Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VECTOR RESOURCES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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)
VECTOR RESOURCES, INC.

20917 HIGGINS COURT
TORRANCE, CA 90501

2b Employer Identification Number (EIN)
95-4154511

2c Plan Sponsor's telephone number
310-436-1000

2d Business code (see instructions)
541519

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DAVID ZUKERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	396
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)**	296
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	260
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	107
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	367
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	367
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)**	338
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)**	325
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
VECTOR RESOURCES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VECTOR RESOURCES, INC.

D Employer Identification Number (EIN)
95-4154511

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	780429-01	367	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4870	0

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

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

STONEX SECURITIES INC
646 6TH ST
HERMOSA BEACH, CA 90254-4701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
4870			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	6390004
5	Current value of plan's interest under this contract in separate accounts at year end	5	3866409

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	6091820
c	Additions: (1) Contributions deposited during the year	7c(1)	453273		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	138706		
	(4) Transferred from separate account	7c(4)	1269218		
	(5) Other (specify below)	7c(5)	120549		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	1981746
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	8073566
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1502259		
	(2) Administration charge made by carrier	7e(2)	11413		
	(3) Transferred to separate account	7e(3)	169890		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	1683562
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6390004

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
VECTOR RESOURCES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VECTOR RESOURCES, INC.

D Employer Identification Number (EIN)
95-4154511

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	82790	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

THE PATRIOT FINANCIAL GROUP INSURAN

55 WEST ST STE 201
WALPOLE, MA 02081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	43385	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STONEX SECURITIES INC

2 PERIMETER PARK S STE 500W
BIRMINGHAM, AL 35243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	17442	Yes [ ] No [X]

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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	INVESTMENT MGMT	2734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STONEX SECURITIES INC	55	17442

(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.
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
VECTOR RESOURCES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VECTOR RESOURCES, INC.

D Employer Identification Number (EIN)
95-4154511

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271347-741	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2826700
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271348-742	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1179738
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271342-736	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	362
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271344-738	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	592120
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271350-744	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	782230
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7271345-739	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	945670
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE RET BLEND SELCT TRST 2		
b Name of sponsor of entity listed in (a):	GREAT GRAY		
c EIN-PN 38-7264569-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	243568

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST 2

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

c EIN-PN 38-7271346-740	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 720008

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST 2

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

c EIN-PN 38-7271343-737	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 580751

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST 2

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

c EIN-PN 38-7271349-743	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1003481

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND SELCT TRST 2

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

c EIN-PN 38-7271341-735	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 290560

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP GROWTH EQUITY K

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

c EIN-PN 90-0779283-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2035 SA M

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 90-0779283-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL REAL ESTATE SECURITIES IN

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

c EIN-PN 90-0779283-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 274150

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2025 SA M

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 90-0779283-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2015 SA M

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 90-0779283-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2040 SA M

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 90-0779283-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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
VECTOR RESOURCES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VECTOR RESOURCES, INC.

D Employer Identification Number (EIN)
95-4154511

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)	0	33466
(2) Participant contributions	1b(2)	0	4945
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	767317	654736
(9) Value of interest in common/collective trusts	1c(9)	0	9165186
(10) Value of interest in pooled separate accounts	1c(10)	12140933	3866409
(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)	19837423	19600512
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6091820	6390004
(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	38837493	39715258
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	38837493	39715258

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)	950940	
(B) Participants	2a(1)(B)	1338023	
(C) Others (including rollovers)	2a(1)(C)	232741	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2521704
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)	56134	
(F) Other	2b(1)(F)	138706	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		194840
(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)	700241	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		700241
(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)		786090
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1334193
(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)		2401313
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7938381
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6834724	
(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)		6834724
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		96983
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	82790	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	46119	
(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)		128909
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7060616
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		877765
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: OSCAR KHAW CPA, INC **(2)** EIN: 87-3068679

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		4945
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
VECTOR RESOURCES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VECTOR RESOURCES, INC.

D Employer Identification Number (EIN)
95-4154511

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691708

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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

VECTOR RESOURCES, INC. 401 (K) PLAN

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2025
AND FOR THE YEAR THEN ENDED

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT



VECTOR RESOURCES, INC. 401 (K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2025

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OSCAR KHAW CPA INC
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Vector Resources, Inc. 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Vector Resources, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Vector Resources, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Vector Resources, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Vector Resources, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Burbank, California
October 8, 2026

VECTOR RESOURCES, INC. 401 (K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 and 2024

	2025	2024
ASSETS		
Investments:		
Investment at fair value	$ 23,466,922	$ 31,978,355
Investment at net asset value	9,165,186	0
Investment at contract value	6,390,003	6,091,821
	39,022,111	38,070,176
Receivables:		
Employer's contributions	33,466	0
Participants' contributions	4,945	0
Note receivable from participants	654,736	767,317
	693,147	767,317
TOTAL ASSETS	39,715,258	38,837,493
TOTAL LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 39,715,258	$ 38,837,493

See accompanying notes and independent auditor's report.

