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
MARISCO, LTD. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1992

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)
MARISCO, LTD.

91-607 MALAKOLE STREET
KAPOLEI, HI 96707-1831

2b Employer Identification Number (EIN)
99-0157085

2c Plan Sponsor's telephone number
808-682-1333

2d Business code (see instructions)
811310

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.	10/14/2026	ALFRED ANAWATI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	258
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)**	184
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	171
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	205
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	205
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)**	214
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)**	173
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2G 2J 2K 3D 2F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MARISCO, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARISCO, LTD.

D Employer Identification Number (EIN)
99-0157085

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
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	55998	190	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
26043	25102

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

OSAIC WEALTH, INC.
200 LIBERTY FINANCIAL CENTER
15TH FLOOR
NEW YORK, NY 10281

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26043	0	BROKER COMMISSIONS	3

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

MOMENTA - PP
5201 GREAT AMERICA PKWY
SUITE 455
SANTA CLARA, CA 95054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	25102	COMMISSIONS/FEES	5

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

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

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

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

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

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

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

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

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

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

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	8077453

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 ▶

b	Balance at the end of the previous year			7b	26177
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	184		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	19		
	▶ JH PARTICIPANT CREDITS				
	(6) Total additions			7c(6)	203
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	26380
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(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)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	26380

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
MARISCO, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARISCO, LTD.

D Employer Identification Number (EIN)
99-0157085

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

JOHN HANCOCK LIFE INS CO

RETIREMENT PLAN SERVICES, ET9
P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(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)

JOHN HANCOCK LIFE INSURANCE CO.

P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORDKEEPER	3842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
MARISCO, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARISCO, LTD.

D Employer Identification Number (EIN)
99-0157085

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INS. CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2065 LIFETIME

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	157402

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INS. CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2060 LIFETIME

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	241291

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2055 LIFETIME

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	169571

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2050 LIFETIME

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	139854

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2045 LIFETIME

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	387199

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2040 LIFETIME

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	341933

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2035 LIFETIME

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-001	P	289325

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2030 LIFETIME

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180723

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2025 LIFETIME

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116975

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2020 LIFETIME

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72795

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER 2015 LIFETIME

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34180

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANGER 2010 LIFETIME

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER AGGRESSIVE LS

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 537322

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTINAMAGER GROWTH LS

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2118508

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER BALANCED LS

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1122465

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER MODERATE LS

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258495

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): JH MULTIMANAGER CONSERVATIVE LS

c EIN-PN 01-0233346-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90499

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
MARISCO, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARISCO, LTD.

D Employer Identification Number (EIN)
99-0157085

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	19100	36216
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1310	4670
(2) Participant contributions	1b(2)	10685	35524
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(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)	723255	981481
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	8164851	8077453
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	26177	26380
(15) Other	1c(15)	0	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	8945378	9161724
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8945378	9161724

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)	177597	
(B) Participants	2a(1)(B)	1195940	
(C) Others (including rollovers)	2a(1)(C)	50303	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1423840
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	184	
(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)	59589	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		59773
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1174002
(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)		0
c Other income	2c		22575
d Total income. Add all **income** amounts in column (b) and enter total	2d		2680190
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2432131	
(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)		2432131
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		7033
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	20838	
(3) Recordkeeping fees	2i(3)	3842	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		24680
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2463844
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		216346
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: JLK ROSENBERGER, LLP **(2)** EIN: 27-1532099

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		44031
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
MARISCO, LTD. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARISCO, LTD.

D Employer Identification Number (EIN)
99-0157085

Part I Distributions

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

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

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

EIN(s): 99-6070709 01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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 12 / 10 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704381A .

MARISCO, LTD. 401(k) PLAN

Financial Statements and
Independent Auditor's Report

December 31, 2025 and 2024

JLK Rosenberger
Certified Public Accountants

MARISCO, LTD. 401(k) PLAN

Financial Statements
and
Independent Auditor's Report

December 31, 2025 and 2024

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JLK Rosenberger
Certified Public Accountants

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Independent Auditor's Report

To the Trustees and Plan Administrators of
Marisco, Ltd. 401(k) Plan

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

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

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

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

Opinion

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

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

Basis for Opinion

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

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Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant contributions for the year ended December 31, 2025 and Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 is 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Irvine, California
October 15, 2026

