Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALTRES 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2001

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)
ALTRES GLOBAL BUSINESS SERVICES, INC.

967 KAPIOLANI BOULEVARD
HONOLULU, HI 96814

2b Employer Identification Number (EIN) 99-0338459

2c Plan Sponsor's telephone number 808-591-4900

2d Business code (see instructions) 561300

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.	10/13/2026	MICHELLE ABERGAS
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	6316
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)**	5071
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5697
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1220
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6917
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	6917
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)**	3854
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)**	4265
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	62
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
ALTRES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRES GLOBAL BUSINESS SERVICES, INC.

D Employer Identification Number (EIN)
99-0338459

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	955978	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLAVIC MUTUAL FUND MANGEMENT CORP

59-2749576

(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?
28 51	PORTFOLIO MGMT	256704	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KOBO WEALTH CONSERVANCY LLC

20-8546080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	ADVISOR	149395	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ALTRES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRES GLOBAL BUSINESS SERVICES, INC.

D Employer Identification Number (EIN)
99-0338459

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	983086	1184669
(2) Participant contributions	1b(2)	834734	921137
(3) Other	1b(3)	48428	69622
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3159485	3440785
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	158045528	191184749
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	163071261	196800962
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	163071261	196800962

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)	7742536	
(B) Participants	2a(1)(B)	15855283	
(C) Others (including rollovers)	2a(1)(C)	1889227	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		25487046
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	265225	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		265225
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5122301	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5122301
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		20453262
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		51327834
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12715353	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12715353
f Corrective distributions (see instructions)	2f		108286
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	955978	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	406099	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1362077
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14185716
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		37142118
l Transfers of assets:			
(1) To this plan	2l(1)		2034142
(2) From this plan	2l(2)		5446559

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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CBIZ CPAS, PC **(2)** EIN: 43-1947695

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	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)
CHERYL TWU DO LLC DBA WELLNESS OBGYN 401(K) PLAN	87-1606811	001
DAVE FOSTER BUILDERS, INC. 401(K) PLAN	99-0333278	001
KEALOPIKO INC. 401(K) PLAN	46-4610378	001
PROSERVICE HAWAII 401(K) PLAN	61-1582293	333

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 _____.

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
SLAVIC SECURE PEP	65-0608221	001

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
ALTRES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRES GLOBAL BUSINESS SERVICES, INC.

D Employer Identification Number (EIN)
99-0338459

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): 65-0708495

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 Q702352A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

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

A Name of plan ALTRES 401(K) RETIREMENT PLAN	**B** Three-digit Plan number (PN)..... ▶ 333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ALTRES GLOBAL BUSINESS SERVICES, INC.	**D** Administrator's EIN 99-0338459

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
5 MINUTE PHARMACY, LLC (ALA MOANA, KALIHI, KKV, LLC, LTC)	27-2013055	1.00	2348865
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
1350 ALA MOANA AOAO	99-0119073	0.11	24446

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A&M TRUCKING	20-2253221	0.00	6218
2863 KALAKAUA MANAGER LLC DBA KAIMANA BEACH HOTEL	99-3349937	0.97	222372
ACCUMULUS ADVISORS, LLC	82-0861994	0.37	608130
ADLER ENTERPRISES, INC. & ADOPTING ENTITIES	20-2478417	0.19	387304
AFFORDABLE HOME A/C, LLC	82-3820547	0.12	117263
AFR - APPAREL INTERNATIONAL	95-4359348	0.00	146914
AGRICULTURAL LEADERSHIP FOUNDATION OF HAWAII	99-0218901	0.10	144042
ALE STAKE LLC DBA VILLAGE BOTTLE SHOP & TASTING ROOM	46-3398627	0.06	17296
ALL ACCESS ORTHO, LLC	46-2967754	0.03	276829

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL NATURAL STONE FABRICATION, INC	20-5268444	0.21	298987
ALLGOOD & ASSOCIATES LLC	87-3957043	0.02	19189
ALPHA INDUSTRIES LLC	47-3554068	0.43	212836
ALPHA, INC.	90-0655602	4.49	3781
ALTRES, INC.	99-0338459	15.92	45183643
AMELIA ANN FONG MD LLC AINA HAINA EYE CENTER	82-2027596	0.31	625689
7C'S MAINTENANCE COMPANY, INC.	22-3773009	0.87	367936
AOAO MAUI BANYAN	99-0286377	0.00	54653
AQUAPULCO, LLC	14-1926229	0.23	526522

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARCHIPELAGO HOME LLC	84-3349239	0.01	61869
ART SOURCE & DESIGNS, LLC	27-1284878	0.06	273518
ASSOCIATES + JEAN WILLIAMS	91-6551126	0.00	0
AUSTIN CHOY DDS LLC	46-1538111	0.11	253116
AUSTIN'S ISLAND MAINTENANCE, INC.	99-0346480	0.12	117764
AVALON DEVELOPMENT COMPANY, LLC	99-0344458	0.69	762809
B. CHUCKOVICH INCORPORATED DBA PACIFIC OUTDOOR LIVING	20-4013638	0.23	275237
AKAMAI INTELLIGENCE, LLC.	85-3641073	0.00	0
BAYVIEW ZIPLINE, LLC	46-4051683	0.01	11928

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEACON PATH, LLC	46-2866249	0.20	1081472
BEHAVIORAL AND THERAPEUTIC SERVICES OF HAWAII, LLC	46-5154846	0.18	189583
BIKEFACTORY HAWAII, INC.	99-0291197	0.14	62352
BKM INVESTMENTS, LLC	82-3605624	0.11	266121
BORCO, INC.	91-2182887	0.00	80875
BOYS AND GIRLS CLUB OF THE BIG ISLAND	81-0575345	0.24	655774
BRIDGER WELDING LIMITED LIABILITY COMPANY	81-4729922	0.00	689
BRUCE S. KATSURA, M.D., INC.	94-3277214	0.00	31271
BUILDING INDUSTRY ASSOCIATION OF HAWAII	99-0085483	0.14	46524

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALANI GROUP LLC	93-2726751	0.06	13252
CANYON PRIMARY CARE	82-3079615	0.04	17337
CARIS MED SURG, LLC	45-4977959	0.14	151440
CARIS MEDICAL, INC	99-0255656	0.00	2578665
CASTAWAY CONSTRUCTION & RESTORATION LLC	27-0619715	0.34	736161
CDG MAUI, INC.	84-4763239	0.02	33783
CENTRAL HAWAII ENGINEERING SERVICES LP	85-1473356	0.50	261389
CENTRAL PACIFIC RESERVATIONS LP	85-1485016	0.09	59267
CG MANAGEMENT LLC	83-1293314	0.00	0