VECTOR RESOURCES, INC. 401 (K) PLAN

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

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in investments	$ 4,521,595
Interest	138,706
Dividend	700,241
	5,360,542
Interest income on notes receivable from participants	56,134
Contribution:	
Employer's contributions	950,940
Participants' contributions	1,338,023
Rollover contributions	232,741
	2,521,704
Total additions	7,938,380
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	6,931,707
Administration expense	128,908
Total deductions	7,060,615
NET INCREASE IN NET ASSETS	877,765
NET ASSETS AVAILABLE FOR BENEFITS, January 1, 2025	38,837,493
NET ASSETS AVAILABLE FOR BENEFITS, December 31, 2025	$ 39,715,258

See accompanying notes and independent auditor's report.

VECTOR RESOURCES, INC. 401 (K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

1. DESCRIPTION OF THE PLAN

General – The Plan is a non-standardized 401 (k) profit sharing plan and trust, and it is a nondiscretionary, contributory defined contribution profit sharing plan covering all employees of Vector Resources, Inc. 401 (k) Plan (the "Company"). It is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

Contribution – Participants may elect to contribute an amount up to the elective deferral dollar limit under Code Section 415 limitation. Catch-up contribution is permitted for those who have reached age 50 before the end of the Plan year. The Company may make matching contributions to the participant's elective deferral based on its discretionary amount. The amount is determined as either the uniform percentage of the deferrals or the flat dollar amount for each participant. The amount of the matching contribution is limited by the employer. No allocation conditions are required for the matching contribution. The Company's matching periods are based on all payroll periods for the Plan year.

Effective April 1, 2023, the Plan added Roth deferral as additional deferral options to the retirement plan. Participants are allowed to In-Plan Roth Rollover contributions, when the distribution is eligible and it could rollover to the designated In-Plan Roth account.

The Company may make a Qualified Non-Elective Contribution on behalf of the participants who satisfy the allocation conditions prescribed in the Plan. The Qualified Non-Elective Contribution only applies to non-highly compensated employees. The Company determines the discretionary amount as either the uniform percentage of the Plan compensation or as the uniform amount. The allocation conditions require an employee must be employed with the Company on the last day of the Plan year, and the employee must complete a minimum of 1,000 hours of service during the Plan year.

The Company subjects to employer contribution for those who are classified as prevailing wage employees. The amount of contribution is based on the hourly rate for the participant's employment classification. The prevailing wage contributions will offset employer contributions, Qualified Non-Elective Contributions, and Qualified Matching Contributions. The prevailing wage contribution applies to all eligible participants including highly compensated employees.

Participant Accounts – Each participant's account is credited with contribution made by the participant, the allocation of employer's matching contribution, the investment gain or loss of the plan, and any service fees rendered to the participant is charged to the participant account.

1. DESCRIPTION OF THE PLAN (continued)

Eligibility - All employees are eligible to participate in the Plan, with the exception of collectively bargained employees, non-resident aliens who receive no compensation from the employer, leased employees and all key employees. No age requirement nor service fulfillments is required for the employee to participate to the Plan. The entry date is the date of hired for employment. The newly hired employees will be enrolled to the Plan as soon as administratively feasible after commencement of employment.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Employees earn a year of service upon completing 1,000 hours of service during the vesting computation period. The vesting computation period is the Plan year. Employer's matching contribution is fully vested after six years of credited service. Prevailing wage contributions and Qualified Non-Elective Contributions are 100% vested. An employee's vesting percentage increases to 100% upon death or termination of employment due to becoming disabled, while employed at the Company.

Notes Receivable form Participants – Participants may borrow from their account balance not to exceed the lesser of $50,000 or one-half of the vested interest of their account balance. The minimum loan amount to borrow is $1,000. The term of the loan ranges from 12 months to 60 months. Interest rate of the loans is the prime interest rate plus one percentage point. The Plan permits a total of one outstanding loan at any time.

Payment of Benefits – Distributions under the Plan may be taken as a form of lump sum distribution of the entire vested account balance within a reasonable time from the date of termination. Rollover contribution is excluded in the calculation of a participant's vested account balance. Lump sum distribution also applies to the participants who become disabled. Distributions can be withdrawn as entirely or partially of the entire vested balance if the participant attains age of 59 ½ or qualifies as hardship withdrawal.

Forfeiture Account – Any forfeited non-vested account will be used to reduce employer matching contribution or to pay plan expense. As of December 31, 2025, the total forfeited balance is $37,784.

1. DESCRIPTION OF THE PLAN (continued)

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") – The CARES Act was signed into law on March 27, 2020, some of the provisions affected the administrations and operations of the retirement plans. The Plan is allowed to elect some of the options provided in the CARES Act. Its elected options included: (1) allowing Coronavirus Related Distributions for participants who are eligible, which is effective for distributions made on or after January 1, 2020 and before January 1, 2021; (2) changing the loan repayment schedule to allow participants to delay up to one year without penalty, which is effective for loans suspended between the enactment of the Act through December 31, 2020.