MARISCO, LTD 401(k) PLAN

Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Investments, at fair value:		
Cash reserve account	$ 36,216	$ 19,100
Pooled separate accounts	8,077,453	8,164,851
Insurance company general account (unallocated)	26,380	26,177
Total investments	8,140,049	8,210,128
Receivables:		
Employer contributions	4,670	1,310
Participant contributions	35,524	10,685
Participant notes receivable	981,481	723,255
Total receivables	1,021,675	735,250
Net assets available for benefits	$ 9,161,724	$ 8,945,378

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

MARISCO, LTD 401(k) PLAN

Statement of Changes In Net Assets Available for Benefits
For the Year Ended December 31, 2025

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,174,002
Interest and dividend	184
Investment gain	1,174,186
Interest on notes receivable from participants	59,589
Contributions:	
Employer contributions	177,597
Participant contributions	1,195,940
Rollover contributions	50,303
Other	22,575
Total contributions	1,446,415
Total additions	2,680,190
Deductions from net assets attributed to:	
Benefits paid to participants	2,432,131
Deemed distributions	7,033
Administrative expenses	24,680
Total deductions	2,463,844
Net increase	216,346
Net assets available for benefits:	
Beginning of year	8,945,378
End of year	$ 9,161,724

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

1. Description of Plan

The following description of the Marisco, Ltd. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full time employees of Marisco, Ltd. (the "Plan Sponsor" and "Plan Administrator") as well as employees of Coordinated Wire Rope of Hawaii, Inc. dba: CWR Hawaii, Phoenician, LLC, Anawati & Associates QA/QC, and American Metal Bearing Co., who have completed one year of service, have reached age 21, and are not members of a collective bargaining unit. The Plan was established by the Plan Sponsor to provide retirement income for its employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA).

Effective January 1, 2016, the Plan was amended and restated upon adoption of the CCH Incorporated dba: FTWilliam Com volume submitter profit sharing plan. The purpose of this amendment and restatement was to bring the Plan into compliance with the Pension Protection Act of 2006 and other legislations and regulations.

On December 29, 2022, the Setting Every Community Up for Retirement Enhancement 2.0 Act ("Secure 2.0 Act") was passed by Congress. The Secure 2.0 Act contains numerous provisions that impact employee benefit plans. Generally, the deadline for formally adopting any required plan amendments made pursuant to the Secure 2.0 Act is December 31, 2026; however, plans must be operated in accordance with the effective dates of each new provision. The Plan has administratively complied with and adopted all applicable provisions of the Secure 2.0 Act for the years ended December 31, 2025 and 2024. The Plan Sponsor expects the Plan to be formally amended prior to the Secure Act 2.0 deadlines.

Contributions

The Plan is a contributory plan whereby participants may contribute up to a maximum of 100% of pre-tax annual compensation not to exceed the dollar limit set by law of $23,500 for 2025. Participants age 50 or older may elect to defer up to an additional $7,500 of "catch up" contributions to the Plan. The Plan Sponsor may make discretionary contributions to the Plan. In addition, the Plan Sponsor may make discretionary matching contributions to the Plan. The Plan Sponsor has elected to make a discretionary matching contribution of 25% of the participant's deferral, not to exceed 5% of the annual compensation. The Plan Sponsor made matching contributions to the Plan of $177,597 for the year ended December 31, 2025.

Under provisions of the Plan, participants have the option to roll-over contributions or any lump sum distribution received by an employee from a pension or profit sharing plan meeting the requirements of Internal Revenue Code Section 401(a).

Participant Accounts

Each participant's account is credited with participant contributions, the Plan Sponsor's contributions and Plan investment earnings. Participants may choose to have their account balance deposited in various investment programs. Allocation of Plan investment earnings is based on the participant's account balance, as defined.

1. Description of Plan (Continued)

Vesting

Participants are immediately vested in their contributions and actual earnings thereon. Vesting in the Plan Sponsor contributions is based on years of continuous service as follows:

Years of Service	Vested Percentage
2	20%
3	40%
4	60%
5	80%
6 and more	100%

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from 1 year to a maximum of 5 years (a maximum of 20 years if used to purchase participant's principal residence). The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Sponsor. Principal and interest is paid ratably through payroll deductions or participant payments. As of December 31, 2025 and 2024, notes receivable from participants amounted to $981,481 and $723,255, respectively, with annual interest rates ranging from 3.25% to 8.50% as of December 31, 2025.

