to withdraw certain contributions to satisfy specific and heavy financial needs. In accordance with Internal Revenue Service regulations, participant must first exhaust all other assets reasonably available to him/her prior to obtaining a hardship withdrawal. This includes obtaining any in-service withdrawal(s) available from his/her account and a loan from this Plan and any other qualified plan maintained by the Company. Deferral Contributions to this Plan, and any other Company-sponsored qualified or non-qualified plan, will be suspended for six months after the receipt of the hardship withdrawal. The minimum hardship withdrawal is $500.

Note 1—Description of the Plan (continued)

i Plan Termination. Upon termination or partial termination of the Plan or complete discontinuance of contributions thereunder, the Trustee shall make distributions to the participants or other persons entitled to distributions as the employer or administrator directs in accordance with the provisions of the Plan. In the absence of such instructions and unless the Plan otherwise provides, the Trustee shall notify the employer or administrator of such situation and the Trustee shall be under no duty to make any distributions under the Plan until it receives written instructions from the employer or administrator. Upon the completion of such distributions, the Trust shall terminate, the Trustee shall be relieved from all liability under the Trust, and no participant or other person shall have any claims thereunder, except as required by applicable law.

Note 2—Summary of Significant Accounting Policies

Date of Management's Review

Subsequent events were evaluated through September 30, 2026, which is the date financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined by Oaks 401(K) Plan and Trust as of December 31, 2025 and 2024. 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 3 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 appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefits are recorded when paid.

Note 3—Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair 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 measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy under Accounting Standards Codification ("ASC") 820-10 that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were Level 1 and Level 2 inputs included for the years ended December 31, 2025 and 2024.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The fair values of common stocks and corporate bonds are based on the closing price reported on the active market where the individual securities are traded.

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

| | | Fair Value Measurements at the End of the Report Period Using: | |
|---|---|---|---|
| December 31, 2025 | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Other Observable Inputs (Level 2) |
| Mutual Funds: | | | |
| Index Fund | $ 7,110,685 | $ 7,110,685 | |
| Money Market and Gov't Bond Fund | 3,699,614 | | $ 3,699,614 |
| Growth & Value Funds | 17,763,097 | 17,763,097 | |
| Total Mutual Funds | $ 28,573,396 | $ 24,873,782 | $ 3,699,614 |
| Common Stock | $ 1,737,576 | $ 1,737,576 | |
| Total Assets at Fair Value | $ 30.310,972 | $ 26,611,358 | $ 3,699,614 |

Note 3—Fair Value Measurements (continued)

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

| | | Fair Value Measurements at the End of the Report Period Using: | |
|---|---|---|---|
| December 31, 2024 | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Other Observable Inputs (Level 2) |
| Mutual Funds: | | | |
| Index Fund | $ 6,643,322 | $ 6,643,322 | |
| Money Market and Gov't Bond Fund | 2,942,040 | | $ 2,942,040 |
| Growth & Value Funds | 14,923,782 | 14,923,782 | |
| Total Mutual Funds | $ 24,509,144 | $ 21,567,104 | $ 2,942,040 |
| Common Stock | $ 1,667,915 | $ 1,667,915 | |
| Total Assets at Fair Value | $ 26,177,059 | $ 23,235,019 | $ 2,942,040 |

Note 4—Investments

The following presents investments that represent 5% or more of the Plan's net assets:

| | 2025 | % | 2024 | % |
|---|---|---|---|---|
| IS S&P 500 Index Fund | $ 5,885,204 | 19.42 | $ 5,484,450 | 20.95 |
| Col Contrarian Fund | 5,506,961 | 18.17 | 5,089,473 | 19.44 |
| Fidelity Government Money Market Fund | 3,070,810 | 10.13 | 2,204,571 | 8.42 |
| Total | $14,462,975 | 47.72 | $12,778,494 | 48.81 |

During 2025 and 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held throughout the year) appreciated(depreciated) in value by $2,939,784 and $2,939,784 respectively.

Note 5—Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements was obtained from data that has been prepare and certified to as complete and accurate by the trustee.

| | 2025 | 2024 |
|---|---|---|
| Investment at fair market value*:* | | |
| Equity mutual funds | $ 24,873,782 | $ 21,567,104 |
| Common stocks | 1,737,576 | 1,667,915 |
| U.S. government securities / money market funds | 3,699,614 | 2,942,040 |
| Investment income (loss) | $ 4,581,237 | $ 4,189,151 |

Note 6—Reconciliation of Financial Statements to Schedule H of Form 5500

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

| | |
|---|---|
| Net assets available for benefits per the financial statements | $ 30,558,042 |
| Net assets available for benefits per Form 5500, Schedule H | $ 30,558,042 |

The following is a reconciliation of total income per the financial statements at December 31, 2025, to Form 5500:

| | |
|---|---|
| Total income per the financial statements | $ 5,898,144 |
| Total income per Form 5500, Schedule H | $ 5,898,144 |