Setting Every Community Up for Retirement Enhancement Act ("SECURE Act") – The SECURE Act was passed into law in December 2019 and SECURE 2.0 Act of 2022. Some of the major changes include: (1) Increased RMD to age 72; (2) Allowed for distributions for qualified birth or adoptions; (3) Increased Qualified Automatic Contribution Arrangement (QACA) maximum cap to 15% for applicable plans; (4) Expanded coverage to long-term parti-time employees for 401(k) plans only.

Effective March 1, 2022, the Plan has formally adopted the applicable provisions and amendments in accordance to both of the CARES Act and SECURE Act.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis. Investments held by a defined contribution plan is required to report at fair value, except for a fully benefit-responsive insurance contract. A fully benefit-responsive insurance contract is reported at contract value, which is the most measurable value because it is the amount the participants would receive if they were to initiate any permitted transactions under the Plan.

Estimates- The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities, and the disclosures of contingent assets and liabilities. Accordingly, actual results may vary from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants – Notes receivable from participants are recorded at the unpaid principal balance, plus any accrued unpaid interest. Interest income is recorded on the accrual basis. Related service fees are charged directly to the participant's account and are recorded as administrative expense when incurred. In the event the participant fails to make any loan repayment and the plan administrator considers the loan is in default, the loan balance will be reduced. The defaulted loan will be recorded as benefit payment.

Investment Valuation and Income Recognition –Investments held in mutual funds and separate accounts are reported at fair value, investment in collective trust funds is reported at net asset value, and the investment in a fully benefit-responsive insurance contract is reported at contract value. Fair value is defined as the market price between participants in buying and selling the assets in the orderly transactions at the measurement date. The investment committee determines the Plan's valuation policy. See note 4 for discussion of fair value measurement.

Interest earned by the Plan is recorded on accrual basis. Purchase and sales of shares of investment funds are recorded on the date of trade. The investment income included the net gains and losses from the sale of investment, and the net market value of holding the investments during the year.

Payment of Benefits – Benefits are recorded when paid.

Operating Expenses – Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Certain expenses incur by the participants such as fee charges for note receivable from participants is directly deducted from the participants' account.

Date of Management's Review – Subsequent events were evaluated through October 8, 2026, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Empower Retirement, LLC (the trustee of the Plan).

	2025	2024
Investment at fair value		
Mutual funds	$ 19,600,512	$ 19,837,422
Variable annuity funds	3,866,410	12,140,933
Investment income/gain (loss)	4,435,746	4,973,961
Investment at net asset value		
Collective trust funds	9,165,186	0
Investment income/gain (loss)	786,090	0
Investments at contract value:		
Investment contracts in general account	6,390,003	6,091,821
Investment income	138,706	128,202

On December 31, 2020, Empower Retirement, LLC acquired the retirement business of Massachusetts Mutual Life Insurance Company. Following the initial period, Empower Retirement LLC serves as the sole administrator of this business.

4. FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that categorized the level of valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs are observable but less prioritized than the Level 1 inputs, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used when they are observable either directly or indirectly, and the fair value of the investment is not the quoted price used in Level 1. Level 3 inputs were used when Level 1 or Level 2 inputs were not available.

4. FAIR VALUE MEASUREMENTS (continued)

Level 1 Fair Value Measurements

The mutual funds measured at fair value using Level 1 input. Its quoted price is published in the active market for the identical assets or liabilities and is considered the most reliable measurement for the fair value.

Level 2 Fair Value Measurements

The separate investment account (SIA) measured at fair value using Level 2 inputs, which are observable through the valuation of each unit participation of all underlying assets at the end of reporting period. The fair value of the SIA includes reinvested dividend and interest income, realized and unrealized gains and losses of the underlying assets.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024.

Fair Value Measures at the End of Reporting Period Using:

December 31, 2025	Fair Value	Quote Price in Active Markets for Identical Assets (Level 1)	Observable Inputs Level 2
Mutual funds	19,600,512	19,600,512	0
Variable annuity funds	3,866,410	0	3,866,410
Total Assets at Fair Value	23,466,922	19,600,512	3,866,410

4. FAIR VALUE MEASUREMENTS (continued)

December 31, 2024	Fair Value	Quote Price in Active Markets for Identical Assets (Level 1)	Observable Inputs Level 2
Mutual funds	19,837,422	19,837,422	0
Variable annuity funds	12,140,933	0	12,140,933
Total Assets at Fair Value	31,978,355	19,837,422	12,140,933

Gain and losses included in changes in net assets available for benefits for the years ended December 31, 2025 and 2024 are reported as net appreciation in investments.

The Plan's policy is to recognize transfers in or out of Level 3 at the event date or the circumstance requires the transfers to be undertaken. For the year ended December 31, 2025, there is no significant transfer in or out of Level 3.

The Plan has investment in collective trust funds, the valuation is measured at NAV (net asset value) per share. When the fair value is not readily determinable due to the investment is not publicly traded, the NAV per share can be used as measurement of the investment as practical expedient defined in FASB ASC 820. The total investment in collective trust funds is valued at $9,165,186 as of December 31,2025.

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan's investment contract with Mass Mutual, which was acquired by Empower on December 30, 2020, is considered a traditional fully benefit responsive contract. Empower Retirement maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)

The guaranteed investment contract is reported at contract value in the statement of net assets available for benefits. Contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the guaranteed investment contract.

Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or portion of their investment at contract value. The contract value of the investment contract at December 31, 2025 and 2024 was $6,390,003 and $6,091,821, respectively. The interest crediting rate is based on the earnings of the underlying assets of the portion of the Great West general accounts that is used to determine the Guaranteed Interest Accounts crediting rate compared to the minimum interest crediting rate as stated in the contract and prevailing market conditions. The interest credit rate is reset at least annually and no more frequently than quarterly for some contracts. The average yield earned by the Plan for the benefit responsive contract is 2.3% and 2.1% for 2024 and 2025, respectively.

Certain events limit the ability of the Plan to transact at contract value with Empower. Such events include: (1) removal of one or more groups of participants; (2) cessation of an employment relationship resulting from a re-organization, merger, layoff or the sale of Plan's sponsor's business; (3) partial or complete plan termination; (4) plan disqualification. The Plan administrator believes the occurrence of such events which would limit the Plan's ability to transact at contract value is not probable.

6. RELATED PARTY TRANSCTIONS AND PARTY IN INTERSEST TRANSACTIONS

The Plan incurred expenses related to the Plan's activities with certain third parties are required to disclosure as transactions with party-in-interest. Those expenses included the investment advisory fees of $2,733 and $43,385 paid to Empower Advisory Group, LLC and The Patriot Financial Group Insurance Agency, LLC, and the contract administration fee of $82,790 paid to Empower Annuity Insurance Company for the year ended December 31, 2025. These party-in-interest transactions are exempt from the prohibited transactions under ERISA.

7. 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 will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

8. TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter that the Plan and related trust are designed in accordance with applicable sections of Internal Revenue Code (IRC). Throughout the years, the Plan has been amended in response to change in applicable laws and regulations. The plan administrator and the plan's tax counsel believe that the Plan is designed and operated in compliance with applicable requirements of IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of any liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. RISK AND UNCERTAINTIES

The Plan provides various investment options to the participants. These investments are subject to various risks including but not limited to market conditions, interest rate, and credit risks. Due to unforeseeable risk associated with some of the investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and such changes could materially affected the participants' account balances and the amounts reported in the statement of net assets available for benefits.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	12/31/25	12/31/24
Net assets available for benefits per the financial statements	$ 39,715,258	$ 38,837,493
Amounts allocated to withdrawing participants	0	0
Net assets available for benefits per the Form 5500	$ 39,715,258	$ 38,837,493

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2025, to Form 5500:

Benefits paid to participants per the financial statements	$ 6,931,707
Add: Amounts allocated to withdrawing participants at December 31, 2025	0
Less: Amounts allocated to withdrawing participants at December 31, 2024	0
Benefits paid to participants per Form 5500	$ 6,931,707

VECTOR RESOURCES, INC. 401 (K) PLAN

SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2025

Vector Resources, Inc. 401 (k) Plan
EIN: 95-4154511
Plan Number: 001
Schedule H, line 4a – Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ 4,945	$ 0	$ 0	$ 0

See accompanying notes and independent auditor's report.

VECTOR RESOURCES, INC. 401 (K) PLAN

SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2025

Vector Resources, Inc. 401 (k) Plan EIN: 95-4154511 Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year) December 31, 2025