Investment Options

Participants may self-direct employee and employer contributions into various investment options available for investment. The investment options include mixes of mutual funds from aggressive to conservative, international, aggressive growth, growth, growth and income, bonds, guaranteed certificate funds and short term money market funds.

Excess Contributions Payable

Amount payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as excess contributions owed to participants. As of December 31, 2025 and 2024, there were no excess contributions payable.

Payments of Benefits

Upon termination of service, a participant is eligible to receive as benefits a lump sum amount equal to the value of his/her account distributed in accordance with the Plan.

Forfeitures

Forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment. Forfeitures may be used to pay Plan expenses as determined by the Plan Sponsor. Any remaining forfeiture may be used to reduce Plan Sponsor contributions. As of December 31, 2025 and 2024, forfeited non-vested accounts totaled $36,216 and $19,100, respectively. During the year ended December 31, 2025, the Plan had $17,116 in forfeitures.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan Sponsor to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. The Plan Sponsor believes that the estimates utilized in preparing its financial statements are reasonable and prudent. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value represents the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. As a practical expedient, investments in certain pooled separate accounts that do not have readily determinable fair values are measured using the net asset value ("NAV") per unit reported by the trustee or fund manager.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net appreciation in fair value of investments consists of realized gains and losses and the change in unrealized gains and losses in the Plan's investments. Realized gains and losses from the sale of investments are computed using the participant's cost basis in the investment aggregated at the Plan level. Net changes in unrealized appreciation/depreciation in investments represent the difference between the fair value of investments held at year-end and the cost of investments purchased in the current fiscal year or the fair value of investments held at the end of the preceding year.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant notes receivable is recorded when earned. Delinquent notes receivable from participants are recorded as a distribution based on the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when incurred.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Plan administrative expenses are paid by either the Plan Sponsor or the Plan, as provided in the Plan agreement. For the year ended December 31, 2025, Plan administrative expenses amounted to $24,681. Most investment service fees are paid by the Plan and are offset against the related investment income. Fees paid by the Plan Sponsor are excluded from these financial statements. There were no fees paid by the Plan Sponsor for the year ended December 31, 2025.

2. Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan evaluated subsequent events through October 15, 2026, the date these financial statements were issued. There were no subsequent events that required recognition or additional disclosure in these financial statements.

3. Fair Value Measurements

Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the following fair value measurement.

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical

Level 2: Inputs to the valuation methodology include:

a) quoted market prices for similar assets or liabilities in active markets;
b) quoted prices for identical or similar assets or liabilities in inactive markets;
c) inputs other than quoted prices that are observable for the asset or liability;
d) and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

- *Insurance company general account (unallocated contracts):* Deposits in the insurance company general account are stated at cost plus accrued interest, which represents fair value. These assets principally consist of fixed maturity securities, commercial mortgage loans, and equity securities and are classified as Level 3

3. Fair Value Measurements (Continued)

- *Pooled separate accounts:* The fair value of the investments in the pooled separate accounts is determined based on the fair value of the underlying securities within the fund, which represents the net asset value ("NAV") of the shares held by the Plan at year end. Participants may redeem units daily at the current NAV. There is no redemption notice period, and the Plan had no unfunded commitments at December 31, 2025 and 2024.

  The method described above for pooled separate accounts may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

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

Investments	Level 1	Level 2	Level 3	Total
Cash reserve account	$ 36,216	$ -	$ -	$ 36,216
Insurance company general account (unallocated)	-	-	26,380	26,380
Total investments in the fair value hierarchy	$ 36,216	$ -	$ 26,380	62,596
Investments measured at NAV:				
Pooled separate accounts				8,077,453
Total investments at fair value				$ 8,140,049

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

Investments	Level 1	Level 2	Level 3	Total
Cash reserve account	$ 19,100	$ -	$ -	$ 19,100
Insurance company general account (unallocated)	-	-	26,177	26,177
Total investments in the fair value hierarchy	$ 19,100	$ -	$ 26,177	45,277
Investments measured at NAV:				
Pooled separate accounts				8,164,851
Total investments at fair value				$ 8,210,128

The following table provides a summary of deposits, disbursements, settlements, and transfers in to and out of Level 3 financial assets held at fair value on a recurring basis during the years ended December 31:

Level 3 Assets	2025	2024
Balance, beginning of year	$ 26,177	$ 26,003
Interest credited to general account	203	174
Balance, end of year	$ 26,380	$ 26,177

4. Party-in-interest Transactions

Certain Plan investments are shares of mutual funds managed by John Hancock Life Insurance Company ("John Hancock"), the Plan's Custodian. The Plan allows participants to borrow from their vested balances. These transactions qualify as party-in-interest transactions. All of these transactions are exempt from prohibited transaction rules under ERISA.