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHERYL TWU DO LLC DBA WELLNESS OBGYN	87-1606811	0.00	0
ALLISON P. TRAN DDS, LLC	26-4121168	0.17	41247
COMMUNITY CASE MANAGEMENT CORP.	99-0358229	0.07	225552
CONREY'S APPLIANCE SERVICE LLC	81-1441233	0.05	126248
CP MEDICAL LLC	46-0780024	0.01	20513
DAVE FOSTER BUILDERS, INC.	99-0333278	0.48	0
ARS VENTURES LLC DBA ALOHA ROADWAY SERVICES	99-3202381	0.18	68042
DEFINE IT DESIGNS, INC.	81-1988385	0.11	122321
DENTAL ARTS, LLC	14-1874985	0.06	122174

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRANDON T. YOKOTA D.D.S., LLC	20-4064930	0.23	467413
C2C ALOHA EXCELLENCE DBA EARLY ACHIEVERS PRESCHOOL	99-2975902	0.03	5986
DIAMOND HEAD HOME INSPECTIONS LLC	47-1329317	0.00	0
DIGI-VORTEX LLC	84-2857337	0.30	251555
DKM ENTERPRISES, LLC DBA GYMGUYZ URBAN HONOLULU	82-0821902	0.01	10483
EVIDENCE AND ANSWERS	47-2778121	0.02	32477
FARM BENEDICT SUGIHARA	82-4941828	0.00	130934
FISHERIES IMMERSED SCIENCES HAWAII INC.	87-1887920	0.64	287816
FOODRIM INTERNATIONAL INC.	83-1796422	0.30	288593

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRED BAILEY & SON'S ELECTRIC	56-3602407	0.04	64980
FUELMAN, INC.	99-0321972	0.17	736636
GD DESIGN LLC	82-0598236	0.03	54042
CABEBE BROTHERS LLC	82-3964607	0.10	23599
GPNE, INC.	20-5959511	0.00	103248
GREEN ENERGY TEAM, LLC	65-1279625	0.00	42364
GREGG A. SHIMOMURA, MD	99-0279678	0.03	12040
H2O SPORTS HAWAII, LLC	46-1633053	0.23	1553652
HACD	99-0266119	0.11	220288

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HALEAKALA CONSERVANCY, INC.	83-4385727	0.02	26062
HALOA AINA L.L.C.	27-1944008	0.17	335540
HAMADA/KIM FINANCIAL, LLC	57-6949868	0.13	153621
HANA KOA BREWING COMPANY, LLC	82-2835265	0.42	336314
CASSANDRA PETERSON DC LLC DBA ISLAND FAMILY CHIROPRACTIC	46-1613179	0.01	180612
HAWAII ALLIANCE OF COMMUNITY-BASED ECONOMIC DEVELOPMENT	99-0308587	0.04	50828
HAWAII CENTER FOR CHILDREN AND FAMILIES, LLC	26-4490603	0.07	69825
HAWAII CHILDREN'S CANCER FOUNDATION	99-0299937	0.05	50177
HAWAII COMMUNITY LENDING	47-3100005	0.81	821552

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HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL	99-0113845	0.20	844117
HAWAII EXECUTIVE COLLABORATIVE	84-4041099	0.21	261931
HAWAII FARM BUREAU FEDERATION	99-0073460	0.03	75112
HAWAII FOODSERVICE ALLIANCE, LLC	99-0347787	7.62	14993098
HAWAII HEALTH CONNECTOR	45-3084351	0.00	197226
HAWAII HOTEL ALLIANCE	86-2146546	0.03	41398
HAWAII INTERNATIONAL CHILD PLACEMENT & FAMILY SERVICES, INC.	99-0164045	0.03	51716
HAWAII LENDING ALLIANCE	47-5221422	0.00	523395
HAWAII LOCAL2030 HUB	86-2864767	0.26	195497

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HAWAII LUNDELLS LLC DBA OHANA FIRST MORTGAGE	82-1534679	0.34	756863
HAWAII MOVING SERVICES, LLC	81-3892908	0.00	111707
HAWAI'I PUBLIC HEALTH INSTITUTE	68-0637054	0.95	967802
HAWAII SEAFOOD COUNCIL	26-0613665	0.04	307945
HAWAII SELF STORAGE AND ALL HSS COMPANIES	99-0339205	0.38	875958
HAWAII WILDLIFE CENTER	20-1489691	0.04	29344
HAWAII YOUTH SYMPHONY	99-0119771	0.27	131806
HAWAIIAN COMMUNITY ASSETS, INC.	99-0348767	0.51	374778
HAWAIIAN ISLANDS LAND TRUST	99-0353223	0.38	444662

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HEALTH QUEST THERAPY, INC.	20-1133162	0.00	17183
HHL HOLDINGS, INC.	45-5456152	0.00	2550134
HI FINEST INC.	83-3024537	0.10	89854
HISTORIC HAWAII FOUNDATION	23-7441972	0.19	633649
HOKONDO MANAGEMENT CORPORATION DBA WAIKIKI BEACHSIDE HOSTEL	56-2584241	0.13	403889
HOMESTEAD COMMUNITY DEVELOPMENT CORPORTATION	27-2012662	0.06	52647
HONOLULU LODGE NO. 616	99-0034655	0.21	397330
HO'OLA NA PUA	46-5139164	0.32	142986
HOSPICE OF KONA, INC.	99-0246297	0.48	341725

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HUI MAULI OLA	71-1038589	0.05	28064
CUNNINGHAM'S AIR SYSTEMS CLEANING SPECIALISTS, LLC	76-0701261	0.10	23930
I A MAUI, LLC	27-2444458	0.00	263
IKE LOA THERAPEUTIC SERVICES, INCORPORATED	84-4582663	0.01	15169
INNOVATIVE AIR CONDITIONING INC	74-3218225	0.21	379953
INSURANCE PROFESSIONALS OF HAWAII, INC	90-0687314	0.10	237525
INTERIOR SHOWPLACE LTD	99-0161239	0.45	1159435
INTERNATIONAL CATERING CONCEPTS, INC.	99-0251974	0.08	389943
'IOLE	87-4120818	0.56	274360

