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
- [ ] 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
JAY CASHMAN 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
JAY CASHMAN, INC.

549 SOUTH STREET
QUINCY, MA 02169

2b Employer Identification Number (EIN) 04-3242954

2c Plan Sponsor's telephone number 617-890-0600

2d Business code (see instructions) 237310

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	NEAL MCSWEENEY
	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**	282
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)**	152
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	163
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	119
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	282
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	284
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)**	277
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)**	279
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	2
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 2S 2T 3H 2A 3D 2R

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)** [ ] **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
JAY CASHMAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3242954

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
GREAT WEST LIFE & ANNUITY 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
84-0467907	68322	33292701	0	01/01/2025	11/21/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

b	Balance at the end of the previous year			7b	198661
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	3095		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	3095
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	201756
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	201756		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	201756
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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
JAY CASHMAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3242954

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

CAMBRIDGE INVESTMENT RESEARCH

42-1445429

(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	ADVISOR	27000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DARMODY, MERLINO & CO. ,LLP

04-2273266

(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?
10	ACCOUNTANT/AUDITOR	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	2193	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TOUCHSTN MID CAP Z - BNY MELLON IN 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.40%

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
JAY CASHMAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3242954

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	582	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	577189	611590
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2721452	3310834
(2) U.S. Government securities	1c(2)	994290	1180020
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1007442	1269932
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	335579	327011
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	31571653	36528804
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	198661	0
(15) Other	1c(15)	883	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	37407731	43228191
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	25	12
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	25	12
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	37407706	43228179

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)	611590	
(B) Participants	2a(1)(B)	1750571	
(C) Others (including rollovers)	2a(1)(C)	148816	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2510977
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	132599	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	22508	
(F) Other	2b(1)(F)	3096	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		158203
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	17341	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2039362	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2056703
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4004221	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3913228	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		90993
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	167023	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		167023

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2895435
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		7879334
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2010459	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2010459
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	1323	
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	27079	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		48402
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2058861
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5820473
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DARMODY, MERLINO & CO., LLP **(2)** EIN: 04-2273266

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		376654
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**	X		3733
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
JAY CASHMAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3242954

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

JAY CASHMAN 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

JAY CASHMAN 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
DECEMBER 31, 2025 AND 2024

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* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Darmody CPA's

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Independent Auditor's Report

To the Participants and Retirement Committee of the
Jay Cashman 401(K) Plan
Quincy, Massachusetts

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

We have performed an audit of the financial statements of Jay Cashman, Inc. 401(k) Retirement 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 audit of Jay Cashman, Inc. 401(k) Retirement 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)(2)(C), our audit need not extend to any statements of information related to assets held for investment of the plan (investment information) by Fidelity Management Trust Company, LLC (the trustee of the Plan) that are 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 trustees in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institutions).

Management has obtained certifications from the trustees of the Plan, 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 D to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's responsibilities for the Audit of the 2025 financial statements section —

- The amounts and disclosures in the 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 Stated of America.

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

Basis for Opinion

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

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 Jay Cashman, Inc. 401(k) Retirement 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 GAAS will always detect a material misstatement when it exists. The risk of not

detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Jay Cashman, Inc. 401(k) Retirement 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 Jay Cashman, Inc. 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Darmody CPA's

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 Assets Held for Investment Purposes at End of Year and Delinquent Participant Contributions December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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, is 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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).

Darmody, Merlino + Co., LLP

October 15, 2026

JAY CASHMAN 401(K) PLAN

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

	2025	2024
ASSETS :		
Investments, at fair value - Note H:		
Cash	$ 880,207	$ 758,283
Shares of registered investment companies	38,959,431	33,529,248
Shares of Government Bonds	1,180,020	994,290
Shares of corporate common stock	1,269,932	1,008,325
Total investments, at fair value	42,289,590	36,290,146
Investment, at contract value - Note C	-	204,817
Total investments	42,289,590	36,494,963
Receivables:		
Notes receivable from Plan participants	327,011	335,579
Employer contributions	611,590	577,189
Total receivables	938,601	912,768
Total Assets	43,228,191	37,407,731
NET ASSETS AVAILABLE FOR PLAN BENEFITS - EXHIBIT B	$ 43,228,191	$ 37,407,731

The accompanying notes are an integral part of these financial statements.