Note 7—Tax Status

The United States Treasury Department has advised that the Plan from its inception, January 1, 1987, constitutes a qualified trust under Section 401(a) of the Internal Revenue Code and therefore is exempt from federal income taxes under provisions of Section 501(a). The date of the most recent determination letter is February 1995.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market rate, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9 -Subsequent Events

The Plan evaluated its December 31, 2025 financial statements for subsequent events through September 30, 2026 the filing date of this report. The Plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

OAKS CLUB ROOM
401(K) PLAN AND TRUST

SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4I

Oaks 401(k) Plan and Trust

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2025

| | Fund Name | Share Balance 12/31/2025 | Historical Cost | Price | Total Market Value |
|---|---|---|---|---|---|
| | BROKERAGELINK | | $0.00 | | |
| | SEE DETAIL OF BROKERAGELINK ASSETS ATTACHED | | $2,345,781.02 | | $2,625,345.92 |
| | COL MID CAP IDX A | 85,518.592 | $1,342,348.37 | $14.33 | $1,225,481.42 |
| | IS S&P 500 IDX A | 7,394.773 | $3,294,264.99 | $795.86 | $5,885,204.04 |
| | ABF LG CAP VAL ADV | 2,583.106 | $60,197.96 | $21.87 | $56,492.53 |
| | COL CONTRARN CORE A | 144,274.592 | $4,108,951.89 | $38.17 | $5,506,961.18 |
| | HARBOR CAP APP ADM | 4,688.258 | $432,392.18 | $109.92 | $515,333.32 |
| | VICTORY S SM CO OP A | 1,175.121 | $53,207.06 | $44.69 | $52,516.16 |
| | J H MID CAP VAL S | 3,607.264 | $63,572.26 | $15.50 | $55,912.59 |
| | J H SMALL CAP VAL S | 185.796 | $4,279.32 | $23.18 | $4,306.75 |
| | PIM STKPLUS SM A | 2,248.934 | $17,291.45 | $7.89 | $17,744.09 |
| *** | FA BIOTECHNOLOGY A | 8,862.734 | $249,380.18 | $37.44 | $331,820.76 |
| *** | FA SEMICONDUCTORS A | 9,411.536 | $634,173.30 | $111.31 | $1,047,598.07 |
| *** | FA HEALTH CARE A | 9,339.388 | $483,684.40 | $56.17 | $524,593.42 |
| *** | FA FINANCIALS A | 12,932.002 | $278,802.24 | $37.64 | $486,760.56 |
| *** | FA INDUSTRIALS A | 3,208.360 | $109,741.02 | $55.58 | $178,320.65 |
| *** | FA CONSUMER DISC A | 0.000 | $0.00 | $45.83 | $0.00 |
| *** | FA UTILITIES A | 0.000 | $0.00 | $50.67 | $0.00 |
| *** | FA TECHNOLOGY A | 0.000 | $0.00 | $133.87 | $0.00 |
| *** | FA ENERGY A | 0.000 | $0.00 | $48.58 | $0.00 |
| *** | FA STK SEL MID CAP A | 15,672.581 | $512,387.74 | $42.58 | $667,338.50 |
| *** | FA EMERG ASIA A | 9,757.882 | $345,503.19 | $63.92 | $623,723.82 |
| *** | FA REAL ESTATE A | 6,208.554 | $113,551.86 | $14.72 | $91,389.91 |
| *** | FA INTL DISCOVERY I | 5,750.008 | $268,419.91 | $56.78 | $326,485.45 |
| *** | FA GOV INCOME I | 10,992.592 | $106,120.31 | $9.27 | $101,901.33 |
| *** | FA ASSET MGR 20% I | 6,751.022 | $90,853.64 | $14.38 | $97,079.70 |
| *** | FA CONS STAPLES A | 974.450 | $87,512.38 | $81.98 | $79,885.41 |
| *** | FA GOLD A | 5,136.716 | $134,193.20 | $56.33 | $289,351.21 |
| *** | FA MATERIALS A | 201.827 | $18,200.36 | $91.10 | $18,386.44 |
| *** | FA TELECOMM A | 128.844 | $7,001.20 | $58.49 | $7,536.09 |
| *** | FA CHINA REGION A | 10,000.923 | $327,073.83 | $53.68 | $536,849.55 |
| *** | FID GOVT MMKT DM | 3,070,810.180 | $3,070,810.18 | $1.00 | $3,070,810.18 |
| *** | FA FRDM RETIRE Z | 1,249.775 | $12,939.43 | $10.71 | $13,385.09 |
| *** | FA FREEDOM 2010 Z | 4,749.733 | $51,740.99 | $11.12 | $52,817.03 |
| *** | FA FREEDOM 2015 Z | 763.798 | $8,261.20 | $10.96 | $8,371.23 |
| *** | FA FREEDOM 2020 Z | 37,212.460 | $453,183.55 | $12.39 | $461,062.38 |
| *** | FA FREEDOM 2025 Z | 11,734.165 | $153,501.14 | $13.47 | $158,059.20 |
| *** | FA FREEDOM 2030 Z | 91,579.409 | $1,349,750.85 | $15.36 | $1,406,659.72 |
| *** | FA FREEDOM 2035 Z | 12,292.518 | $187,613.60 | $16.04 | $197,171.99 |
| *** | FA FREEDOM 2040 Z | 39,696.519 | $673,283.24 | $18.59 | $737,958.29 |
| *** | FA FREEDOM 2045 Z | 39,202.008 | $532,333.54 | $15.20 | $595,870.52 |
| *** | FA FREEDOM 2050 Z | 7,962.852 | $111,349.91 | $15.43 | $122,866.81 |
| *** | FA FREEDOM 2055 Z | 555.835 | $8,988.16 | $17.34 | $9,638.18 |
| *** | FA FREEDOM 2060 Z | 1,362.651 | $21,744.79 | $15.93 | $21,707.03 |
| *** | FA FREEDOM 2065 Z | 322.517 | $4,488.18 | $15.12 | $4,876.46 |
| *** | FA UTILITIES A | 528.299 | $74,771.98 | $131.23 | $69,328.68 |
| *** | FA TECHNOLOGY A | 41,518.472 | $1,739,382.67 | $41.41 | $1,719,279.93 |
| *** | FA CONSUMER DISC A | 3,552.106 | $235,875.92 | $69.11 | $245,486.05 |
| *** | FA ENERGY A | 995.998 | $62,831.68 | $61.55 | $61,303.68 |
| | OUTSTANDING LOAN BALANCE | | | | $247,070.37 |
| | | | | NET ASSETS 12/31/2025: | $30,558,041.69 |