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ISLAND DERMATOLOGY LLC	83-2606027	0.45	478110
ISLAND ICE AND WATER COMPANY LLC	83-3346169	0.00	9037
ISLAND TRAVEL COMPANY INC. DBA HANA TOURS OF MAUI	82-4186136	0.01	8226
JB CONSTRUCTION	25-1463031	0.00	1080847
JENNIFER S. ITO, M.D., LIMITED LIABILITY COMPANY	99-0355462	0.01	19721
JOHN H. WHALEN	01-0781208	0.30	331098
KAHALA SURF CORPORATION	90-1012106	0.00	164031
KAHIONAINA LANDSCAPE, LLC DBA WEST MAUI LAWN AND LANDSCAPE	27-4630981	0.16	395564
KAHULI LEO LEA	84-3718571	0.17	152268

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KA'U SOIL AND WATER CONSERVATION DISTRICT	99-0182094	0.04	92484
KAUAI MOTORSPORTS LLC	85-3693478	0.11	78356
DOWNUNDER HAWAII, LLC DBA HANA LAVA TUBE	20-2866974	0.01	2903
KAUAI QUALITY SIDING & CONSTRUCTION LLC	46-3659353	0.00	47308
KB EMPLOYEES, LLC	61-1700538	4.66	7692541
KEALAHOU WEST OAHU	40-0000987	0.14	42971
KEALAMAHI PACIFIC CONSULTING, LLC	82-2695437	0.03	97813
KEALOPIKO INC.	46-4610378	0.00	0
GJB AND ASSOCIATES LLC	47-5505183	0.06	14191

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KEN T KONDO	57-6906696	0.23	237392
KHM INTERNATIONAL	20-0987319	0.03	25762
KILGORE POWER SOLUTIONS LLC	45-4293537	0.13	58842
KK ESTATE SERVICES LLC	46-3249708	0.22	147784
KLM (KMO)	99-0300914	0.07	36058
KOBO WEALTH CONSERVANCY	20-8546080	0.14	168209
KONA SOIL & WATER CONSERVATION DISTRICT	99-0181153	0.01	13907
KO'OLAU BALLROOMS, INC.	99-0356462	0.45	1153576
KOYO USA CORP.	47-0897340	0.71	1154043

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KRISTINE URAMOTO MD, LLC	26-4412804	0.37	523318
KUKUI NA KAPUNA, LLC DBA HOME INSTEAD SENIOR CARE, #797	47-2686241	0.12	194324
KUPU	51-0652665	1.46	2016439
GROW SOME GOOD	46-4364775	0.01	1310
LANAI FEDERAL CREDIT UNION	99-0091075	0.13	121824
LAWSON USA HAWAII, INC.	45-4296579	0.10	273973
LOA'A ENTERPRISES INC.	82-2274415	0.07	73895
HAWAIIAN LEGACY REFORESTATION INITIATIVE	46-5002476	0.01	2079
LS ENGINEERING HI, LLC	83-1921634	0.34	650777

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LUNALILO HOME	99-0075244	0.09	415167
M & L DESIGN LLC DBA BELLA PIETRA DESIGN	84-3723415	0.07	103896
HAWAIIAN PIE COMPANY, LLC	45-2202423	0.03	6314
M. DIXON & ASSOCIATES, INC	27-3146947	0.19	330029
M/ HOSPITALITY LLC.	81-1562782	2.03	1921074
HO'ONUNUI, INC.	81-4861842	0.00	70
MAKANA HAWAII INCENTIVES, LLC	88-3800629	0.36	228939
MAKOA RESORTS, LLC/COHEN LANDSCAPING AND DESIGN, INC.	84-1932482	0.16	176243
MALAMA LOKO EA	27-1307663	0.04	0

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MALU PRODUCTIONS, INC.	27-0304647	0.02	12093
MANA UP LABS, LLC	82-2154763	0.41	328865
MANAOLA GROUP, LLC	81-3446921	0.09	80665
MANU SKY, LLC DBA YUKIMURA & ASSOCIATES	83-2240686	0.20	409506
MARI A. SHIRAISHI, M.D., INC.	86-1268935	0.18	74040
MARINE PETROLEUM, INC.	99-0334503	0.14	213587
MARUYAMA AND ASSOCIATES, INC.	45-4233605	0.28	470583
MAUI FILM FESTIVAL, INC.	99-0345608	0.00	0
MAUI LAND BROKER AND PROPERTY MANAGEMENT, INC.	26-2931188	0.00	39081

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MAUI MORTGAGE GROUP, LLC	27-2189838	0.00	3364
MAUI NUI COMMUNITY MANAGED MAKAI AREA LEARNING NETWORK	46-4895131	0.02	7720
MAUI NUI MARINE RESOURCE COUNCIL, INC.	47-2509441	0.22	273104
MAUI PINEAPPLE TOUR	46-5636725	0.39	774842
MD MAUI LLC	46-1228193	0.21	416601
MEDCAN HAWAII LLC	83-3814528	0.00	8069
MENTAL HEALTH AMERICA OF HAWAI'I	99-0076458	0.07	95622
INDIE ROAD, LLC	82-3437548	0.12	30068
MICHAEL E. O'NEILL AND PATRICIA J. O'NEILL 1997 TRUST	22-4684146	0.00	237469

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ISLAND COLONY PARTNER DBA SKYLINE AT ISLAND COLONY	99-0183435	0.06	11390
MOBIPCS, LLC	82-3587377	0.00	203761
MOLOKAI LAND TRUST	20-4915071	0.04	32995
MW GROUP, LTD, MW SERVICES LLC, MW COMMERCIAL REALTY, INC.	99-0331292	1.59	7905637
NATIVE FARMS LLC	47-1328470	0.09	783266
NEU EVENTS LLC	46-1648573	0.02	28251
NORTH SHORE LAW OFFICES LLLC	86-3620767	0.14	82387
OAHU GRILL ASSOC LLC & WEST SIDE ASSOC LLC	83-4575015	0.01	20542
OAHU MORTGAGE BROKERS INC.	82-0624797	0.00	157838

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OAHU PET CREMATORY	50-7547688	0.00	25278
OCEAN INVESTMENTS, LLC	26-0687344	0.16	212675
OCULOFACIAL PLASTIC SURGERY OF HAWAII, INC.	85-0674795	0.48	449017
OHANA CARE MAUI LLC	47-1373169	0.19	124590
OHANA NUI CHARTERS LLC	85-2857277	0.15	206312
ONE5NINE LLC DBA VOLCANIC ROCK GYM	88-0579140	0.00	0
ORTHOPEDIC ASSOCIATES OF HAWAII, LLP	94-3283256	0.08	1916697
ORTHOSPORT HAWAII, LLC	61-1554980	2.19	1756873
ISLAND L.P. GAS SERVICES, INC. DBA PROPANE MAN	20-1949974	0.01	3443

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Part II Participating Employer Information (Continued).