5. Information Certified by the Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, John Hancock Life Insurance Company ("the Custodian"), a qualified institution, has certified that the following investment information included in the accompanying financial statements and supplemental schedule is complete and accurate: investments in the statements of net assets available for benefits as of December 31, 2025 and 2024; net appreciation in value of investments and interest and dividends in the statement of changes in net assets available for benefits for the year ended December 31, 2025; and the investment information included in the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025.

6. Risks and Uncertainties

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

The Plan may be adversely affected by health epidemics. Due to pandemics, the equity and bond markets, in which Plan assets are invested, could experience unusually high volatility and uncertainty. Although the Plan sponsor is continuing to monitor and assess the effects of potential pandemics on the Plan and its investments, the ultimate impact of the outbreak or a similar health epidemic is highly uncertain and subject to change.

7. Plan Termination

Although they have not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan at any time by resolution of its Board of Directors subject to the provisions of ERISA. In the event of Plan termination, the respective accounts of the participants under the Plan shall become fully vested and non-forfeitable.

8. Delinquent Participant Contributions

During plan years 2025, 2024 and 2023, the Plan Sponsor deposited participant deferrals of $26,764, $12,757 and $4,510, respectively, subsequent to the timeframe provided by the Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. The Plan Sponsor remitted lost earnings related to the 2024 delinquent contributions prior to the year ended December 31, 2025. The Plan Sponsor intends to remit lost earnings related to the late contributions for the plan years 2023 and 2025 prior to the year ended December 31, 2026.

9. Prohibited Transactions

Except for the late remittances descried in Note 8, there were no prohibited party-in-interest transactions during the year ended December 31, 2025.

10. Tax Status

The Plan is a volume submitter Plan provided by CCH Incorporated dba: FTWilliam Com ("CCH"). The Internal Revenue Service has determined and informed CCH by a letter dated March 31, 2014, that the form of the basic plan document is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since CCH received the determination letter, the Plan Sponsor believes that the Plan is designed, and is being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

MARISCO, LTD 401(k) PLAN

Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2025

Employer identification number: 99-0157085
Plan number: 001
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

	Participant Contributions Transferred Late To The Plan	Total That Constitutes Nonexempt Prohibited Transactions			
Year	Check here if Late Participant Loan Repayments are not included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections In VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VCFP) and Prohibited Transaction Exemption 2002-51
2025	$ 26,764	$ 26,764	$ -	$ -	$ -
2024	12,757	-	-	-	12,757
2023	4,510	4,510	-	-	-
Total	$ 44,031	$ 31,274	$ -	$ -	$ 12,757

See accompanying independent auditor's report.

MARISCO, LTD 401(k) PLAN

Schedule of Assets (Held at End of Year)
As of December 31, 2025

Employer identification number: 99-0157085
Plan number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) IDENTITY OF ISSUES	(c) DESCRIPTION	(e) FAIR VALUE
Cash reserve account:			
*	John Hancock	Cash Reserve Account	$ 36,216
Pooled separate accounts:			
*	John Hancock	500 Index Fund	138,907
*	John Hancock	Af Am Bal	38,758
*	John Hancock	Af US Gov	6,291
*	John Hancock	Blue Chip Growth Fund	79,529
*	John Hancock	BlackRock Global Allocation Fund	54,524
*	John Hancock	Capital World Growth & Income	12,936
*	John Hancock	Disciplined Value	25,959
*	John Hancock	Energy	4,927
*	John Hancock	Equity Income Fund	11,894
*	John Hancock	EuroPacific Growth Fund	64,212
*	John Hancock	FID ContraFund	139,395
*	John Hancock	FID Total	637
*	John Hancock	Fidelity Adv Leveraged Co Stk	12,145
*	John Hancock	Financial Industries Fund	2,940
*	John Hancock	Franklin Small-Mid Growth	2,504
*	John Hancock	Fundamental Investors	22,134
*	John Hancock	Fundamental Large Cap Value	6,464
*	John Hancock	Fidelity Advisor New Insights	15,399
*	John Hancock	Global Bond Fund	8,551
*	John Hancock	High Yield Fund	17,306
*	John Hancock	Intl Small Cap Fund	22,539
*	John Hancock	Invesco Small Cap Growth	3,546
*	John Hancock	Invesco Oppenheimer Global	1,492
*	John Hancock	Fundemental All Cap Core Fund	1,300
*	John Hancock	Investment Company of America	32,094
*	John Hancock	Ivy Asset Strategy Fund	6,759
*	John Hancock	JH Disciplined Value Intl Fund	52,639
*	John Hancock	JH Income Fund	14,411
*	John Hancock	JH International Growth	8,313