*** Party-in-interest

Oaks 401(k) Plan and Trust
SUMMARY OF NET TRUST ASSETS

DETAIL OF BROKERAGELINK ASSETS — TOTAL PLAN ASSETS AS OF 12/31/2025

| CUSIP # | SECURITY DESCRIPTION | SHARE BALANCE | PRICE | TOTAL MARKET VALUE | HISTORICAL COST |
|---|---|---|---|---|---|
| | CASH | | | | |
| 316067107 | *** FIDELITY CASH RESERVES | 526,902.560 | $1.00 | $526,902.56 | $526,902.56 |
| DDDDDDDDD | NONINT-BEARING CASH /(OTHER LIABILITIES) | (7.620) | $1.00 | ($7.62) | ($7.62) |
| | COMMON STOCK | | | | |
| 594918104 | MICROSOFT CORP NFS LLC IS A MARKET | 53.506 | $483.62 | $25,876.57 | $15,425.82 |
| 594972408 | MICROSTRATEGY INC C L A NEW NFS LLC IS A | 461.250 | $151.95 | $70,086.94 | $92,481.00 |
| 595112103 | MICRON TECHNOLOGY NFS IS A SPECIALIST | 300.000 | $285.41 | $85,623.00 | $42,435.00 |
| 62914V106 | NIO INC ADS EACH REP 1 ORD SHS | 2,921.350 | $5.10 | $14,898.89 | $49,344.92 |
| 651229106 | NEWELL RUBBERMAID INC | 350.000 | $3.72 | $1,302.00 | $7,843.05 |
| 670100205 | NOVO NORDISK A/S ADR FMLY NOVO | 500.000 | $50.88 | $25,440.00 | $30,000.00 |
| 67066G104 | NVIDIA CORP NFS LLC IS A MARKET | 2,684.086 | $186.50 | $500,582.04 | $419,956.60 |
| 680223104 | OLD REPUBLIC INTL CORP | 57.231 | $45.64 | $2,612.02 | $1,229.22 |
| 68989M202 | OUSTER INC COM NEW | 41.000 | $21.64 | $887.24 | $0.00 |
| 69608A108 | PALANTIR TECHNOLOGIES INC CL | 148.000 | $177.75 | $26,307.00 | $4,041.44 |
| 713448108 | PEPSICO INC NFS IS A SPECIALIST | 300.000 | $143.52 | $43,056.00 | $47,835.00 |
| 71715W106 | PHARMAGEN INC COM | 2,000.000 | $0.00 | $0.00 | $0.00 |
| 72919P202 | PLUG PWR INC COM NEW | 5,350.499 | $1.97 | $10,540.48 | $47,746.20 |
| 744674300 | PUDA COAL INC COM PAR $.001 | 2,000.000 | $0.00 | $0.00 | $19,840.95 |
| 75509Q100 | RAYSTREAM INC COM USD0.001 | 3,000.000 | $0.00 | $0.00 | $0.00 |
| 76954A103 | RIVIAN AUTOMOTIVE INC COM CL A | 1,000.000 | $19.71 | $19,710.00 | $18,192.50 |
| 770700102 | ROBINHOOD MKTS INC COM CL A | 1,000.000 | $113.10 | $113,100.00 | $14,087.92 |
| 80880W205 | SCILEX HOLDING CO COM NEW | 4.000 | $12.20 | $48.80 | $0.00 |
| 817323405 | SEQUANS COMMUNICATIONS SPON | 6.000 | $4.49 | $26.94 | $68.92 |
| 82669G104 | SIGNATURE BK NEW YORK N Y | 0.479 | $1.00 | $0.48 | $35.45 |
| 83304A106 | SNAP INC CL A | 500.000 | $8.07 | $4,035.00 | $4,937.98 |
| 83587F202 | SORRENTO THERAPEUTICS INC | 1,000.000 | $0.00 | $2.60 | $5,098.70 |
| 836100107 | SOUNDHOUND AI INC CLASS A COM | 800.000 | $9.97 | $7,976.00 | $11,323.60 |
| 867652406 | SUNPOWER CORP COM | 500.000 | $0.00 | $0.00 | $3,075.80 |
| 874054109 | TAKE-TWO INTERACTIVE SOFTWRE | 6.000 | $256.03 | $1,536.18 | $0.00 |