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAC BUILD LLC	56-4917904	0.04	112605
PACIFIC GATEWAY CENTER	99-0236204	0.06	0
PACIFIC HEALTH RESEARCH AND EDUCATION INSTITUTE	99-0312283	0.58	3972189
PACIFIC HEALTH RESEARCH INSTITUTE	99-0309908	0.00	983393
PACIFIC HOME AND APPLIANCE DISTRIBUTION INC.	85-1989019	0.46	401004
PACIFIC ICE SERVICES, INC	27-2804071	0.09	179931
PACIFIC ISLANDERS IN COMMUNICATIONS	99-0293514	0.15	218137
PACIFIC MEDICAL ADMINISTRATIVE GROUP, INC. (PMAG)	99-0262366	0.84	3138719
PACIFIC PROPERTY SERVICES/PACIFIC RESORT REALTY, LLC	71-0959808	0.00	233416

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PACIFIC SURVIVOR CENTER	27-2936413	0.06	137057
PAHOA ANIMAL HOSPITAL	82-5046969	0.05	65131
PALI KOA LLC DBA KAPALUA ZIPLINES	46-3435965	0.73	300792
PARKLINQ CORPORATION	81-4157694	0.42	330215
PARKS GROUP, LLC DBA MAGNOLIA	27-2273318	0.01	11361
PARTNERS FOR QUALITY HEALTH	99-0342412	0.00	0
PAUL N. MORTON LLC	85-2044608	0.15	297399
PDF, INC.	04-3695710	0.21	119760
PERSONALIZED HAWAII VACATIONS L.L.P.	81-4891106	0.03	15630

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PINT SIZE HAWAII, LLC	81-2417518	1.30	5555743
PONO PACIFIC, LLC	99-0348234	0.44	1390141
PONSAR VALUATION LLC	81-5047835	0.58	765887
PROARTS, INC.	27-2376108	0.01	9993
ISLAND PLUMBING & DESIGN LLC	84-3121115	0.01	3541
PROSPAC DEVELOPMENT LLC	37-1930372	0.52	1209247
RAINGUTTERS LLC	47-2984513	0.01	3897
REALTY EDGE INC.	99-0305463	0.02	657746
RESIDENTIAL YOUTH SERVICES & EMPOWERMENT	81-2102826	0.53	361646

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RESTAURANT DESTINATIONS, INC. DBA DA KITCHEN	91-2046664	0.00	44254
RIEDEL CONSTRUCTION INC.	99-0328461	0.00	36048
RKT MEDIA HAWAII LLC	47-5285186	0.04	45975
SALTY WAHINE GOURMET HAWAIIAN SEA SALTS, LLC	46-0936575	0.02	11608
SANDALWOOD HOMELOANS, LLC	27-2811651	0.00	23254
SANKARA HAWAII	35-2512521	0.19	253223
SCIENCE & TECHNOLOGY INTERNATIONAL	99-0277147	0.00	755357
SEA PARADISE SCUBA, INC.	99-0233850	0.17	130932
SECURE PARKING HAWAII	35-2603700	0.08	46972

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SHAR-RAY ENTERPRISES, LLC DBA KAMA'AINA METALS	99-0357558	0.00	33695
SKYLINE ECO ADVENTURES, LLC	37-1430096	0.38	642064
SLAQR, INC.	27-1610267	0.00	125645
SMART MONEY, INC.	26-0907440	0.19	1405178
SMART PEST PREVENTION, LLC	46-4003596	0.07	57213
SMITH BUILDERS, LLC	37-1607473	0.12	50291
PUUONE TERRACE AOAO	99-0161412	0.01	5416
IZZI AUTO SERVICES LLC	27-4520364	0.00	573
SPECIALTY SURGICAL SUITES, LLC/ MINIMALLY INVASIVE SURGERY H	46-1674512	1.21	2008539

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SPECTRUM ENGINEERING/SPECTRUM TRAILERS	99-0231319	0.00	36619
SPENCER CONSTRUCTION INC.	56-2596847	0.24	285087
STEVE TUTTLE DBA TUTTLE ELECTRIC	87-1697962	0.00	0
SUNNY SIDE UP HAWAII LLC DBA HERVE CHAPELIER	82-1931985	0.08	105628
SUPERIOR SECURITY SYSTEMS LLC	45-3651906	0.02	55434
SUSTAINABLE COASTLINES HAWAII	45-2596726	0.23	189441
SUSTAINABLE FISHERIES PARTNERSHIP FOUNDATION	27-3091938	0.29	1274625
TBB HOLDINGS, INC.	83-1283565	0.45	721653
TBB LAHAINA LLC	80-0535453	0.06	103881

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TCH LLC DBA SIG'S BODY SHOP	20-4059159	0.00	279262
TEDDY'S BIGGER BURGERS KAILUA LLC / EWA LLC / KANEOHE LLC	99-0342192	0.00	226592
TEDDY'S BIGGER BURGERS- MONSARRAT, LLC/HALEIWA/KAPOLEI	94-3277272	0.00	68769
TEDDY'S BIGGER BURGERS, HAWAII KAI, LLC ADOPTING EMPLOYERS	65-1193655	0.00	147455
TB MANAGEMENT, LLC	99-2440405	0.44	172727
TEMPLE EMANU-EL	99-6001133	0.06	70595
THE FOOD BASKET, INC.	26-0349475	0.33	409591
THE GLASS GURU OF HONOLULU	26-4631916	0.07	505597
THE GOLD CORPORATION DBA SCHOOL KINE COOKIES	99-0341494	0.00	82828

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THE KALIA, INC.	99-0093316	0.00	10125
THE KOSASA FOUNDATION	99-0313279	0.17	170770
THE OUTSIDE LIFE LLC	87-4112178	0.12	102488
THE PIG AND THE LADY	45-2037387	0.08	0
THE PIONEER CLUB, LLC	27-0217381	0.00	14418
THE REORGANIZED OLOWALU CULTURAL RESERVE	37-1979808	0.04	35084
THE SIGN SOURCE, INC.	04-3716789	0.01	9309
TILE CRAFT, INC.	99-0297210	0.00	49981
TIMBERS HAWAII EMPLOYEES LLC	80-0879893	2.25	2752840