JAY CASHMAN 401(K) PLAN

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

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$ 3,153,509	
Dividend income	2,164,261	
Interest income	28,058	
Total investment income		$ 5,345,828
Interest income on notes receivable from participants		23,304
Contributions:		
Participant	1,750,571	
Employer	611,590	
Rollover	148,816	
Total contributions		2,510,977
Total additions		7,880,109
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid, including deemed distributions	(2,010,459)	
Administrative expenses	(49,190)	
Total deductions		(2,059,649)
NET INCREASE		5,820,460
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year		37,407,731
End of year - EXHIBIT A		$ 43,228,191

The accompanying notes are an integral part of these financial statements.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

Note A: PLAN DESCRIPTION

The following description of the Jay Cashman 401(K) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1) General: The Plan, originated in January, 1995, is a defined contribution plan covering all full-time, non-union employees of Jay Cashman, Inc., Cashman Dredging and Marine Contracting Co., LLC, and Sterling Equipment, Inc. (collectively the "Employer" or "Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2) Contributions: Each year, participants may elect to defer pretax annual compensation, as defined by the Plan, up to the maximum allowed by the Internal Revenue Service. Participants may also contribute amounts representing distribution from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Sponsor can also make matching and discretionary contributions to participant's accounts. Matching amounts and discretionary contributions are determined annually by the Sponsor at their sole discretion. The Plan includes an automatic deferral feature unless the participant elects otherwise.

   During 2025, the Plan adopted certain provisions of the SECURE 2.0 Act. The Plan permits eligible participants who attain ages 60 through 63 during the calendar year to make higher catch-up contributions, subject to applicable Internal Revenue Code limitations.

3) Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of the Sponsor's contributions and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note A: PLAN DESCRIPTION – CONTINUED

4) Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Sponsor's matching and discretionary portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 20% vested after two years of service and 20% each subsequent year until 100% vested after six years.

5) Forfeitures: At December 31, 2025 and 2024, forfeited non-vested accounts totaled $11,564 and $11,789, respectively. These forfeitures will be used to reduce the Sponsor's matching contributions or pay Plan expenses.

6) Notes Receivable from Participants: Eligible participants are allowed to apply for loans against a portion of their vested interest in the Plan. Loans are limited to the lesser of $50,000 or 50% of the participant's vested balance. A participant may not request a loan for less than $1,000. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% per annum. The interest rate is fixed for the duration of the loan. The Plan was amended in 2013 to limit participants to two outstanding loans.

7) Payment of Benefits: On termination of service due to death, disability, retirement, or any other reason, a participant or beneficiary is eligible to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Partial withdrawals or installments are distribution options, but only to satisfy the required minimum distribution over the participant's life expectancy. Hardship distributions and in-service withdrawals are permitted, if certain criteria are met.

8) Investment Options: Upon enrollment in the Plan, a participant may direct employee contributions in any of the various diversified investment options chosen by the committee. Participants also have the option to put contributions into a self-directed brokerage account.

Note A: PLAN DESCRIPTION – CONTINUED

9) Plan Termination: In the event of a partial or complete termination of the Plan, the right of each participant to the amounts credited to the participant's account will be non-forfeitable and the value of the participants' accounts will be paid in accordance with the provisions of the Plan and ERISA.

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Net Change in Fair Value of Investments: The Plan presents in the statement of changes in net assets available for Plan benefits, the net change in the fair value of the investments, which consists of the realized gains or losses and the net unrealized increase (decrease) on those investments.

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition: The Plan investments are stated at fair value, except for the group annuity contract disclosed in Note C. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on the trade-date basis. The net appreciation (depreciation) in fair value of investments consists of the net change in unrealized appreciation (depreciation) and realized gains (losses) upon sale of investments. The net change in unrealized appreciation (depreciation) and realized gains (losses) upon sale are determined using the fair values as of the beginning of the year or the purchase price, if acquired since that date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable: Notes receivable from Plan participants are measured at their unpaid principal balance. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are recorded as distributions.

Payment of Benefits: Benefits are recorded when paid.

Expenses of the Plan: Expenses incurred in the administration of the Plan are paid either by the Sponsor or from Plan assets.

Reclassification: Certain amounts in the plan year 2024 financial statements have been reclassified to conform to the plan year 2025 presentation, with no effect on the net assets available for Plan benefits.

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Risk and Uncertainties: The Plan invests in a variety of investments. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Market values of investments could decline for several reasons including changes in prevailing markets and interest rates, increases in defaults, and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in investment values in the near term could materially affect participants' account balances and the amount reported in the statements of net assets available for Plan benefits and the related statement of changes in net assets available for Plan benefits.

Subsequent Events: The Plan has evaluated subsequent events through October 15, 2026, the date the financial statements were available to be issued.