(a)	(b) Identity of issue, 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
*	Great Gray	1TRB051 - T Rowe Price Ret Blend Selct Trst 2005 1	230,353	243,568
*	Great Gray	1TRB151 - T Rowe Price Ret Blend Selct Trst 2015 1	273,636	290,560
*	Great Gray	1TRB201 - T Rowe Price Ret Blend Selct Trst 2020 1	340	362
*	Great Gray	1TRB251 - T Rowe Price Ret Blend Selct Trst 2025 1	544,467	580,751
*	Great Gray	1TRB301 - T Rowe Price Ret Blend Selct Trst 2030 1	551,320	592,120
*	Great Gray	1TRB351 - T Rowe Price Ret Blend Selct Trst 2035 1	872,394	945,670
*	Great Gray	1TRB401 - T Rowe Price Ret Blend Selct Trst 2040 1	664,745	720,008
*	Great Gray	1TRB451 - T Rowe Price Ret Blend Selct Trst 2045 1	2,580,302	2,826,700
*	Great Gray	1TRB501 - T Rowe Price Ret Blend Selct Trst 2050 1	1,080,703	1,179,738
*	Great Gray	1TRB551 - T Rowe Price Ret Blend Selct Trst 2055 1	916,634	1,003,481
*	Great Gray	1TRB601 - T Rowe Price Ret Blend Selct Trst 2060 1	715,520	782,230
*	MassMutual	1MGDTB1 - Guaranteed Interest Account	6,006,233	6,352,219
*	MassMutual	1MIPZX - MassMutual Infl-Prot and Inc	201,340	224,456
*	Victory	1RGGRX - Victory RS Global R6	1,622,820	1,748,750
*	Principal Funds	1PIREX - Principal Real Estate Securities Inst	279,728	274,150
*	Dimensional Fund Advisors	1DFFVX - DFA US Targeted Value I	384,459	420,053
*	Clearbridge	1LCMIX - Clearbridge Mid Cap Growth IS	879,630	822,199
*	MassMutual	1MSPZX - MassMutual Total Return Bond	629,069	722,458
*	AB Funds	1ANAYX - AB Global Bond Fund	143,455	143,494
*	American Funds	1RLBGX - American Funds American Balanced R6	587,754	726,649
*	Empower Annuity Ins Co.	1S6036R - Capital Group EuroPacific Growth Fund SA	1,275,012	1,576,992
*	Fidelity Investments	1FXAIX - Fidelity 500 Index Fund	3,595,236	5,643,135
*	Fidelity Investments	1FCNTX - Fidelity Contrafund	2,905,265	4,615,013
*	Fidelity Investments	1FSPSX - Fidelity International Index Fund	430,136	545,219
*	Fidelity Investments	1FSMDX - Fidelity Mid Cap Index Fund	440,249	525,462
*	Fidelity Investments	1FSSNX - Fidelity Small Cap Index Fund	895,039	1,108,913
*	Fidelity Investments	1FXNAX - Fidelity U.S. Bond Index Fund	647,477	659,306
*	Franklin/Templeton	1FUFRX - Franklin Utilities R6	404,347	451,402
*	JP Morgan	1JUSRX - JP Morgan US Equity R5	1,389,637	1,823,967
*	JP Morgan	1OGGYX - JP Morgan Government Bond Fund	254,229	260,264
*	Empower Annuity Ins Co.	1S6114R - Large Cap Growth / JP Morgan INVT MGMT	608,348	648,300
*	Victory	1VEVRX - Victory Sycamore Established Value R6	516,724	526,739
	Participant Loans	4.250000 - 9.250000		654,736

Note: Column (a) place an asterisk (*) indicated each identified person known to be a party-in-interest.

See accompanying notes and independent auditor's report.

VECTOR RESOURCES, INC. 401 (K) PLAN

FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2025
AND FOR THE YEAR THEN ENDED

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT



VECTOR RESOURCES, INC. 401 (K) PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2025

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OSCAR KHAW CPA INC
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Vector Resources, Inc. 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Vector Resources, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Vector Resources, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Vector Resources, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Vector Resources, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Burbank, California
October 8, 2026

VECTOR RESOURCES, INC. 401 (K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 and 2024

	2025	2024
ASSETS		
Investments:		
Investment at fair value	$ 23,466,922	$ 31,978,355
Investment at net asset value	9,165,186	0
Investment at contract value	6,390,003	6,091,821
	39,022,111	38,070,176
Receivables:		
Employer's contributions	33,466	0
Participants' contributions	4,945	0
Note receivable from participants	654,736	767,317
	693,147	767,317
TOTAL ASSETS	39,715,258	38,837,493
TOTAL LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 39,715,258	$ 38,837,493

See accompanying notes and independent auditor's report.

VECTOR RESOURCES, INC. 401 (K) PLAN

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

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in investments	$ 4,521,595
Interest	138,706
Dividend	700,241
	5,360,542
Interest income on notes receivable from participants	56,134
Contribution:	
Employer's contributions	950,940
Participants' contributions	1,338,023
Rollover contributions	232,741
	2,521,704
Total additions	7,938,380
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	6,931,707
Administration expense	128,908
Total deductions	7,060,615
NET INCREASE IN NET ASSETS	877,765
NET ASSETS AVAILABLE FOR BENEFITS, January 1, 2025	38,837,493
NET ASSETS AVAILABLE FOR BENEFITS, December 31, 2025	$ 39,715,258

See accompanying notes and independent auditor's report.

VECTOR RESOURCES, INC. 401 (K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

1. DESCRIPTION OF THE PLAN

General – The Plan is a non-standardized 401 (k) profit sharing plan and trust, and it is a nondiscretionary, contributory defined contribution profit sharing plan covering all employees of Vector Resources, Inc. 401 (k) Plan (the "Company"). It is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

Contribution – Participants may elect to contribute an amount up to the elective deferral dollar limit under Code Section 415 limitation. Catch-up contribution is permitted for those who have reached age 50 before the end of the Plan year. The Company may make matching contributions to the participant's elective deferral based on its discretionary amount. The amount is determined as either the uniform percentage of the deferrals or the flat dollar amount for each participant. The amount of the matching contribution is limited by the employer. No allocation conditions are required for the matching contribution. The Company's matching periods are based on all payroll periods for the Plan year.

Effective April 1, 2023, the Plan added Roth deferral as additional deferral options to the retirement plan. Participants are allowed to In-Plan Roth Rollover contributions, when the distribution is eligible and it could rollover to the designated In-Plan Roth account.

The Company may make a Qualified Non-Elective Contribution on behalf of the participants who satisfy the allocation conditions prescribed in the Plan. The Qualified Non-Elective Contribution only applies to non-highly compensated employees. The Company determines the discretionary amount as either the uniform percentage of the Plan compensation or as the uniform amount. The allocation conditions require an employee must be employed with the Company on the last day of the Plan year, and the employee must complete a minimum of 1,000 hours of service during the Plan year.