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TOM'S BACKHOE & EXCAVATION CO., INC.	99-0290119	0.48	468055
TRAVEL HAWAII LLC	99-0335146	0.00	38379
TURTLE BAY C/O BENCHMARK HOSPITALITY OF HAWAII, LLC	20-5881281	0.00	62277
TURTLE BAY RESORT, LLC	27-1302936	0.00	175870
TX2 HAWAII LLC DBA PARADISE FLOORING	83-4313699	0.06	52711
UNDER MY UMBRELLA, INC.	45-5211787	0.25	265380
VARIETY SCHOOL OF HAWAII	99-0105604	0.13	375536
VASH	99-0332535	0.17	238047
VENTURE PHYSICAL THERAPY LLC	26-3686474	0.40	388364

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VERSATILE COATINGS HAWAII L.L.C.	85-3742538	0.00	0
VIBE CREATIVE LLC	82-0646204	0.05	39619
TB MANAGEMENT	99-2440400	0.26	108118
VIBRANT HAWAI'I	85-3693179	0.50	205703
VIVE HOSPITALITY, LLC	46-1846974	0.38	185096
VOLUNTEER LEGAL SERVICES HAWAII	99-0207024	0.15	172782
W CONTRACTING, INC. DBA WAIALAE PLUMBING	99-0327746	0.66	3631159
WAHIAWA FAMILY DENTAL CARE, LLP	99-0341877	1.02	7156331
WAIANAE ECONOMIC DEVELOPMENT COUNCIL	47-1646700	0.00	606

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WAIKIKI BEACH SERVICES, LLC	91-2199943	0.56	155892
WAIKIKI CARPET CLEANERS LLC	80-0365579	0.00	1383
WAIKOLOA DRY FOREST INITIATIVE INC.	45-2689264	0.13	81628
WATER CONTROLS INC.	20-4220477	0.29	666149
WCS, INC.	95-4195007	0.00	3027
WAI'OLU GROUP LLC	82-3128390	0.15	92411
WIKIWIKI ELECTRIC LLC.	47-1438608	0.16	195097
WINDWARD MOVING & STORAGE	99-0116338	0.15	347435
WOLF LANDSCAPE ARCHITECTS LLC	83-1117887	0.02	14934

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WOMEN'S SPECIALTY CARE	83-1397608	0.00	0
YOURVET INC.	47-3961320	0.15	0
YWCA OAHU	99-0073534	0.42	455073
JL ALA MOANA LLC	81-4679845	0.82	407944
ZIPLINE FRANCHISING, LLC	26-3423274	0.00	16580
ADVANCED ELECTRONICS SOLUTIONS LLC	81-0789115	0.04	16910
AJC LOGISTICS LLC	04-3751341	0.48	343402
ALL ACCESS ORTHO O'AHU LLC	93-4678472	1.18	1055272
ALOHA ROADWAY SERVICES, LLC	87-3369311	0.00	20802

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ARETE COLLECTIVE, LP	86-1920957	0.21	58930
BLUELINE CHARTERS INC.	47-2634873	0.08	96760
CARDAX PHARMA, INC.	46-2790734	0.07	6415763
DANIEL I. SINGER M.D. INC.	94-3277769	0.10	247288
DEVOUT ELECTRIC, LLC	85-3819238	0.12	43257
DSG AGENCY, CORP.	83-3527478	0.10	37490
ELITE COMMERCIAL REAL ESTATE, LLC	85-4258882	0.08	70516
FAMILY AND ADDICTION COUNSELING LLC	81-0928947	0.10	30010
HAWAII CATTLEMEN'S COUNCIL, INC.	99-6009110	0.03	10896

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HAWAIIAN ISLANDS TRADING COMPANY LLC DBA SEA SALTS OF HAWAII	45-4894762	0.21	92356
HI STATE BROKERAGE INCORPORATED	83-1974889	0.17	73604
HO'OKUA'AINA	45-2517616	0.11	127082
ISLAND BEACH AND POOL INCORPORATED	93-4447597	0.00	1312
JASON NIELSEN DBA AUTOMATED LIFESTYLES HAWAII	45-4750593	0.38	138429
JEWISH COMMUNITY SERVICES OF HAWAII	99-0334439	0.04	27829
KALEIMAMO, LLC	86-1577995	0.00	0
KONA HISTORICAL SOCIETY	99-0167275	0.00	488
LADAO EMPIRE LLC DBA RAINBOW INTERNATIONAL OF OAHU	84-2574527	0.07	31888

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MAUI CONCIERGE SERVICE, INC.	26-3007980	0.19	62546
MEADE ELECTRIC LLC DBA MAUI ELECTRICIANS	88-2248370	0.01	1798
MOVERS AND SHAKAS	88-3665280	0.10	55136
NA KAMA KAI	26-2034996	0.20	85099
NAITO STORE LLC	92-4012128	0.22	438315
NAMAHANA EDUCATION FOUNDATION	85-2393805	0.21	83079
PEBBLESTONE HAWAII, INC. DBA RAINYDAY LANDSCAPING	26-3052610	0.04	13422
PONO PROPERTY MANAGEMENT LLC	99-1592064	0.15	41706
POUKIHI LLC	35-2538124	0.18	75743

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AX RANCH LLC	82-3555003	0.00	11418
C BEYOND LLC DBA SIMPLY HOME	99-3950194	0.12	37707
CLARK ENTERPRISES, INC.	99-0241745	0.06	127474
EVANS L. TAYLOR, LLC	46-1609739	0.02	14923
GMK CONSULTING, LLC	99-0352483	0.38	91422
GOLDEN EQUIPMENT TRANSPORT LLC	20-3840017	0.00	0
HAWAII ALLIANCE OF NONPROFIT ORGANIZATIONS	99-0073497	0.10	466340
HELG ADMINISTRATIVE SERVICES, LLC	47-3756429	0.00	0
ISLAND ACTIVITY COMPANY, LLC/KAINOA PROPERTIES, LLC	35-2556709	0.00	0

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J & L VENTURES LLC DBA WAIPIO AUTO REPAIR	46-1671857	0.00	0
JQ HAWAII INC. DBA JQ STORE HAWAII	82-2158084	0.00	0
KAPALAMA PET HOSPITAL, INC. DBA KAKAAKO PET HOSPITAL	99-0144672	0.00	653
KEAO COACHING AND CONSULTING, LLC	92-1954093	0.01	1388
KOHALA HORSE ADVETURES INC. DBA PANIOLO ADVENTURES	83-4466304	0.03	7411
LAHAINA COMMUNITY LAND TRUST	93-4230569	0.07	17263
LAW OFFICES OF KIMBERLY A. JACKSON, LLLC	26-1616422	0.00	0
LEAHI SWIM SCHOOL, INC.	99-0180144	0.29	1051259
LEXBREEZY HAWAI'I LLC	88-1311208	0.07	23211