MARISCO, LTD 401(k) PLAN

Schedule of Assets (Held at End of Year)
As of December 31, 2025

Employer identification number: 99-0157085
Plan number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) IDENTITY OF ISSUES	(c) DESCRIPTION	(e) FAIR VALUE
*	John Hancock	JH U.S. Growth Fund	$ 278,153
*	John Hancock	Lifestyle Conservative	90,499
*	John Hancock	Lifestyle Moderate	258,495
*	John Hancock	Lifestyle Balanced	1,122,465
*	John Hancock	Lifestyle Growth	2,118,508
*	John Hancock	Lifestyle Aggressive	537,322
*	John Hancock	Mid Value Fund	51,199
*	John Hancock	Money Market Fund	55,142
*	John Hancock	Mutual Beacon	7,631
*	John Hancock	Mutual Global Discovery	3,471
*	John Hancock	MFS Massachusetts Investors	1,696
*	John Hancock	New Perspective Fund	1,654
*	John Hancock	Oppenheimer Developing Mkt	6,017
*	John Hancock	JH Disciplined Value Mid Cap Fund	8,039
*	John Hancock	Real Est. Securities Fund	22,571
*	John Hancock	Retirement Living at 2015	34,180
*	John Hancock	Retirement Living at 2020	72,795
*	John Hancock	Retirement Living at 2025	116,975
*	John Hancock	Retirement Living at 2030	180,723
*	John Hancock	Retirement Living at 2035	289,325
*	John Hancock	Retirement Living at 2040	341,933
*	John Hancock	Retirement Living at 2045	387,199
*	John Hancock	Retirement Living at 2050	139,854
*	John Hancock	Retirement Living at 2055	169,571
*	John Hancock	Retirement Living at 2060	241,291
*	John Hancock	Retirement Living at 2065	157,402
*	John Hancock	Science & Technology Fund	200,190
*	John Hancock	Short-term Federal	6,704
*	John Hancock	T. Rowe Price Health Sci	24,478
*	John Hancock	T. Rowe Price Sci & Tech	23,233
*	John Hancock	T. Rowe Price Sml Cap Val	19

See accompanying independent auditor's report.

MARISCO, LTD 401(k) PLAN

Schedule of Assets (Held at End of Year)
As of December 31, 2025

Employer identification number: 99-0157085
Plan number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) IDENTITY OF ISSUES	(c) DESCRIPTION		(e) FAIR VALUE
*	John Hancock	The Growth Fund of America	$	194,772
*	John Hancock	Utilities Fund		30,961
*	John Hancock	Val Indx		12,045
*	John Hancock	Grwth Indx		17,250
*	John Hancock	Capital World & Growth Fund		10,172
*	John Hancock	SMCP VA IN		1,777
*	John Hancock	New World		1,821
*	John Hancock	DFA TAVA		1,863
*	John Hancock	Heritage		3,581
*	John Hancock	INC Fund		45,972
		Mutual Funds Total		8,077,453
Insurance company general account (unallocated contracts)				
*	John Hancock	John Hancock Stable Value Fund		26,380
		Investment Subtotal		8,140,049
*	Participants Loans	Notes receivable with maturities to 2036 and interest rates from 3.25% to 8.50%		981,481
		Total plan assets	$	9,121,530

* Indicates party-in-interest

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Marisco, Ltd. 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1992

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)

MARISCO, LTD.