| 88160R101 | TESLA MOTORS INC COM USD0.001 | 89.540 | $449.72 | $40,267.93 | $14,253.82 |
| 88338N206 | THERAPEUTICSMD INC COM NEW | 41.000 | $1.63 | $66.83 | $7,021.27 |
| 88688T209 | TILRAY BRANDS INC COM | 150.000 | $9.03 | $1,354.50 | $10,574.90 |
| 891160509 | TORONTO DOMINION BK ONT COM NEW | 31.674 | $94.20 | $2,983.69 | $1,616.19 |
| 892356106 | TRACTOR SUPPLY CO | 54.678 | $50.01 | $2,734.45 | $1,267.89 |
| 90470J100 | UNIFIED SIGNAL INC COM | 50.000 | $0.00 | $0.00 | $0.00 |
| 92556V106 | VIATRIS INC COM | 100.000 | $12.45 | $1,245.00 | $2,181.50 |
| 959802109 | WESTERN UN CO COM | 27,307.000 | $9.31 | $254,228.17 | $259,523.39 |
| 962879102 | WHEATON PRECIOUS METALS CORP COM NPV | 54.502 | $117.52 | $6,405.08 | $1,759.60 |
| G7303A109 | QIAO XING UNIVERSAL TELEPHONE | 2,000.000 | $0.00 | $0.00 | $3,802.62 |
| G930ZJ101 | THE SMARTER WEB COMPANY PLC ORD | 3,079.000 | $0.43 | $1,325.20 | $10,035.90 |
| H17182108 | CRISPR THERAPEUTICS AG COM CHF0.03 | 300.000 | $52.44 | $15,732.00 | $27,072.50 |
| J1357P101 | METAPLANET INC ISIN #JP3481200008 | 1,270.000 | $2.50 | $3,175.00 | $11,972.43 |
| Y58473128 | MAXEON SOLAR TECHNOLOGIES LTD SHS | 1.000 | $2.75 | $2.75 | $0.00 |
| 00827B106 | AFFIRM HLDGS INC COM CL A | 20.000 | $74.43 | $1,488.60 | $1,369.55 |
| 011642105 | ALARM COM HLDGS INC COM | 240.000 | $51.02 | $12,244.80 | $17,928.00 |
| 02079K107 | ALPHABET INC CAP STK CL C | 48.050 | $313.80 | $15,078.09 | $7,043.56 |
| 02079K305 | ALPHABET INC CAP STK CL A | 117.576 | $313.00 | $36,801.29 | $20,423.42 |
| 023111404 | AMARIN CORP SPON ADR EACH REP 20 ORD(P/S) | 50.000 | $13.96 | $697.75 | $5,945.00 |
| 023135106 | AMAZON.COM INC NFS LLC IS A MARKET | 162.910 | $230.82 | $37,602.89 | $28,919.50 |
| 037833100 | APPLE COMPUTER INC NFS LLC IS A MARKET | 29.449 | $271.86 | $8,006.01 | $4,890.52 |
| 042068205 | ARM HOLDINGS PLC SPON ADS EACH REP 1 | 100.000 | $109.31 | $10,931.00 | $4,894.50 |
| 05464C101 | AXON ENTERPRISE INC COM | 20.000 | $567.93 | $11,358.60 | $11,505.90 |
| 060505104 | BANK OF AMERICA CORP | 200.000 | $55.00 | $11,000.00 | $3,042.95 |
| 06849F108 | BARRICK MINING CORPORATION COM NPV | 157.064 | $43.55 | $6,840.14 | $3,460.14 |
| 09175A206 | BITMINE IMMERSION TECNOLOGIES COM NEW | 247.037 | $27.15 | $6,707.05 | $14,265.95 |
| 11135F101 | BROADCOM INC COM | 403.677 | $346.10 | $139,712.61 | $56,197.04 |
| 143658300 | CARNIVAL CORP PAIRED CTF 1 COM | 100.000 | $30.54 | $3,054.00 | $2,573.45 |
| 184499101 | CLEAN ENERGY FUELS CORP | 1,000.000 | $2.10 | $2,100.00 | $4,128.80 |
| 22041X102 | CORSAIR GAMING INC COM | 100.000 | $5.94 | $594.00 | $2,654.00 |