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUNA'S MASONRY & WOODWORK, LLC	87-2019618	0.01	3194
MARNZAZA HAWAII LLC	92-3966149	0.00	560
MOLOKA'I CHILD ABUSE PREVENTION PATHWAYS	81-3904512	0.03	7627
NA ALI'I PROTECTION SERVICES, LLC	99-2530319	0.01	2215
NATIVE MOTORS LLC DBA HONEST CAR PAYMENT	47-1389309	0.16	22201
NISEI VETERANS MEMORIAL CENTER	99-0293733	0.00	0
ONE OHANA CORPORATION	88-2393648	0.04	70457
PACIFIC ADMINISTRATORS, INC.	99-0351671	0.48	113744
PACIFIC J PARTNERS LLC DBA SUSTAINABLE ISLAND PRODUCTS	47-4925109	0.31	584133

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFICA ISLAND ART, INC.	99-0285627	0.06	28183
PRIMO ENTERPRISES INC	83-2021290	0.17	62744
PROMED INC.	99-0336444	0.22	784139
REFINERY CREATIVE LLC	86-1410638	0.08	18990
RICHARD TOLIN DBA KOKUA DISABILITY, RICK TOLIN, ATTORNEY	27-3621933	0.00	822
RIDGELINE SOLUTIONS LLC	33-1875179	0.01	3267
SHAPLEY & SHELTON INVESTMENTS LLC DBA SHELTON'S AUTO MASTERS	61-1536368	0.00	667
STEVE TUTTLE DBA TUTTLE ELECTRIC	87-1697962	0.07	25033
STRODE MONTESSORI, INC.	27-4726461	0.16	318343

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRI-L CONSTRUCTION INC.	99-0305892	0.15	37746
TRITON PACIFIC CONSTRUCTION LLC	45-4402397	0.00	409
UVSC	47-5338638	0.01	3629
VANTAGE SITE MANAGEMENT LLC	86-2944265	0.00	88
VIBGYOR, LLC DBA WANDERLUST PLUS	46-4723797	0.00	0
VITALITEA GROUP LLC DBA VITALITEA HAWAII	82-1460214	0.01	2401
WAI RESTAURANTS LLC DBA SERA HONOLULU	39-3013722	0.26	58332
WAI'OLU GROUP LLC	82-3128390	0.15	92411
WOODY'S PACIFIC LANDSCAPING	86-2198045	0.01	1853

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XERO GRAPHICS LLC DBA XERO WRAPS	81-1155698	0.01	1799
YOUNG OF HEART WORKSHOP DBA PU'UHOUNUA SOCIETY	23-7157585	0.01	12372

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Part III Pooled Employer Plan Information

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

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

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

ACK ID _____

ALTRES 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024
and Year Ended December 31, 2025

ALTRES 401(K) RETIREMENT PLAN

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CBIZ CPAs P.C.

3925 River Crossing Parkway
Suite 100
Indianapolis, IN 46240

P: 317.472.2200

Independent Auditors' Report

To the Plan Administrator
ALTRES 401(K) Retirement Plan
Honolulu, Hawaii

Opinion

We have audited the financial statements of ALTRES 401(k) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) at 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.

Indianapolis, Indiana
October 13, 2026

ALTRES 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at Fair Value (Note 4)	$191,184,749	$158,045,528
Receivables		
Notes receivable from participants	3,440,785	3,159,485
Employer contributions	1,184,669	983,086
Participant contributions	921,137	834,734
Other	69,622	48,428
Total Receivables	5,616,213	5,025,733
Net Assets Available for Benefits	$196,800,962	$163,071,261

See accompanying notes to financial statements.

ALTRES 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2025

Additions to Net Assets Attributed to:	
Interest and dividend income, including loan interest	$ 5,387,526
Net appreciation in fair value of investments, including realized gains and losses	20,453,262
Contributions:	
Employer	7,742,536
Participant	15,855,283
Rollover	1,889,227
Total Additions	51,327,834
Deductions from Net Assets Attributed to:	
Benefits paid to participants	12,823,639
Administrative expenses	1,362,077
Total Deductions	14,185,716
Net Increase in Net Assets Available for Benefits before Transfers	37,142,118
Transfer from other qualified plans	2,034,142
Transfer to other qualified plans	(5,446,559)
Net Increase in Net Assets Available for Benefits	33,729,701
Net Assets Available for Benefits, Beginning of Year	163,071,261
Net Assets Available for Benefits, End of Year	$196,800,962

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the ALTRES 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

General

The Plan is a defined contribution multiple employer plan sponsored by ALTRES Global Business Services, Inc. (the "Company"). Eligible employees of the Company and employees of participating employers that have adopted the Plan may participate in accordance with the provisions of the Plan document and the respective participating employer adoption agreements. The Plan was formed effective January 1, 2001, and began accepting employee and employer contributions on November 1, 2001. Participants should refer to the Plan document for a complete description. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may contribute to the Plan a percentage of their annual compensation on a pre-tax or after-tax basis, subject to statutory limits prescribed by the Internal Revenue Service ("IRS"). Deferral percentage limits and after-tax options differ for each participating employer, and participants should refer to their employer's adoption agreement for the applicable deferral limit. 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.

Participating employers may elect to make safe harbor contributions on behalf of eligible employees. Participants are fully vested in safe harbor contributions and the related earnings. Discretionary employer-provided matching contributions may be made to the Plan on the employee's behalf. The match, if any, will be a discretionary percentage of the elective contributions made to the Plan by the employee. The employer will determine the amount of the discretionary matching contribution, or profit-sharing contribution, if any, that will be made to the Plan. Contributions are subject to certain limitations. Such contributions are excluded from the participant's taxable income for federal income tax purposes until received as a withdrawal from the Plan. Total participant contributions in any calendar year are limited to the applicable limit under the Internal Revenue Code ("IRC") Section 402(g). The Plan also provides that certain limitations may be imposed on participants' contributions in order to comply with statutory requirements.