New Accounting Pronouncements: The Plan has considered all new accounting pronouncements issued by the Financial Accounting Standards Board or other standard setting bodies that do not require adoption until a future date and concluded that such pronouncements are not expected to have a material impact on the Plan's financial statements.

Note C: GROUP ANNUITY CONTRACT

The Plan has traditional fully benefit-responsive group annuity contracts with Great-West Life & Annuity Insurance Company. The insurance company maintains the contributions in general accounts which are credited with earnings and charged for participant withdrawals and administrative expenses. The issuer of the group annuity contracts is contractually obligated to repay the principal and a specified interest rate that is guaranteed for each contract to the Plan. The crediting rate of each contract is based on a formula established by the issuer. The crediting rates are reviewed on a quarterly basis for resetting.

The average interest rate for the GWI Fixed Account – Series Class III credited to participant accounts was 1.95% for 2025 and 1.91% for 2024. The contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the insurance company, 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 a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Note C: GROUP ANNUITY CONTRACT – CONTINUED

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include Plan termination and certain other Sponsor-initiated events. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include if the issuer or the Plan declares a contribution cessation date upon written request to the other. The contribution cessation date should be specified in the request and must be at least 60 days from the date of the request. If a contribution cessation date is not specified in the request, the contribution cessation date shall be the next business day on or after the 60th day after the date the request is received by the Plan or the issuer. After a contribution cessation date is declared: (a) no further contributions will be made to the group annuity contract and (b) no new participant annuity accounts will be established. The participant annuity account value will be maintained until the payment commencement date.

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED)

Fidelity Management Trust Company, LLC is the trustee of the Plan. The following is a summary of Plan financial information and data certified by the trustees in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) – CONTINUED

Statement of net assets available for Plan benefits as of December 31:

Investments at fair value:

	2025	2024
Shares of regstered investment companies:		
Fidelity Contrafund	$ 5,728,559	$ 4,034,596
Fidelity 500 Index Inv	4,765,447	4,202,117
Fidelity Government Money Market K6	2,430,628	1,957,594
American Funds Europacific GR R6	2,085,220	1,660,876
Fidelity Freedom 2035 K6	1,695,535	1,350,571
Putnam Large Cap Value Fund	1,607,878	1,468,903
Fidelity Freedom 2050 K6	1,545,113	1,185,177
T Rowe Price Mid Cap Growth Adv	1,390,769	1,140,994
Fidelity Select Technology	1,339,526	1,760,208
Fidelity Freedom 2055 K6	1,168,090	1,022,479
Fidelity Freedom 2045 K6	1,129,039	1,053,463
Fidelity Total Market Index Investor	994,085	939,500
Hartford Strategic Income R6	919,363	333,962
Fidelity Freedom 2060 K6	911,612	545,898
Victory Integrity Small-Cap Value R6	903,347	901,000
Fidelity Freedom 2030 K6	843,804	419,105
Janus Henderson Balanced CLT	833,753	649,781
Neuberger Berman Genesis Fund	743,146	904,878
Fidelity Select Health Care	697,447	831,541
Franklin Utilities CLA	672,440	370,853
Fidelity US Bond Index	657,738	630,545
Fidelity Mid Cap Index Fund	573,315	-
Fidelity Freedom 2040 K6	568,823	484,988
Vanguard Short Term Federal	549,942	194,445
Fidelity Total Bond Fund	514,880	128,187
Fidelity Freedom 2065 K6	462,555	194,409
American Funds Growth Portfolio R6	458,121	-
Fidelity Select Leisure	434,857	746,515