The Company subjects to employer contribution for those who are classified as prevailing wage employees. The amount of contribution is based on the hourly rate for the participant's employment classification. The prevailing wage contributions will offset employer contributions, Qualified Non-Elective Contributions, and Qualified Matching Contributions. The prevailing wage contribution applies to all eligible participants including highly compensated employees.

Participant Accounts – Each participant's account is credited with contribution made by the participant, the allocation of employer's matching contribution, the investment gain or loss of the plan, and any service fees rendered to the participant is charged to the participant account.

1. DESCRIPTION OF THE PLAN (continued)

Eligibility - All employees are eligible to participate in the Plan, with the exception of collectively bargained employees, non-resident aliens who receive no compensation from the employer, leased employees and all key employees. No age requirement nor service fulfillments is required for the employee to participate to the Plan. The entry date is the date of hired for employment. The newly hired employees will be enrolled to the Plan as soon as administratively feasible after commencement of employment.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Employees earn a year of service upon completing 1,000 hours of service during the vesting computation period. The vesting computation period is the Plan year. Employer's matching contribution is fully vested after six years of credited service. Prevailing wage contributions and Qualified Non-Elective Contributions are 100% vested. An employee's vesting percentage increases to 100% upon death or termination of employment due to becoming disabled, while employed at the Company.

Notes Receivable form Participants – Participants may borrow from their account balance not to exceed the lesser of $50,000 or one-half of the vested interest of their account balance. The minimum loan amount to borrow is $1,000. The term of the loan ranges from 12 months to 60 months. Interest rate of the loans is the prime interest rate plus one percentage point. The Plan permits a total of one outstanding loan at any time.

Payment of Benefits – Distributions under the Plan may be taken as a form of lump sum distribution of the entire vested account balance within a reasonable time from the date of termination. Rollover contribution is excluded in the calculation of a participant's vested account balance. Lump sum distribution also applies to the participants who become disabled. Distributions can be withdrawn as entirely or partially of the entire vested balance if the participant attains age of 59 ½ or qualifies as hardship withdrawal.

Forfeiture Account – Any forfeited non-vested account will be used to reduce employer matching contribution or to pay plan expense. As of December 31, 2025, the total forfeited balance is $37,784.

1. DESCRIPTION OF THE PLAN (continued)

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") – The CARES Act was signed into law on March 27, 2020, some of the provisions affected the administrations and operations of the retirement plans. The Plan is allowed to elect some of the options provided in the CARES Act. Its elected options included: (1) allowing Coronavirus Related Distributions for participants who are eligible, which is effective for distributions made on or after January 1, 2020 and before January 1, 2021; (2) changing the loan repayment schedule to allow participants to delay up to one year without penalty, which is effective for loans suspended between the enactment of the Act through December 31, 2020.

Setting Every Community Up for Retirement Enhancement Act ("SECURE Act") – The SECURE Act was passed into law in December 2019 and SECURE 2.0 Act of 2022. Some of the major changes include: (1) Increased RMD to age 72; (2) Allowed for distributions for qualified birth or adoptions; (3) Increased Qualified Automatic Contribution Arrangement (QACA) maximum cap to 15% for applicable plans; (4) Expanded coverage to long-term parti-time employees for 401(k) plans only.

Effective March 1, 2022, the Plan has formally adopted the applicable provisions and amendments in accordance to both of the CARES Act and SECURE Act.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis. Investments held by a defined contribution plan is required to report at fair value, except for a fully benefit-responsive insurance contract. A fully benefit-responsive insurance contract is reported at contract value, which is the most measurable value because it is the amount the participants would receive if they were to initiate any permitted transactions under the Plan.

Estimates- The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities, and the disclosures of contingent assets and liabilities. Accordingly, actual results may vary from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants – Notes receivable from participants are recorded at the unpaid principal balance, plus any accrued unpaid interest. Interest income is recorded on the accrual basis. Related service fees are charged directly to the participant's account and are recorded as administrative expense when incurred. In the event the participant fails to make any loan repayment and the plan administrator considers the loan is in default, the loan balance will be reduced. The defaulted loan will be recorded as benefit payment.

Investment Valuation and Income Recognition –Investments held in mutual funds and separate accounts are reported at fair value, investment in collective trust funds is reported at net asset value, and the investment in a fully benefit-responsive insurance contract is reported at contract value. Fair value is defined as the market price between participants in buying and selling the assets in the orderly transactions at the measurement date. The investment committee determines the Plan's valuation policy. See note 4 for discussion of fair value measurement.

Interest earned by the Plan is recorded on accrual basis. Purchase and sales of shares of investment funds are recorded on the date of trade. The investment income included the net gains and losses from the sale of investment, and the net market value of holding the investments during the year.

Payment of Benefits – Benefits are recorded when paid.

Operating Expenses – Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Certain expenses incur by the participants such as fee charges for note receivable from participants is directly deducted from the participants' account.

Date of Management's Review – Subsequent events were evaluated through October 8, 2026, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Empower Retirement, LLC (the trustee of the Plan).