Participant Investment Account Options

The Plan currently offers a variety of mutual funds, including money market, stock, and bond funds, as investment options for participants. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the participating employers' contributions and (b) Plan earnings. Allocations are based on participants' eligible compensation or account balances, as applicable and as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts (Continued)

Upon enrollment in the Plan, a participant may direct contributions to a selection of a money market fund, stock funds and bond funds under an arrangement with the custodian of the Plan investments. Participants may change the allocation of their account in the different funds at any time.

Vesting

Participants are immediately vested in their voluntary and employer safe harbor contributions and actual earnings thereon. Vesting of employer matching contributions and discretionary contributions plus earnings thereon is based on various years of service. The vested portion of participant accounts containing discretionary employer contributions will be determined in accordance with the following schedule based upon years of service with the employer through the date of termination of employment with the employer:

Total Number of Years of Service	Vested Interest
Plan Option 1:	
Less than 2 years of service	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 years or more	100%
Plan Option 2:	
Less than 3 years of service	0%
3 years or more	100%

The employer may elect either vesting schedule, and also has the ability to request a different vesting schedule. Participants should refer to the Plan document for a complete description.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. All loans are to be repaid over a period not to exceed five years, although an extension of the repayment period may be granted if the loan proceeds are used to purchase a participant's principal residence. The loans are secured by the balance in the participant's account and bear interest at the local prevailing rates charged by commercial lending institutions in the region in which the employer is located for comparable loans as determined by the Plan administrator at the time the loan is approved. Principal and interest are paid ratably through payroll deductions. Should the participant terminate as an employee, the balance of the outstanding loan becomes due and payable, and the participant's vested account will be used to pay the outstanding loan.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to (a) receive a lump-sum amount equal to the value of the participant's vested account balance, (b) elect to have the benefits paid in the form of a direct rollover to an individual retirement account or (c) elect to have the benefit paid to another qualified retirement plan described in Section 401(a) of the IRC. Withdrawals other than for termination are permitted under certain circumstances provided by the Plan. Benefit payments are recorded when paid.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled approximately $120,000 and $95,000, respectively. These accounts may be used to reduce future employer contributions or Plan expenses. Also, for the year ended December 31, 2025, employer contributions were reduced by approximately $184,000 from forfeited nonvested accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Quoted market prices are used to value Plan investments. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions

Participant contributions are recorded in the period in which the related compensation is earned and withheld. Employer contributions are recorded in the period in which the participating employer becomes obligated to make the contribution pursuant to the Plan's provisions.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of the Plan are paid by the Company and are not included in the statement of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

NOTE 3 - PARTICIPANT-DIRECTED INVESTMENTS

Participant contributions held in the Plan are participant-directed accounts. That is, individual participants decide how funds held in trust for them are allocated among various investment options.

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820 are described below:

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

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

	Level 1	Total
Mutual Funds	$191,184,749	$191,184,749

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

	Level 1	Total
Mutual Funds	$158,045,528	$158,045,528

NOTE 5 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of registered investment companies managed by Slavic Integrated Administration ("Slavic") and held by Fidelity Investments ("Fidelity"). Fidelity, under terms of an investment contract, serves as the custodian and holds all the Plan's investment assets and executes transactions therein. Fidelity is the custodian as defined by the Plan and, therefore, the related transactions qualify as party-in-interest.

Slavic provides to the Plan certain accounting and administrative services for which the fees are charged to the Plan. Slavic also provides broker related services to the Plan for which commissions are charged to the Plan. The Plan was charged fees related to maintaining custody of the Plan's assets and various Plan management services which amounted to approximately $1,200,000 for the year ended December 31, 2025.

Kobu Wealth Conservancy, LLC, provides certain investment advisory and management services for which fees are charged to the Plan. Fees are based on total Plan assets and are calculated on a quarterly basis.

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

NOTE 7 - TAX STATUS

The Plan sponsor has adopted a non-standardized pre-approved profit sharing plan with cash or deferred arrangement ("CODA"). The pre-approved plan document has received an opinion letter from the IRS dated June 30, 2020, stating the Plan is qualified under Section 401(a) of the IRC. Although the Plan has not been issued an individual opinion letter and has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 7 - TAX STATUS (CONTINUED)

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. Management is not aware of any tax positions that are more likely than not to change in the next 12 months or that would not sustain an examination by applicable taxing authorities.

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes in net assets available for benefits.

NOTE 8 - RISKS, UNCERTAINTIES AND CONCENTRATIONS

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

At December 31, 2025 and 2024, approximately 18% and 19%, respectively, of the Plan's investments were invested in Vanguard Total Stock Market Index Institutional Fund.

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2026, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULE

ALTRES 401(K) RETIREMENT PLAN
PLAN NUMBER 333, EIN 99-0338459
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	American Funds EuroPacific R6	Mutual Funds	(1)	$ 1,038,897
	American Funds New Perspective R6	Mutual Funds	(1)	2,243,367
	BlackRock Health Sciences Svc	Mutual Funds	(1)	1,637,912
	Calvert International Responsible Index	Mutual Funds	(1)	449,356
*	Fidelity 500 Index	Mutual Funds	(1)	11,134,824
*	Fidelity Emerging Markets Index	Mutual Funds	(1)	801,004
*	Fidelity US Bond Index	Mutual Funds	(1)	1,507,751
	Franklin Utilities R6	Mutual Funds	(1)	497,962
	Invesco EQV Asia Pacific Equity Fund Cl	Mutual Funds	(1)	572,598
	iShares MSCI EAFE International Index K	Mutual Funds	(1)	8,353,604
	TIAA-CREF Social Choice Bond Fund	Mutual Funds	(1)	296,465
	Vanguard Consumer Staples Index	Mutual Funds	(1)	6,801,507
	Vanguard Energy Index Admiral	Mutual Funds	(1)	787,754
	Vanguard Equity Income Admiral	Mutual Funds	(1)	1,075,353
	Vanguard European Stock Index Admiral	Mutual Funds	(1)	583,795
	Vanguard Federal Money Market	Mutual Funds	(1)	9,472,113
	Vanguard FTSE Social Index Admiral	Mutual Funds	(1)	1,798,980
	Vanguard Global Capital Cycles Fund Investor	Mutual Funds	(1)	3,110,524
	Vanguard Growth Index Admiral	Mutual Funds	(1)	5,912,780
	Vanguard Industrial Index Admiral	Mutual Funds	(1)	205,528
	Vanguard Inflation Protected Securities	Mutual Funds	(1)	463,158
	Vanguard Information Technology Index Ad	Mutual Funds	(1)	4,836,998
	Vanguard Intermediate-Term Bond Index Ad	Mutual Funds	(1)	19,380,133
	Vanguard Materials Index Adm	Mutual Funds	(1)	332,506
	Vanguard Mid Cap Growth Index Admiral	Mutual Funds	(1)	1,159,400
	Vanguard Mid Cap Index Admiral	Mutual Funds	(1)	1,785,313
	Vanguard Real Estate Index Admiral	Mutual Funds	(1)	481,796
	Vanguard Short-Term Federal Admiral	Mutual Funds	(1)	907,188
	Vanguard Short-Term Inf Prot Index Admir	Mutual Funds	(1)	27,532
	Vanguard Small Cap Growth Index Adm	Mutual Funds	(1)	1,023,777
	Vanguard Small Cap Index Admiral	Mutual Funds	(1)	636,992
	Vanguard Small Cap Value Index Adm	Mutual Funds	(1)	865,224