Oaks 401(k) Plan and Trust
SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2025

| CUSIP # | SECURITY DESCRIPTION | SHARE BALANCE | PRICE | TOTAL MARKET VALUE | HISTORICAL COST |
|---|---|---|---|---|---|
| 22788C105 | CROWDSTRIKE HLDGS INC CL A | 18.124 | $468.76 | $8,495.81 | $5,064.39 |
| 26142V105 | DRAFTKINGS INC NEW COM CL A | 236.000 | $34.46 | $8,132.56 | $12,561.50 |
| 268150109 | DYNATRACE INC COM | 200.000 | $43.34 | $8,668.00 | $15,237.88 |
| 28106W103 | EDITAS MEDICINE INC COM | 100.000 | $2.05 | $205.00 | $6,118.00 |
| 30303M102 | FACEBOOK INC COM USD0.000006 CL A | 102.921 | $660.09 | $67,937.12 | $68,338.46 |
| 33813J106 | FISKER INC CL A COM STK | 1,500.000 | $0.00 | $0.00 | $19,233.85 |
| 375558103 | GILEAD SCIENCES INC | 2.470 | $122.74 | $303.17 | $270.33 |
| 416515104 | HARTFORD FINL SVCS GROUP INC | 100.000 | $137.80 | $13,780.00 | $2,870.70 |
| 423258201 | HELI ELECTRONICS CORP COM NEW | 100.000 | $0.00 | $0.00 | $0.00 |
| 443573100 | HUBSPOT INC COM USD0.001 | 4.543 | $401.30 | $1,823.11 | $999.81 |
| 46573A107 | ITRACKR SYS INC COM | 2,000.000 | $0.00 | $0.00 | $0.00 |
| 496902404 | KINROSS GOLD CORP NEW COM NO PAR | 221.633 | $28.16 | $6,241.19 | $789.07 |
| 54405Q209 | LORDSTOWN MOTORS CORP CL A NEW | 33.000 | $1.45 | $47.85 | $9,750.00 |
| 549498202 | LUCID GROUP INC COM NEW | 100.000 | $10.57 | $1,057.00 | $18,972.11 |
| 54951L109 | LUCKIN COFFEE INC SPON ADS EACH REP 8 | 1,000.000 | $33.50 | $33,500.00 | $3,695.00 |
| | FIDELITY FUND | | | | |
| 316389303 | *** FIDELITY BLUE CHIP GROWTH | 250.242 | $267.04 | $66,824.62 | $41,510.80 |
| | OPTION | | | | |
| 7967169VP | CALL (WU) WESTERN UNION CO | (38.000) | $7.00 | ($266.00) | $0.00 |
| 7967169BT | PUT (WU) WESTERN UNION CO | (8.000) | $94.00 | ($752.00) | $0.00 |
| 7956229VV | PUT (CL) COLGATE-PALMOLIVE CO | (4.000) | $100.00 | ($400.00) | $0.00 |
| 7955159GA | PUT (BBWI) BATH &BODY WORKS INC | (5.000) | $15.00 | ($75.00) | $0.00 |
| 6738569AU | PUT (TXN) TEXAS INSTRUMENTS | (1.000) | $105.00 | ($105.00) | $164.66 |
| 6734659JJ | PUT (DOCU) DOCUSIGN INC COM | (3.000) | $52.00 | ($156.00) | $0.00 |
| 7967179AA | CALL (WU) WESTERN UNION CO | (55.000) | $20.00 | ($1,100.00) | $0.00 |
| 6762109FF | CALL (NVO) NOVO NORDISK A/S | (5.000) | $6.00 | ($30.00) | $0.00 |
| 7967179BB | CALL (WU) WESTERN UNION CO | (15.000) | $67.00 | ($1,005.00) | $0.00 |
| | PREFERRED STOCK | | | | |
| 594972879 | MICROSTRATEGY INC SER A PFD STK | 1.000 | $101.05 | $101.05 | $109.00 |
| | UNIT | | | | |
| 922908769 | VANGUARD INDEX TR VANGUARD TOTAL STK | 100.000 | $335.27 | $33,527.00 | $20,972.00 |
| 90187B804 | TWO HBRS INVT CORP COM | 1,000.000 | $10.50 | $10,500.00 | $13,755.02 |
| 78464A763 | SPDR SER TR S&P DIVID ETF | 100.000 | $139.16 | $13,916.00 | $12,539.00 |
| 78463V107 | SPDR GOLD TR GOLD SHS | 428.985 | $396.31 | $170,011.05 | $125,057.31 |
| 46438F101 | ISHARES BITCOIN TR SHS | 700.000 | $49.65 | $34,755.00 | $26,353.68 |
| 46428Q109 | ISHARES SILVER TR ISHARES | 407.000 | $64.42 | $26,218.94 | $22,849.46 |
| 25490K281 | DIREXION SHS ETF TR DLY EMG MK BL 3X | 50.000 | $54.56 | $2,728.00 | $4,407.95 |
| 25460G781 | DIREXION SHS ETF TR DLY GOLD INDX 2X | 6.007 | $183.85 | $1,104.39 | $666.29 |
| 25460G260 | DIREXION SHS ETF TR DLY TSLA BEAR 1X | 1,000.000 | $5.07 | $5,070.00 | $7,000.00 |
| 25460E232 | DIREXION SHS ETF TR DAILY SM CP BEAR | 1.000 | $7.51 | $7.51 | $4,275.45 |
| | | | NET ASSETS : | $2,625,345.92 | $2,345,781.02 |