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) – CONTINUED

	2025	2024
Shares of regstered investment companies (Continued):		
American Funds Conservatibe Growth & Income R6	$ 422,509	$ -
Fidelity Real Estate Investment	372,825	320,719
MFS Mid Cap Value R3	361,143	333,415
Fidelity Freedom 2025 K6	346,299	348,750
Fidelity Freedom Income K6	207,683	197,263
BlackRock Corporate High Yield Fund Inc Com	73,910	73,809
Vanguard Total Stock Market ETF	64,790	-
Fidelity 500 Index Institutional Prem	62,519	88,470
New Fortress Energy LLC CL A SHS RP LLC	57,000	-
Invesco Exchange Traded Fd Tr II S&P 500	50,890	-
Schwab Strategic TR US Dividend Equity	31,129	20,363
BlackRock Multi-Sector Income Trust	30,163	30,332
Vanguard Total Bond Market ETF	22,586	-
JP Morgan Equity Premium Income ETF	22,238	20,583
Fidelity Freedom 2010 Fund K6	21,580	-
Cohen & Steers Real Estate Opportunities & Income Fund	19,321	17,816
Ares Cap Corp Com	18,165	7,023
Saratoga Investment Corp Com New	17,742	15,955
Cohen & Steers Select Utilities Income Fund	15,178	14,056
RiverNorth Opportunities Fund Inc	14,414	12,286
Fidelity Freedom 2070 K6	13,966	2,367
Vanguard International Equity Index Fund	12,880	-
Tidal ETF Trust II Yield Max NVDA Option	11,623	-
Realty Income Corp (Maryland)	11,485	-
SPDR Series Trust - S&P Biotech ETF	11,009	-
ETF Opportunities Trust REX AI Equity	10,934	-
First Trust High Yield Opportunities 2027 Term Fund	9,791	9,083
Vanguard International Growth Grade Inv	8,238	2,556

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) – CONTINUED

	2025	2024
Shares of regstered investment companies (Continued):		
Vanguard S&P 500 ETF	$ 6,708	$ -
Invesco Exchange Traded Fd Tr II	2,802	2,318
iShares Bitcoin Trust ETF	1,241	-
Fidelity Freedom 2020 K6	1,168	1,016
Vanguard Intmd-Term Invmt Grade Inv	470	429
Janus Henderson Research CLT	-	1,319,752
Janus Henderson Enterprise CLT	-	556,294
MFS Growth Allocation A	-	446,909
Touchstone Mid Cap Z	-	361,561
MFS Conservative Allocation A	-	181,209
Blackrock TCP Capital Corp	-	17,199
The New America High Income Fund Inc	-	9,507
Oxford Lane Capital Corp	-	5,623
Shares of government bonds:		
U.S. treaury note zero coupon 02/12/2026	398,364	-
U.S. treaury note zero coupon 07/09/2026	392,900	-
U.S. treaury note zero coupon 10/29/2026	388,756	-
U.S. treaury note zero coupon 02/06/2025	-	497,950
U.S. treaury note zero coupon 03/06/2025	-	496,340
Shares of corporate common stocks:		
NB BanCorp Inc Com	199,706	180,600
Advanced Micro Devices Inc	195,742	129,724
NASDAQ Stk Mkt Inc	100,079	78,699
Alphabet Inc Cap Stk CL A	64,630	38,934
Shopify Inc NPV Subordinated	49,521	32,712
CME Group Inc	45,095	36,710

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) – CONTINUED

	2025	2024
Shares of corporate common stocks (continued):		
Occidental Petroleum Corp	$ 42,013	$ 49,410
Crowdstrike Holdings Inc CL A	37,250	18,593
Amazon.com Inc	37,067	22,118
Vertex Pharmaceuticals Inc	34,062	-
Boeing Co NFS Is A Specialist	32,568	-
JP Morgan Chase & Co	29,746	21,694
Berkshire Hathaway Inc	29,414	26,525
GSK PLC Sponsored ADS	29,154	19,252
Taiwan Semiconductor Manufacturing Co LTD	25,902	-
Intuitive Surgical Inc Com	25,739	23,722
Mercadolibre Inc	23,915	20,189
Walt Disney Co	23,764	23,057
AT&T Inc Com	20,869	20,356
PayPal Holdings Inc	20,034	29,222
Eli Lilly & Co NFS Is A Specialist	18,319	-
Cabot Oil & Gas CP CL A	18,121	16,997
Verizon Communication Inc	16,013	14,277
Northrop Grumman Corp Holdings Co	14,986	12,129
Spok Holdings Inc	13,629	15,326
Roivant Sciences LTD	13,020	-
Blackrock Inc Com	10,844	6,151
Constellation Brands Inc CL A	10,490	-
Broadcom Inc Com	8,668	-
Nvidia Corp NFS LLC Is A Specialist	7,461	-
Haleon PLC Sponsored ADS	6,981	6,477
LENZ Therapeutics Inc Com	6,400	-
Bank of America Corp	6,230	4,871
Facebook Inc Com	5,981	5,289