ALTRES 401(K) RETIREMENT PLAN
PLAN NUMBER 333, EIN 99-0338459
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Vanguard Target Retirement 2020	Mutual Funds	(1)	914,159
	Vanguard Target Retirement 2025	Mutual Funds	(1)	3,151,963
	Vanguard Target Retirement 2030	Mutual Funds	(1)	8,003,933
	Vanguard Target Retirement 2035	Mutual Funds	(1)	9,706,153
	Vanguard Target Retirement 2040	Mutual Funds	(1)	7,791,442
	Vanguard Target Retirement 2045	Mutual Funds	(1)	6,944,978
	Vanguard Target Retirement 2050	Mutual Funds	(1)	7,371,345
	Vanguard Target Retirement 2055	Mutual Funds	(1)	4,495,618
	Vanguard Target Retirement 2060	Mutual Funds	(1)	2,510,799
	Vanguard Target Retirement 2065 Inv	Mutual Funds	(1)	1,794,595
	Vanguard Target Retirement 2070	Mutual Funds	(1)	380,435
	Vanguard Target Retirement Income	Mutual Funds	(1)	247,767
	Vanguard Total Bond Market Index Admiral	Mutual Funds	(1)	1,362,489
	Vanguard Total Int'l Stock Index Admiral	Mutual Funds	(1)	842,907
	Vanguard Total Stock Market Index Admira	Mutual Funds	(1)	3,606,861
	Vanguard Total Stock Market Index Inst.	Mutual Funds	(1)	34,497,069
	Vanguard Total World Stock Index Admiral	Mutual Funds	(1)	1,159,592
	Vanguard Treasury Money Market	Mutual Funds	(1)	3,865,206
	Vanguard Utilities Index Admiral	Mutual Funds	(1)	1,846,716
	Victory Integrity Mid-Cap Value Fund Cla	Mutual Funds	(1)	508,631
				191,184,749
*	Notes receivable from participants (interest rate range 4.25%-10.50%)			3,440,785
				$194,625,534

* Party-in-interest as defined by ERISA

(1) Cost information may be omitted for plan assets which are participant-directed.

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

ALTRES 401(K) RETIREMENT PLAN **PLAN # 333** **EIN # 99-0338459**

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Invesco	ASISX - Invesco EQV Asia Pacific Equity Fund Cl		572,598
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		8,356,661
	Calvert	CDHRX - Calvert International Responsible Index		449,356
	Fidelity	FPADX - Fidelity Emerging Markets Index		801,004
	Franklin/Templeton	FUFRX - Franklin Utilities R6		497,962
	Fidelity	FXAIX - Fidelity 500 Index		11,134,825
	Fidelity	FXNAX - Fidelity US Bond Index		1,507,751
	Victory	MRIMX - Victory Integrity Mid-Cap Value Fund Class		508,631
	American Funds	RERGX - American Funds EuroPacifc R6		1,038,896
	American Funds	RNPGX - American Funds New Perspective R6		2,243,368
	BlackRock	SHISX - BlackRock Health Sciences Svc		1,637,913
	TIAA-CREF	TSBIX - TIAA-CREF Social Choice Bond Fund		296,466
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		463,157
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		19,386,657
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		1,362,489
	Vanguard	VCSAX - Vanguard Consumer Staples Index		6,804,639
	Vanguard	VEIRX - Vanguard Equity Income Admiral		1,075,353
	Vanguard	VENAX - Vanguard Energy Index Admiral		787,754
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		583,795
	Vanguard	VFFVX - Vanguard Target Retirement 2055		4,495,617
	Vanguard	VFIFX - Vanguard Target Retirement 2050		7,374,009
	Vanguard	VFORX - Vanguard Target Retirement 2040		7,791,442
	Vanguard	VFTAX - Vanguard FTSE Social Index Admiral		1,798,980
	Vanguard	VGPMX - Vanguard Global Capital Cycles Fund Inv		3,110,525
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		481,795
	Vanguard	VIGAX - Vanguard Growth Index Admiral		5,912,779
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		1,785,313
	Vanguard	VINAX - Vanguard Industrial Index Admiral		205,528
	Vanguard	VITAX - Vanguard Information Technology Index Ad		4,836,998
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		34,506,790
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		1,799,712
	Vanguard	VMFXX - Vanguard Federal Money Market		9,475,861
	Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral		1,159,399
	Vanguard	VMIAX - Vanguard Materials Index Adm		332,506
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Vanguard	VMRXX - Vanguard Cash Reserves Federal Adm		0
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		1,023,778
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		907,188
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		865,224
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		636,992
	Vanguard	VSVNX - Vanguard Target Retirement 2070		380,434
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		27,532
	Vanguard	VTHRX - Vanguard Target Retirement 2030		8,003,933
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		842,907
	Vanguard	VTINX - Vanguard Target Retirement Income		247,767
	Vanguard	VTIVX - Vanguard Target Retirement 2045		6,944,977
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		3,606,861
	Vanguard	VTTHX - Vanguard Target Retirement 2035		9,706,153
	Vanguard	VTTSX - Vanguard Target Retirement 2060		2,512,395
	Vanguard	VTTVX - Vanguard Target Retirement 2025		3,151,963
	Vanguard	VTWAX - Vanguard Total World Stock Index Admiral		1,159,591
	Vanguard	VTWNX - Vanguard Target Retirement 2020		914,159
	Vanguard	VUIAX - Vanguard Utilities Index Admital		1,847,398
	Vanguard	VUSXX - Vanguard Treasury Money Market		3,865,206
	Participant Loans	4.25% - 9.50%		3,440,785

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