*** Party-in-interest

Oaks 401(k) Plan and Trust
SUMMARY OF NET TRUST ASSETS

DETAIL OF BROKERAGELINK ASSETS — TOTAL PLAN ASSETS AS OF 12/31/2025

| CUSIP # | SECURITY DESCRIPTION | SHARE BALANCE | PRICE | TOTAL MARKET VALUE | HISTORICAL COST |
|---|---|---|---|---|---|
| | CASH | | | | |
| 316067107 | *** FIDELITY CASH RESERVES | 526,902.560 | $1.00 | $526,902.56 | $526,902.56 |
| DDDDDDDDD | NONINT-BEARING CASH /(OTHER LIABILITIES) | (7.620) | $1.00 | ($7.62) | ($7.62) |
| | COMMON STOCK | | | | |
| 594918104 | MICROSOFT CORP NFS LLC IS A MARKET | 53.506 | $483.62 | $25,876.57 | $15,425.82 |
| 594972408 | MICROSTRATEGY INC C L A NEW NFS LLC IS A | 461.250 | $151.95 | $70,086.94 | $92,481.00 |
| 595112103 | MICRON TECHNOLOGY NFS IS A SPECIALIST | 300.000 | $285.41 | $85,623.00 | $42,435.00 |
| 62914V106 | NIO INC ADS EACH REP 1 ORD SHS | 2,921.350 | $5.10 | $14,898.89 | $49,344.92 |
| 651229106 | NEWELL RUBBERMAID INC | 350.000 | $3.72 | $1,302.00 | $7,843.05 |
| 670100205 | NOVO NORDISK A/S ADR FMLY NOVO | 500.000 | $50.88 | $25,440.00 | $30,000.00 |
| 67066G104 | NVIDIA CORP NFS LLC IS A MARKET | 2,684.086 | $186.50 | $500,582.04 | $419,956.60 |
| 680223104 | OLD REPUBLIC INTL CORP | 57.231 | $45.64 | $2,612.02 | $1,229.22 |
| 68989M202 | OUSTER INC COM NEW | 41.000 | $21.64 | $887.24 | $0.00 |
| 69608A108 | PALANTIR TECHNOLOGIES INC CL | 148.000 | $177.75 | $26,307.00 | $4,041.44 |
| 713448108 | PEPSICO INC NFS IS A SPECIALIST | 300.000 | $143.52 | $43,056.00 | $47,835.00 |
| 71715W106 | PHARMAGEN INC COM | 2,000.000 | $0.00 | $0.00 | $0.00 |
| 72919P202 | PLUG PWR INC COM NEW | 5,350.499 | $1.97 | $10,540.48 | $47,746.20 |
| 744674300 | PUDA COAL INC COM PAR $.001 | 2,000.000 | $0.00 | $0.00 | $19,840.95 |
| 75509Q100 | RAYSTREAM INC COM USD0.001 | 3,000.000 | $0.00 | $0.00 | $0.00 |
| 76954A103 | RIVIAN AUTOMOTIVE INC COM CL A | 1,000.000 | $19.71 | $19,710.00 | $18,192.50 |
| 770700102 | ROBINHOOD MKTS INC COM CL A | 1,000.000 | $113.10 | $113,100.00 | $14,087.92 |
| 80880W205 | SCILEX HOLDING CO COM NEW | 4.000 | $12.20 | $48.80 | $0.00 |
| 817323405 | SEQUANS COMMUNICATIONS SPON | 6.000 | $4.49 | $26.94 | $68.92 |
| 82669G104 | SIGNATURE BK NEW YORK N Y | 0.479 | $1.00 | $0.48 | $35.45 |
| 83304A106 | SNAP INC CL A | 500.000 | $8.07 | $4,035.00 | $4,937.98 |
| 83587F202 | SORRENTO THERAPEUTICS INC | 1,000.000 | $0.00 | $2.60 | $5,098.70 |
| 836100107 | SOUNDHOUND AI INC CLASS A COM | 800.000 | $9.97 | $7,976.00 | $11,323.60 |
| 867652406 | SUNPOWER CORP COM | 500.000 | $0.00 | $0.00 | $3,075.80 |
| 874054109 | TAKE-TWO INTERACTIVE SOFTWRE | 6.000 | $256.03 | $1,536.18 | $0.00 |