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) – CONTINUED

	2025	2024
Shares of corporate common stocks (continued):		
Joby Aviation Inc Com	$ 5,280	$ -
Nio Inc ADR	5,161	4,412
Palo Alto Networks Inc Com	4,605	9,098
Riot Blockchain Inc	3,801	3,124
Terawulf Inc Com	3,447	-
Tidal Trust II Yield Max Ultra	3,394	-
Tidal TR II Defiance NASDAQ	3,138	-
Wells Fargo & Co New	2,871	2,118
Coinbase Global Inc Com CL A	2,261	-
Customers BanCorp Inc Com	1,901	1,266
General Electric Co	1,875	1,010
B2Gold Corp Com	1,543	818
CuriosityStream Inc Com CL A	1,090	404
Iris Energy LTD Com NPV	944	-
Costco Wholesale Corp	934	-
Palantir Technologies Inc CL A	889	-
Tesla Motors Inc Com	841	-
GE Vernova Inc Com	655	329
GameStop Corp New CL A	533	-
Enbridge Inc Com	521	436
Bitfarms LTD Com	353	224
Janone Inc Com	275	465
GE Healthcare Technologies Inc	165	157
Ocean Power Technologies Inc Com	30	102
Polar Power Inc Com	12	22
SiriusXM Holdings Inc Com	-	92,178
AIRBNB Inc Com	-	17,493
NewLake Capital Partners Inc Com	-	8,750

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) – CONTINUED

	2025	2024
Shares of corporate common stocks (continued):		
Transmedics Group Inc Com	$ -	$ 6,235
Ford Motor Company	-	5,552
Penn National Gaming Inc Com	-	178
Quhuo LTD ADR	-	29
Safe & Green Holdings Corp Com	-	5
Safe & Green Development Corp Com New	-	3
Call Options:		
Call (UBER) Uber Technologies	-	483
Call (CAVA) Cava Group Inc	-	400
Cash	880,207	758,283
Investments at contract value:		
Group annuity contract:		
GWI Fixed Account - Series Class III	-	204,817
	$ 42,289,590	$ 36,494,963

All investments are participant-directed.

In addition, the notes receivable from Plan participants in the statements of net assets available for Plan benefits at December 31, 2025 and 2024 were certified by the trustees including $23,304 of interest income for the year ended December 31, 2025.

The investment income, including the net appreciation in fair value of investments and interest income on participant notes receivable in the statement of changes in net assets available for Plan benefits was certified by the trustees.

During the year ended December 31, 2025, the Plan's investments (including gains and losses on investments sold and held during the year) appreciated in value by $3,153,509. Dividend and interest income from the Plan's investments totaled $2,164,261 and $28,058, respectively, for the year ended December 31, 2025.

Note E: INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law, and the trust, established by the Plan, is exempt from federal income taxes. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The trustee is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2025, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan is subject to routine audits by various regulatory authorities, however, there are currently no audits for any tax periods in progress.

Note F: ADMINISTRATIVE EXPENSES

Administrative expenses of $49,190 for the plan year ended December 31, 2025 consist of investment advisory and consulting fees and loan origination fees. These expenses were incurred in connection with the administration of the Plan.

Note G: DELINQUENT PARTICPANT CONTRIBUTIONS

During the plan year ended December 31, 2025, the Sponsor inadvertently failed to remit participant contributions to the trustee on a timely basis as required by Department of Labor's Regulation paragraph 2510.3-102. The Sponsor is in the process of filing IRS Form 5330 to report and pay an excise tax with respect to the 2025 late remittances as required pursuant to Section 4975 of the Internal Revenue Code. In addition, the Plan sponsor will pay an additional amount to the trustee to reflect foregone earnings that would have been credited to participant accounts if the late remittances had been made on a timely basis. Such amounts are not material to the Plan's financial statements.

Note H: FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820*, Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs are based on quoted prices in markets that are not considered to be active for which all significant inputs are observable, either directly or indirectly. Level 3 valuations require inputs that are both significant and 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. When available, the Plan measures the fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements:

The fair value of cash, shares in registered investment companies (mutual funds) and corporate common stocks at December 31, 2025 and 2024 are based on quoted net asset values and quoted prices of the shares held by the Plan at year end.

Note H: FAIR VALUE MEASUREMENTS – CONTINUED

Level 2 and Level 3 Fair Value Measurements:

At December 31, 2025 and 2024, there were no investments valued using these methodologies.