91-607 Malakole Street

Kapolei HI 96707-1831

2b Employer Identification Number (EIN) 99-0157085

2c Plan Sponsor's telephone number 808-682-1333

2d Business code (see instructions) 811310

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	Signature of plan administrator	Date 10/14/26	Alfred Anawati Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/14/26	Alfred Anawati Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► MARISCO, LTD. 401(K) PLAN
Employer Identification Number (EIN): ► 99-0157085 Three-digit plan number: 1
For the plan year beginning/ending: ► 01/01/2025 - 12/31/2025

(a) Identity of party involved	**(b)**Description of asset (include interest rate and maturity in case of a loan)	**(c)** Purchase Price	**(d)** Selling price	**(e)** Lease rental	**(f)** Expense incurred with transaction	**(g)** Cost of asset	**(h)** Current value of asset on transaction date	**(i)** Net gain or (loss)
AF AMERICAN BALANCED FUND	2	84.88	102.44			0		17.56
AF US GOVT SECURITIES	4	30248.26	30642.7					394.44
JH MULTIMANAGER AGG FUND	29	124779.05	177821.37					53042.32
BLUE CHIP GROWTH FUND	3	31275.81	62342.28					31066.47
BLACKROCK GLOBAL ALLOCATION	10	8752.31	10066.47					1314.16
JH MULTIMANAGER BAL FUND	44	304340.9	409957.15					105616.25
CAP WORLD GROWTH & INCOME	4	7196.18	10016.17					2819.99
AF CAP INCOME BUILDER	2	333.06	527.77					194.71
JH MULTIMANAGER CONSERV	5	55639.91	70440.78					14800.87
FIDELITY CONTRAFUND	17	102854.31	132543.62					29689.31
JH US GROWTH FUND	4	45480.06	77063.15					31583.09
T ROWE PRICE EQUITY INC	2	8624.65	23986.01					15361.36
MUTUAL GLOBAL DISCOVERY	1	11709.38	26573.07					14863.69
TEMPLETON WORLD	1	1022.8	1550.06					527.26
INVESCO DEV MARKETS	1	20335.59	24629.28					4293.69
JH DISCIPLINED VALUE FD	18	22009.06	41539.77					19530.71
EQUITY INCOME FUND	1	496.05	567.97					74.92
AM FUNDS EUROPAC GROWTH	2	217.92	275.68					57.76
FUNDAMENTAL LG CAP VALUE	8	14109.66	40666.28					26556.62
FIDELITY ADV TOTAL BOND	1	9962.42	11561.91					1599.49
FINANCIAL INDUSTRIES FUND	5	517.69	792.22					274.53
AF THE GROWTH FUND OF AMER	2	3.65	8.83					5.18
JH MULTIMANAGER GROWTH	60	236307.96	321212.49					84904.53
VANGUARD ST FEDERAL	14	1097.68	1153.34					55.66
T. ROWE PRICE HEALTH SCI	3	6992.9	7333.16					340.26

JH HIGH YIELD FUND	24	3557.03	4031.61					474.58
MACQUARIE ASSET STRATEGY	6	1185.09	1650.14					465.05
INVESTMENT CO OF AMERICA	9	313507.25	824179.12					510671.87
JH INT'L GROWTH	19	6024.92	7573.01					1548.09
500 INDEX FUND	13	130591.66	141619.6					11027.94
TEMPLETON FOREIGHT SMALLER	14	728.45	880.54					152.09
JH DISCIPLINED VALUE INTL FUND	2	12139.45	16346.86					4207.41
JP MORGAN US EQUITY FUND	1	410.06	817.75					407.69
JOHN HANCOCK US GROWTH FUND	25	41296.98	51683.67					10386.69
VANGUARD GROWTH INDEX FD	9	35540.35	48647.67					13107.32
VANGUARD VALUE INDEX FD	3	10075.55	12482.31					2406.76
JH MULTIMANAGER 2010 LIFETIME	6	3147.79	3537.09					389.30
JH MULTIMANAGER 2015 LIFETIME	5	907.33	982.36					75.03
JH MULTIMANAGER 2020 LIFETIME	12	17.16	24					6.84
JH MULTIMANAGER 2025 LIFETIME	9	50.96	69.75					18.79
JH MULTIMANAGER 2030 LIFETIME	12	16.24	24					7.76
JH MULTIMANAGER 2035 LIFETIME	19	249532.17	318417.36					68885.19
JH MULTIMANAGER 2040 LIFETIME	34	128569.51	167661.84					39092.33
JH MULTIMANAGER 2045 LIFETIME	36	77791	98417.38					20626.38
JH MULTIMANAGER 2050 LIFETIME	30	38937.11	47410.27					8473.16
JH MULTIMANAGER 2055 LIFETIME	44	75880.93	89898.98					14018.05
JH MULTIMANAGER 2060 LIFETIME	49	77418.64	89881.14					12462.50
JH MULTIMANAGER 2065 LIFETIME	63	50989.83	58545.81					7555.98
FRANKLIN MUTUAL BEACON	3	1847.55	2649.47					801.92
JP MORGAN MID CAP VALUE	1	5014.8	5499.99					485.19
JH MULTIMANAGER MODERATE	13	73155.8	90360.32					17204.52
MONEY MARKET FUND	34	883036.61	891450.36					8413.75
MID VALUE FUND	1	1009.72	1668.3					658.58
REAL EST SECURITIES FUND	2	173.03	180.24					7.21
STRATEGIC INCOME OPP FUND	2	12485.56	13872.61					1387.05
DOMINI IMPACT EQUITY FD	1	410.7	704.42					293.72
SCIENCE & TECH FUND	8	350006.59	386642.44					36635.85
CLEARBRIDGE GROWTH FUND	1	842.95	1253.21					410.26
SPROTT GOLD EQUITY FUND	3	245740.05	268137.58					22397.53
MFS UTILITIES FUND	12	15.8	24					8.20
VANGUARD ENERGY FUND	1	15073.5	18748.16					3674.66
WASHINGTON MUTUAL INVESTORS	1	18231.36	34927.16					16695.8