| 88160R101 | TESLA MOTORS INC COM USD0.001 | 89.540 | $449.72 | $40,267.93 | $14,253.82 |
| 88338N206 | THERAPEUTICSMD INC COM NEW | 41.000 | $1.63 | $66.83 | $7,021.27 |
| 88688T209 | TILRAY BRANDS INC COM | 150.000 | $9.03 | $1,354.50 | $10,574.90 |
| 891160509 | TORONTO DOMINION BK ONT COM NEW | 31.674 | $94.20 | $2,983.69 | $1,616.19 |
| 892356106 | TRACTOR SUPPLY CO | 54.678 | $50.01 | $2,734.45 | $1,267.89 |
| 90470J100 | UNIFIED SIGNAL INC COM | 50.000 | $0.00 | $0.00 | $0.00 |
| 92556V106 | VIATRIS INC COM | 100.000 | $12.45 | $1,245.00 | $2,181.50 |
| 959802109 | WESTERN UN CO COM | 27,307.000 | $9.31 | $254,228.17 | $259,523.39 |
| 962879102 | WHEATON PRECIOUS METALS CORP COM NPV | 54.502 | $117.52 | $6,405.08 | $1,759.60 |
| G7303A109 | QIAO XING UNIVERSAL TELEPHONE | 2,000.000 | $0.00 | $0.00 | $3,802.62 |
| G930ZJ101 | THE SMARTER WEB COMPANY PLC ORD | 3,079.000 | $0.43 | $1,325.20 | $10,035.90 |
| H17182108 | CRISPR THERAPEUTICS AG COM CHF0.03 | 300.000 | $52.44 | $15,732.00 | $27,072.50 |
| J1357P101 | METAPLANET INC ISIN #JP3481200008 | 1,270.000 | $2.50 | $3,175.00 | $11,972.43 |
| Y58473128 | MAXEON SOLAR TECHNOLOGIES LTD SHS | 1.000 | $2.75 | $2.75 | $0.00 |
| 00827B106 | AFFIRM HLDGS INC COM CL A | 20.000 | $74.43 | $1,488.60 | $1,369.55 |
| 011642105 | ALARM COM HLDGS INC COM | 240.000 | $51.02 | $12,244.80 | $17,928.00 |
| 02079K107 | ALPHABET INC CAP STK CL C | 48.050 | $313.80 | $15,078.09 | $7,043.56 |
| 02079K305 | ALPHABET INC CAP STK CL A | 117.576 | $313.00 | $36,801.29 | $20,423.42 |
| 023111404 | AMARIN CORP SPON ADR EACH REP 20 ORD(P/S) | 50.000 | $13.96 | $697.75 | $5,945.00 |
| 023135106 | AMAZON.COM INC NFS LLC IS A MARKET | 162.910 | $230.82 | $37,602.89 | $28,919.50 |
| 037833100 | APPLE COMPUTER INC NFS LLC IS A MARKET | 29.449 | $271.86 | $8,006.01 | $4,890.52 |
| 042068205 | ARM HOLDINGS PLC SPON ADS EACH REP 1 | 100.000 | $109.31 | $10,931.00 | $4,894.50 |
| 05464C101 | AXON ENTERPRISE INC COM | 20.000 | $567.93 | $11,358.60 | $11,505.90 |
| 060505104 | BANK OF AMERICA CORP | 200.000 | $55.00 | $11,000.00 | $3,042.95 |
| 06849F108 | BARRICK MINING CORPORATION COM NPV | 157.064 | $43.55 | $6,840.14 | $3,460.14 |
| 09175A206 | BITMINE IMMERSION TECNOLOGIES COM NEW | 247.037 | $27.15 | $6,707.05 | $14,265.95 |
| 11135F101 | BROADCOM INC COM | 403.677 | $346.10 | $139,712.61 | $56,197.04 |
| 143658300 | CARNIVAL CORP PAIRED CTF 1 COM | 100.000 | $30.54 | $3,054.00 | $2,573.45 |
| 184499101 | CLEAN ENERGY FUELS CORP | 1,000.000 | $2.10 | $2,100.00 | $4,128.80 |
| 22041X102 | CORSAIR GAMING INC COM | 100.000 | $5.94 | $594.00 | $2,654.00 |