The table below sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Fair Value at December 31, 2025			
	Total	Level 1	Level 2	Level 3
Investments measured at fair value subject to fair value leveling:				
Cash	$ 880,207	$ 880,207	$ -	$ -
Mutual funds:				
Growth funds	8,929,035	8,929,035	-	-
Target date funds	8,915,267	8,915,267	-	-
Blended funds	6,003,214	6,003,214	-	-
Sector funds	4,591,210	4,591,210	-	-
Value funds	4,238,123	4,238,123	-	-
Bond Funds	4,176,244	4,176,244	-	-
Foreign funds	2,106,338	2,106,338	-	-
Government bonds	1,180,020	1,180,020	-	-
Equities:				
U.S. corporate common stocks	1,264,771	1,264,771	-	-
Foreign corporate common stocks	5,161	5,161	-	-
Total investments measured at fair value	$ 42,289,590	$ 42,289,590	$ -	$ -

Note H: FAIR VALUE MEASUREMENTS – CONTINUED

	Fair Value at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Investments measured at fair value subject to fair value leveling:				
Cash	$ 758,283	$ 758,283	$ -	$ -
Mutual funds:				
Growth funds	8,246,348	8,246,348	-	-
Target date funds	6,805,486	6,805,486		
Blended funds	5,825,860	5,825,860	-	-
Sector funds	4,424,141	4,424,141	-	-
Value funds	3,652,781	3,652,781	-	-
Bond Funds	2,911,200	2,911,200	-	-
Foreign funds	1,663,432	1,663,432	-	-
Government bonds	994,290	994,290		
Equities:				
U.S. corporate common stocks	1,003,884	1,003,884	-	-
Foreign corporate common stocks	4,441	4,441	-	-
Total investments measured at fair value	$ 36,290,146	$ 36,290,146	$ -	$ -

(1) In accordance with ASC Subtopic 820-10, certain investments that are measured at NAV (or its equivalent) have not been included in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair market hierarchy to line items presented in the statements of net assets available for Plan benefits. Net asset value is the value of each unit of the collective trust funds that is invested in the underlying funds.

The investments measured at NAV include target date retirement funds. The objective of each target date retirement fund is to maximize returns while maintaining a level of risk appropriate for a person planning to retire on or about a specified retirement date.

Note I: PARTY IN INTEREST TRANSACTIONS

The Plan Sponsor provides certain accounting, administrative and investment management services to the Plan for which no fees are charged. In addition, the Plan Sponsor pays certain expenses in administering the Plan.

Several members of the Board of Trustees are currently participants in the Plan and an officer of the Company serves as administrator of this Plan.

SCHEDULE I

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2025

(a)	(b) Identity of Issuer	(c) Description	** (d) Cost	(e) Current Value
	Fidelity Investments	Fidelity Contrafund	$ -	$ 5,728,559
	Fidelity Investments	Fidelity 500 Index Inv	-	4,765,447
	Fidelity Investments	Fidelity Government Money Market K6	-	2,430,628
	American Funds	American Funds Europacific GR R6	-	2,085,220
	Fidelity Investments	Fidelity Freedom 2035 K6	-	1,695,535
	Putnam Investments	Putnam Large Cap Value Fund	-	1,607,878
	Fidelity Investments	Fidelity Freedom 2050 K6	-	1,545,113
	T Rowe Price Investments	T Rowe Price Mid Cap Growth Adv	-	1,390,769
	Fidelity Investments	Fidelity Select Technology	-	1,339,526
	Fidelity Investments	Fidelity Freedom 2055 K6	-	1,168,090
	Fidelity Investments	Fidelity Freedom 2045 K6	-	1,129,039
	Fidelity Investments	Fidelity Total Market Index Investor	-	994,085
	Hartford Funds	Hartford Strategic Income R6	-	919,363
	Fidelity Investments	Fidelity Freedom 2060 K6	-	911,612
	Victory Capital Management	Victory Integrity Small-Cap Value R6	-	903,347
	Fidelity Investments	Fidelity Freedom 2030 K6	-	843,804
	Janus Henderson Investors	Janus Henderson Balanced CLT	-	833,753
	Neuberger Berman Group	Neuberger Berman Genesis Fund	-	743,146
	Fidelity Investments	Fidelity Select Health Care	-	697,447
	Franklin Funds	Franklin Utilities CLA	-	672,440
	Fidelity Investments	Fidelity US Bond Index	-	657,738
	Fidelity Investments	Fidelity Mid Cap Index Fund	-	573,315
	Fidelity Investments	Fidelity Freedom 2040 K6	-	568,823
	Vanguard Investments	Vanguard Short Term Federal	-	549,942
	Fidelity Investments	Fidelity Total Bond Fund	-	514,880
	Fidelity Investments	Fidelity Freedom 2065 K6	-	462,555
	American Funds	American Funds Growth Portfolio R6	-	458,121
	Fidelity Investments	Fidelity Select Leisure	-	434,857
	American Funds	American Funds Conservatibe Growth & Income R6	-	422,509
	U.S. Department of Treasury	U.S. treaury note zero coupon 02/12/2026	-	398,364
	U.S. Department of Treasury	U.S. treaury note zero coupon 07/09/2026	-	392,900
	U.S. Department of Treasury	U.S. treaury note zero coupon 10/29/2026	-	388,756
	Fidelity Investments	Fidelity Real Estate Investment	-	372,825
	MFS Investments	MFS Mid Cap Value R3	-	361,143
	Fidelity Investments	Fidelity Freedom 2025 K6	-	346,299
	Fidelity Investments	Fidelity Freedom Income K6	-	207,683
	NB BanCorp Inc	NB BanCorp Inc Com	-	199,706
	Advanced Micro Devices Inc	Advanced Micro Devices Inc	-	195,742
	NASDAQ	NASDAQ Stk Mkt Inc	-	100,079
	Blackrock Investments	BlackRock Corporate High Yield Fund Inc Com	-	73,910
	Vanguard Investments	Vanguard Total Stock Market ETF	-	64,790
	Alphabet Inc	Alphabet Inc Cap Stk CL A	-	64,630
	Fidelity Investments	Fidelity 500 Index Institutional Prem	-	62,519
	New Fortress Energy LLC	New Fortress Energy LLC CL A SHS RP LLC	-	57,000
	Invesco Capital Management LLC	Invesco Exchange Traded Fd Tr II S&P 500	-	50,890
	Shopify Inc	Shopify Inc NPV Subordinated	-	49,521
	CME Group Inc	CME Group Inc	-	45,095
	Occidental Petroleum Corp	Occidental Petroleum Corp	-	42,013
	Crowdstrike Holdings Inc	Crowdstrike Holdings Inc CL A	-	37,250
	Amazon.com Inc	Amazon.com Inc	-	37,067