INVESCO GLOBAL FUND	2	758.24	1259.56					501.32

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► MARISCO, LTD. 401(K) PLAN

Employer Identification Number:► 99-0157085

For plan year (beginning/ending):► 01/01/2025 - 12/31/2025 Plan number:► 1

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	JOHN HANCOCK	JH MULTIMANAGER 2065 LIFETIME	136365.57	157401.98
	JOHN HANCOCK	JH MULTIMANAGER 2060 LIFETIME	210752.82	241290.76
	JOHN HANCOCK	JH MULTIMANAGER 2055 LIFETIME	138806.12	169570.86
	JOHN HANCOCK	JH MULTIMANAGER 2050 LIFETIME	112969.56	139853.56
	JOHN HANCOCK	JH MULTIMANAGER 2045 LIFETIME	288750.62	387199.48
	JOHN HANCOCK	JH MULTIMANAGER 2040 LIFETIME	249164.74	341933.41
	JOHN HANCOCK	JH MULTIMANAGER 2035 LIFETIME	224288.57	289324.51
	JOHN HANCOCK	JH MULTIMANAGER 2030 LIFETIME	120414.63	180723.08
	JOHN HANCOCK	JH MULTIMANAGER 2025 LIFETIME	84622.9	116974.95
	JOHN HANCOCK	JH MULTIMANAGER 2020 LIFETIME	50231.75	72795.13
	JOHN HANCOCK	JH MULTIMANAGER 2015 LIFETIME	31757.59	34180.23
	JOHN HANCOCK	JH MULTIMANAGER AGGRESSIVE	373281.62	537322.27
	JOHN HANCOCK	JH MULTIMANAGER GROWTH	1524462.94	2118507.72
	JOHN HANCOCK	JH MULTIMANAGER BALANCED	803800.17	1122464.77
	JOHN HANCOCK	JH MULTIMANAGER MODERATE	202931.09	258494.64
	JOHN HANCOCK	JH MULTIMANAGER CONSERV	69004.01	90498.69
	JOHN HANCOCK	AMERICAN CENTURY HERITAGE	2594.85	3581.09
	JOHN HANCOCK	AMERICAN FUNDS NEW PERSPEC.	913.86	1653.72
	JOHN HANCOCK	AM FUNDS NEW WORLD FUND	1296.06	1820.68
	JOHN HANCOCK	AF GROWTH FUND OF AMERICA	80397.09	194771.86
	JOHN HANCOCK	BLUE CHIP GROWTH FUND	50429.38	79529.24
	JOHN HANCOCK	DFA US TARGETED VALUE FD	1296.33	1862.69
	JOHN HANCOCK	FIDELITY ADV NEW INSIGHTS	14803.79	15399.44
	JOHN HANCOCK	FIDELITY CONTRAFUND	108514.72	139395.27
	JOHN HANCOCK	FINANCIAL INDUSTRIES FUND	1902.85	2940.39
	JOHN HANCOCK	FRANKLIN SMALL-MID GRO FUND	681.66	2503.58
	JOHN HANCOCK	FUNDAMENTAL ALL CAP CORE	1253.63	1299.95
	JOHN HANCOCK	INVESCO DEVELOPING MKTS	4041.6	6016.93
	JOHN HANCOCK	INVESCO GLOBAL FUND	893.87	1492.26
	JOHN HANCOCK	INVESCO SMALL CAP GRO	2791.62	3545.6
	JOHN HANCOCK	JH DISCIPLINED MID VALUE	7988.76	8038.85
	JOHN HANCOCK	JOHN HANCOCK US GROWTH	226022.15	278153.14
	JOHN HANCOCK	MID VALUE FUND	31063.92	51198.5
	JOHN HANCOCK	REAL EST SECURITIES FUND	22107.93	22570.62
	JOHN HANCOCK	SCIENCE & TECHNOLOGY FUND	166966.09	200190
	JOHN HANCOCK	T. ROWE PRICE HEALTH SCI	21845.65	24477.67
	JOHN HANCOCK	T. ROWE PRICE SCI & TECH	11474.98	23233.13
	JOHN HANCOCK	T. ROWE PRICE SM CAP VALUE	0	19.27
	JOHN HANCOCK	VANGUARD ENERGY FUND	3489.72	4927