Oaks 401(k) Plan and Trust
SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2025

| CUSIP # | SECURITY DESCRIPTION | SHARE BALANCE | PRICE | TOTAL MARKET VALUE | HISTORICAL COST |
|---|---|---|---|---|---|
| 22788C105 | CROWDSTRIKE HLDGS INC CL A | 18.124 | $468.76 | $8,495.81 | $5,064.39 |
| 26142V105 | DRAFTKINGS INC NEW COM CL A | 236.000 | $34.46 | $8,132.56 | $12,561.50 |
| 268150109 | DYNATRACE INC COM | 200.000 | $43.34 | $8,668.00 | $15,237.88 |
| 28106W103 | EDITAS MEDICINE INC COM | 100.000 | $2.05 | $205.00 | $6,118.00 |
| 30303M102 | FACEBOOK INC COM USD0.000006 CL A | 102.921 | $660.09 | $67,937.12 | $68,338.46 |
| 33813J106 | FISKER INC CL A COM STK | 1,500.000 | $0.00 | $0.00 | $19,233.85 |
| 375558103 | GILEAD SCIENCES INC | 2.470 | $122.74 | $303.17 | $270.33 |
| 416515104 | HARTFORD FINL SVCS GROUP INC | 100.000 | $137.80 | $13,780.00 | $2,870.70 |
| 423258201 | HELI ELECTRONICS CORP COM NEW | 100.000 | $0.00 | $0.00 | $0.00 |
| 443573100 | HUBSPOT INC COM USD0.001 | 4.543 | $401.30 | $1,823.11 | $999.81 |
| 46573A107 | ITRACKR SYS INC COM | 2,000.000 | $0.00 | $0.00 | $0.00 |
| 496902404 | KINROSS GOLD CORP NEW COM NO PAR | 221.633 | $28.16 | $6,241.19 | $789.07 |
| 54405Q209 | LORDSTOWN MOTORS CORP CL A NEW | 33.000 | $1.45 | $47.85 | $9,750.00 |
| 549498202 | LUCID GROUP INC COM NEW | 100.000 | $10.57 | $1,057.00 | $18,972.11 |
| 54951L109 | LUCKIN COFFEE INC SPON ADS EACH REP 8 | 1,000.000 | $33.50 | $33,500.00 | $3,695.00 |
| | FIDELITY FUND | | | | |
| 316389303 | *** FIDELITY BLUE CHIP GROWTH | 250.242 | $267.04 | $66,824.62 | $41,510.80 |
| | OPTION | | | | |
| 7967169VP | CALL (WU) WESTERN UNION CO | (38.000) | $7.00 | ($266.00) | $0.00 |
| 7967169BT | PUT (WU) WESTERN UNION CO | (8.000) | $94.00 | ($752.00) | $0.00 |
| 7956229VV | PUT (CL) COLGATE-PALMOLIVE CO | (4.000) | $100.00 | ($400.00) | $0.00 |
| 7955159GA | PUT (BBWI) BATH &BODY WORKS INC | (5.000) | $15.00 | ($75.00) | $0.00 |
| 6738569AU | PUT (TXN) TEXAS INSTRUMENTS | (1.000) | $105.00 | ($105.00) | $164.66 |
| 6734659JJ | PUT (DOCU) DOCUSIGN INC COM | (3.000) | $52.00 | ($156.00) | $0.00 |
| 7967179AA | CALL (WU) WESTERN UNION CO | (55.000) | $20.00 | ($1,100.00) | $0.00 |
| 6762109FF | CALL (NVO) NOVO NORDISK A/S | (5.000) | $6.00 | ($30.00) | $0.00 |
| 7967179BB | CALL (WU) WESTERN UNION CO | (15.000) | $67.00 | ($1,005.00) | $0.00 |
| | PREFERRED STOCK | | | | |
| 594972879 | MICROSTRATEGY INC SER A PFD STK | 1.000 | $101.05 | $101.05 | $109.00 |
| | UNIT | | | | |
| 922908769 | VANGUARD INDEX TR VANGUARD TOTAL STK | 100.000 | $335.27 | $33,527.00 | $20,972.00 |
| 90187B804 | TWO HBRS INVT CORP COM | 1,000.000 | $10.50 | $10,500.00 | $13,755.02 |
| 78464A763 | SPDR SER TR S&P DIVID ETF | 100.000 | $139.16 | $13,916.00 | $12,539.00 |
| 78463V107 | SPDR GOLD TR GOLD SHS | 428.985 | $396.31 | $170,011.05 | $125,057.31 |
| 46438F101 | ISHARES BITCOIN TR SHS | 700.000 | $49.65 | $34,755.00 | $26,353.68 |
| 46428Q109 | ISHARES SILVER TR ISHARES | 407.000 | $64.42 | $26,218.94 | $22,849.46 |
| 25490K281 | DIREXION SHS ETF TR DLY EMG MK BL 3X | 50.000 | $54.56 | $2,728.00 | $4,407.95 |
| 25460G781 | DIREXION SHS ETF TR DLY GOLD INDX 2X | 6.007 | $183.85 | $1,104.39 | $666.29 |
| 25460G260 | DIREXION SHS ETF TR DLY TSLA BEAR 1X | 1,000.000 | $5.07 | $5,070.00 | $7,000.00 |
| 25460E232 | DIREXION SHS ETF TR DAILY SM CP BEAR | 1.000 | $7.51 | $7.51 | $4,275.45 |
| | | | NET ASSETS : | $2,625,345.92 | $2,345,781.02 |

*** Party-in-interest