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SCHEDULE H, PART IV LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR – CONTINUED
DECEMBER 31, 2025

(a)	(b) Identity of Issuer	(c) Description	** (d) Cost	(e) Current Value
	Vertex Pharmaceuticals Inc	Vertex Pharmaceuticals Inc	-	34,062
	Bpeing Co	Boeing Co NFS Is A Specialist	-	32,568
	The Charles Schwab Corporation	Schwab Strategic TR US Dividend Equity	-	31,129
	Blackrock Investments	BlackRock Multi-Sector Income Trust	-	30,163
	JP Morgan Chase & Co	JP Morgan Chase & Co	-	29,746
	Berkshire Hathaway Inc	Berkshire Hathaway Inc	-	29,414
	GSK plc	GSK PLC Sponsored ADS	-	29,154
	Taiwan Semiconductor Manufacturing Co LTD	Taiwan Semiconductor Manufacturing Co LTD	-	25,902
	Intuitive Surgical Inc	Intuitive Surgical Inc Com	-	25,739
	Mercadolibre Inc	Mercadolibre Inc	-	23,915
	Walt Disney Co	Walt Disney Co	-	23,764
	Vanguard Investments	Vanguard Total Bond Market ETF	-	22,586
	JP Morgan Asset Management	JP Morgan Equity Premium Income ETF	-	22,238
	Fidelity Investments	Fidelity Freedom 2010 Fund K6	-	21,580
	AT&T Inc	AT&T Inc Com	-	20,869
	PayPal Holdings Inc	PayPal Holdings Inc	-	20,034
	Cohen & Steers Real Estate Opportunities & Income Fd	Cohen & Steers Real Estate Opportunities & Income Fund	-	19,321
	Eli Lilly & Co	Eli Lilly & Co NFS Is A Specialist	-	18,319
	Ares Cap Corp	Ares Cap Corp Com	-	18,165
	Cabot Oil & Gas CP	Cabot Oil & Gas CP CL A	-	18,121
	Saratoga Investment Corp	Saratoga Investment Corp Com New	-	17,742
	Verizon Communication Inc	Verizon Communication Inc	-	16,013
	Cohen & Steers Select Utilities Income Fund	Cohen & Steers Select Utilities Income Fund	-	15,178
	Northrop Grumman Corp Holdings Co	Northrop Grumman Corp Holdings Co	-	14,986
	RiverNorth Opportunities Fund Inc	RiverNorth Opportunities Fund Inc	-	14,414
	Fidelity Investments	Fidelity Freedom 2070 K6	-	13,966
	Spok Holdings Inc	Spok Holdings Inc	-	13,629
	Roivant Sciences LTD	Roivant Sciences LTD	-	13,020
	Vanguard Investments	Vanguard International Equity Index Fund	-	12,880
	YieldMax NVDA Option Income Strategy ETF	Tidal ETF Trust II Yield Max NVDA Option	-	11,623
	Realty Income Corporation	Realty Income Corp (Maryland)	-	11,485
	State Street Global Advisors	SPDR Series Trust - S&P Biotech ETF	-	11,009
	ETF Opportunities Trust	ETF Opportunities Trust REX AI Equity	-	10,934
	Blackrock Investments	Blackrock Inc Com	-	10,844
	Constellation Brands Inc	Constellation Brands Inc CL A	-	10,490
	First Trust High Yield Opportunities 2027 Term Fund	First Trust High Yield Opportunities 2027 Term Fund	-	9,791
	Broadcom Inc	Broadcom Inc Com	-	8,668
	Vanguard Investments	Vanguard International Growth Grade Inv	-	8,238
	Nvidia Corporation	Nvidia Corp NFS LLC Is A Specialist	-	7,461
	Haleon PLC	Haleon PLC Sponsored ADS	-	6,981
	Vanguard Investments	Vanguard S&P 500 ETF	-	6,708
	LENZ Therapeutics Inc	LENZ Therapeutics Inc Com	-	6,400
	Bank of America Corporation	Bank of America Corp	-	6,230
	Meta Platforms Inc	Facebook Inc Com	-	5,981
	Joby Aviation Inc	Joby Aviation Inc Com	-	5,280
	Nio Inc	Nio Inc ADR	-	5,161
	Palo Alto Networks Inc	Palo Alto Networks Inc Com	-	4,605
	Riot Blockchain Inc	Riot Blockchain Inc	-	3,801
	Terawulf Inc	Terawulf Inc Com	-	3,447
	Tidal Investments LLC	Tidal Trust II Yield Max Ultra	-	3,394