	2025	2024
Investment at fair value		
Mutual funds	$ 19,600,512	$ 19,837,422
Variable annuity funds	3,866,410	12,140,933
Investment income/gain (loss)	4,435,746	4,973,961
Investment at net asset value		
Collective trust funds	9,165,186	0
Investment income/gain (loss)	786,090	0
Investments at contract value:		
Investment contracts in general account	6,390,003	6,091,821
Investment income	138,706	128,202

On December 31, 2020, Empower Retirement, LLC acquired the retirement business of Massachusetts Mutual Life Insurance Company. Following the initial period, Empower Retirement LLC serves as the sole administrator of this business.

4. FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that categorized the level of valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs are observable but less prioritized than the Level 1 inputs, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used when they are observable either directly or indirectly, and the fair value of the investment is not the quoted price used in Level 1. Level 3 inputs were used when Level 1 or Level 2 inputs were not available.

4. FAIR VALUE MEASUREMENTS (continued)

Level 1 Fair Value Measurements

The mutual funds measured at fair value using Level 1 input. Its quoted price is published in the active market for the identical assets or liabilities and is considered the most reliable measurement for the fair value.

Level 2 Fair Value Measurements

The separate investment account (SIA) measured at fair value using Level 2 inputs, which are observable through the valuation of each unit participation of all underlying assets at the end of reporting period. The fair value of the SIA includes reinvested dividend and interest income, realized and unrealized gains and losses of the underlying assets.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024.

Fair Value Measures at the End of Reporting Period Using:

December 31, 2025	Fair Value	Quote Price in Active Markets for Identical Assets (Level 1)	Observable Inputs Level 2
Mutual funds	19,600,512	19,600,512	0
Variable annuity funds	3,866,410	0	3,866,410
Total Assets at Fair Value	23,466,922	19,600,512	3,866,410

4. FAIR VALUE MEASUREMENTS (continued)

December 31, 2024	Fair Value	Quote Price in Active Markets for Identical Assets (Level 1)	Observable Inputs Level 2
Mutual funds	19,837,422	19,837,422	0
Variable annuity funds	12,140,933	0	12,140,933
Total Assets at Fair Value	31,978,355	19,837,422	12,140,933

Gain and losses included in changes in net assets available for benefits for the years ended December 31, 2025 and 2024 are reported as net appreciation in investments.

The Plan's policy is to recognize transfers in or out of Level 3 at the event date or the circumstance requires the transfers to be undertaken. For the year ended December 31, 2025, there is no significant transfer in or out of Level 3.

The Plan has investment in collective trust funds, the valuation is measured at NAV (net asset value) per share. When the fair value is not readily determinable due to the investment is not publicly traded, the NAV per share can be used as measurement of the investment as practical expedient defined in FASB ASC 820. The total investment in collective trust funds is valued at $9,165,186 as of December 31,2025.

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan's investment contract with Mass Mutual, which was acquired by Empower on December 30, 2020, is considered a traditional fully benefit responsive contract. Empower Retirement maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)

The guaranteed investment contract is reported at contract value in the statement of net assets available for benefits. Contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the guaranteed investment contract.

Contract value, as reported to the Plan by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or portion of their investment at contract value. The contract value of the investment contract at December 31, 2025 and 2024 was $6,390,003 and $6,091,821, respectively. The interest crediting rate is based on the earnings of the underlying assets of the portion of the Great West general accounts that is used to determine the Guaranteed Interest Accounts crediting rate compared to the minimum interest crediting rate as stated in the contract and prevailing market conditions. The interest credit rate is reset at least annually and no more frequently than quarterly for some contracts. The average yield earned by the Plan for the benefit responsive contract is 2.3% and 2.1% for 2024 and 2025, respectively.

Certain events limit the ability of the Plan to transact at contract value with Empower. Such events include: (1) removal of one or more groups of participants; (2) cessation of an employment relationship resulting from a re-organization, merger, layoff or the sale of Plan's sponsor's business; (3) partial or complete plan termination; (4) plan disqualification. The Plan administrator believes the occurrence of such events which would limit the Plan's ability to transact at contract value is not probable.

6. RELATED PARTY TRANSCTIONS AND PARTY IN INTERSEST TRANSACTIONS

The Plan incurred expenses related to the Plan's activities with certain third parties are required to disclosure as transactions with party-in-interest. Those expenses included the investment advisory fees of $2,733 and $43,385 paid to Empower Advisory Group, LLC and The Patriot Financial Group Insurance Agency, LLC, and the contract administration fee of $82,790 paid to Empower Annuity Insurance Company for the year ended December 31, 2025. These party-in-interest transactions are exempt from the prohibited transactions under ERISA.