	JOHN HANCOCK	VANGUARD GRO INDEX FUND	11241.58	17249.9
	JOHN HANCOCK	VANGUARD SM CAP VALUE INDEX	1296.22	1777.12
	JOHN HANCOCK	500 INDEX FUND	123127.49	138907.19
	JOHN HANCOCK	CAP WORLD GROWTH & INCOME	9198.5	12935.5
	JOHN HANCOCK	AM FUNDS EUROPACIFIC GROWTH	41632.02	64211.73
	JOHN HANCOCK	AM FUNDS FUNDAMENTAL INV	12048.77	22134.22
	JOHN HANCOCK	INVESTMENT CO OF AMERICA	27349.9	32094.26
	JOHN HANCOCK	EQUITY INCOME FUND	10148.76	11893.91
	JOHN HANCOCK	FIDEL ADV LEV CO STK	6939.35	12145.55
	JOHN HANCOCK	FRANKLIN MUTUAL BEACON	5135.72	7630.66
	JOHN HANCOCK	MUTUAL GLOBAL DISCOVERY	1357.82	3470.75
	JOHN HANCOCK	FUNDAMENTAL LG CAP VALUE	3829.46	6464.42
	JOHN HANCOCK	INVESCO OOPP INT'L GROWTH	0	0.11
	JOHN HANCOCK	JH DISCIPLINED VALUE FD	15116.05	25959.16
	JOHN HANCOCK	JH DISC. VALUE INTL FUND	32223.41	52639.14
	JOHN HANCOCK	JH INT'L GROWTH FUND	6492.31	8313
	JOHN HANCOCK	MFS MASSACHUSETTS INV.	1171.08	1695.6
	JOHN HANCOCK	TEMPLETON FOREIGN SM CO.	19078.11	22539.14
	JOHN HANCOCK	TEMPLETON WORLD FUND	6605.85	10171.93
	JOHN HANCOCK	VANGUARD VALUE INDEX	9246.77	12044.73
	JOHN HANCOCK	AF BALANCED FUND	35923.99	38758.04
	JOHN HANCOCK	AF INCOME FUND OF AMERICA	39860.91	45971.67
	JOHN HANCOCK	BLACKROCK GLOBAL ALLOC	49427.08	54524.25
	JOHN HANCOCK	MACQUARIE ASSET STRATEGY	4875.22	6759.27
	JOHN HANCOCK	MFS UTILITIES FUND	19459.98	30961.25
	JOHN HANCOCK	AF US GOVT SECURITIES FUND	6616.87	6291.25
	JOHN HANCOCK	FIDELITY ADVISOR TOTAL BOND	517.88	637.27
	JOHN HANCOCK	JH HIGH YIELD FUND	15266.89	17306.47
	JOHN HANCOCK	JH INCOME FUND	14058	14411.47
	JOHN HANCOCK	OPPORTUNISTIC FIXED INCOME	8005.43	8550.68
	JOHN HANCOCK	MONEY MARKET FUND	54805.5	55142.22
	JOHN HANCOCK	VANGUARD ST FEDERAL	6308	6704.03