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SCHEDULE H, PART IV LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR – CONTINUED
DECEMBER 31, 2025

(a)	(b) Identity of Issuer	(c) Description	** (d) Cost	(e) Current Value
	Tidal Investments LLC	Tidal TR II Defiance NASDAQ	-	3,138
	Wells Fargo & Co	Wells Fargo & Co New	-	2,871
	Invesco Capital Management LLC	Invesco Exchange Traded Fd Tr II	-	2,802
	Coinbase Global Inc	Coinbase Global Inc Com CL A	-	2,261
	Customers BanCorp Inc	Customers BanCorp Inc Com	-	1,901
	General Electric Co	General Electric Co	-	1,875
	B2Gold Corp	B2Gold Corp Com	-	1,543
	Blackrock Investments	iShares Bitcoin Trust ETF	-	1,241
	Fidelity Investments	Fidelity Freedom 2020 K6	-	1,168
	CuriosityStream Inc	CuriosityStream Inc Com CL A	-	1,090
	Iris Energy LTD	Iris Energy LTD Com NPV	-	944
	Costco Wholesale Corp	Costco Wholesale Corp	-	934
	Palantir Technologies Inc	Palantir Technologies Inc CL A	-	889
	Tesla Motors Inc	Tesla Motors Inc Com	-	841
	GE Vernova Inc	GE Vernova Inc Com	-	655
	GameStop Corp	GameStop Corp New CL A	-	533
	Enbridge Inc	Enbridge Inc Com	-	521
	Vanguard Investments	Vanguard Intmd-Term Invmt Grade Inv	-	470
	Bitfarms LTD	Bitfarms LTD Com	-	353
	Janone Inc	Janone Inc Com	-	275
	GE Healthcare Technologies Inc	GE Healthcare Technologies Inc	-	165
	Ocean Power Technologies Inc	Ocean Power Technologies Inc Com	-	30
	Polar Power Inc	Polar Power Inc Com	-	12
	Fidelity Investments	Cash	-	880,207
*	Notes receivable from Plan participants	Interest rates range from 4.25% - 9.50% per annum with maturities ranging from 2026 - 2031	-	327,011

* Represents a party-in-interest to the Plan.

** Cost information is being omitted for this Plan since it is a participant–directed individual account plan.

Schedule derived from information certified by Fidelity Management Trust Company, LLC

SCHEDULE II

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(a)
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2025

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan*	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 1,100,208	$ 376,654	$ 723,554	$ -	$ -

*Includes late participant loan repayments.