7. 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 will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

8. TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter that the Plan and related trust are designed in accordance with applicable sections of Internal Revenue Code (IRC). Throughout the years, the Plan has been amended in response to change in applicable laws and regulations. The plan administrator and the plan's tax counsel believe that the Plan is designed and operated in compliance with applicable requirements of IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of any liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. RISK AND UNCERTAINTIES

The Plan provides various investment options to the participants. These investments are subject to various risks including but not limited to market conditions, interest rate, and credit risks. Due to unforeseeable risk associated with some of the investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and such changes could materially affected the participants' account balances and the amounts reported in the statement of net assets available for benefits.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	12/31/25	12/31/24
Net assets available for benefits per the financial statements	$ 39,715,258	$ 38,837,493
Amounts allocated to withdrawing participants	0	0
Net assets available for benefits per the Form 5500	$ 39,715,258	$ 38,837,493

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2025, to Form 5500:

Benefits paid to participants per the financial statements	$ 6,931,707
Add: Amounts allocated to withdrawing participants at December 31, 2025	0
Less: Amounts allocated to withdrawing participants at December 31, 2024	0
Benefits paid to participants per Form 5500	$ 6,931,707

VECTOR RESOURCES, INC. 401 (K) PLAN

SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2025

Vector Resources, Inc. 401 (k) Plan
EIN: 95-4154511
Plan Number: 001
Schedule H, line 4a – Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contribution Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ 4,945	$ 0	$ 0	$ 0

See accompanying notes and independent auditor's report.

VECTOR RESOURCES, INC. 401 (K) PLAN

SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2025

Vector Resources, Inc. 401 (k) Plan EIN: 95-4154511 Plan Number: 001
Schedule H, line 4i – Schedule of Assets (Held at End of Year) December 31, 2025

(a)	(b) Identity of issue, 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
*	Great Gray	1TRB051 - T Rowe Price Ret Blend Selct Trst 2005 1	230,353	243,568
*	Great Gray	1TRB151 - T Rowe Price Ret Blend Selct Trst 2015 1	273,636	290,560
*	Great Gray	1TRB201 - T Rowe Price Ret Blend Selct Trst 2020 1	340	362
*	Great Gray	1TRB251 - T Rowe Price Ret Blend Selct Trst 2025 1	544,467	580,751
*	Great Gray	1TRB301 - T Rowe Price Ret Blend Selct Trst 2030 1	551,320	592,120
*	Great Gray	1TRB351 - T Rowe Price Ret Blend Selct Trst 2035 1	872,394	945,670
*	Great Gray	1TRB401 - T Rowe Price Ret Blend Selct Trst 2040 1	664,745	720,008
*	Great Gray	1TRB451 - T Rowe Price Ret Blend Selct Trst 2045 1	2,580,302	2,826,700
*	Great Gray	1TRB501 - T Rowe Price Ret Blend Selct Trst 2050 1	1,080,703	1,179,738
*	Great Gray	1TRB551 - T Rowe Price Ret Blend Selct Trst 2055 1	916,634	1,003,481
*	Great Gray	1TRB601 - T Rowe Price Ret Blend Selct Trst 2060 1	715,520	782,230
*	MassMutual	1MGDTB1 - Guaranteed Interest Account	6,006,233	6,352,219
*	MassMutual	1MIPZX - MassMutual Infl-Prot and Inc	201,340	224,456
*	Victory	1RGGRX - Victory RS Global R6	1,622,820	1,748,750
*	Principal Funds	1PIREX - Principal Real Estate Securities Inst	279,728	274,150
*	Dimensional Fund Advisors	1DFFVX - DFA US Targeted Value I	384,459	420,053
*	Clearbridge	1LCMIX - Clearbridge Mid Cap Growth IS	879,630	822,199
*	MassMutual	1MSPZX - MassMutual Total Return Bond	629,069	722,458
*	AB Funds	1ANAYX - AB Global Bond Fund	143,455	143,494
*	American Funds	1RLBGX - American Funds American Balanced R6	587,754	726,649
*	Empower Annuity Ins Co.	1S6036R - Capital Group EuroPacific Growth Fund SA	1,275,012	1,576,992
*	Fidelity Investments	1FXAIX - Fidelity 500 Index Fund	3,595,236	5,643,135
*	Fidelity Investments	1FCNTX - Fidelity Contrafund	2,905,265	4,615,013
*	Fidelity Investments	1FSPSX - Fidelity International Index Fund	430,136	545,219
*	Fidelity Investments	1FSMDX - Fidelity Mid Cap Index Fund	440,249	525,462
*	Fidelity Investments	1FSSNX - Fidelity Small Cap Index Fund	895,039	1,108,913
*	Fidelity Investments	1FXNAX - Fidelity U.S. Bond Index Fund	647,477	659,306
*	Franklin/Templeton	1FUFRX - Franklin Utilities R6	404,347	451,402
*	JP Morgan	1JUSRX - JP Morgan US Equity R5	1,389,637	1,823,967
*	JP Morgan	1OGGYX - JP Morgan Government Bond Fund	254,229	260,264
*	Empower Annuity Ins Co.	1S6114R - Large Cap Growth / JP Morgan INVT MGMT	608,348	648,300
*	Victory	1VEVRX - Victory Sycamore Established Value R6	516,724	526,739
	Participant Loans	4.250000 - 9.250000		654,736

Note: Column (a) place an asterisk (*) indicated each identified person known to be a party-in-interest.

See accompanying notes and independent auditor's report.