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
THE PASHA GROUP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1994

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)
THE PASHA GROUP

2370 KERNER BLVD, SUITE 200
SAN RAFAEL, CA 94901

2b Employer Identification Number (EIN)
94-2279544

2c Plan Sponsor's telephone number
415-927-6400

2d Business code (see instructions)
488510

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

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

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

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

5	Total number of participants at the beginning of the plan year	**5**	1043
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)**	506
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1085
b	Retired or separated participants receiving benefits	**6b**	44
c	Other retired or separated participants entitled to future benefits	**6c**	526
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1655
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	1663
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)**	1027
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)**	1438
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	42
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 2E 2F 2G 2J 2K 2S 2T 3D 3F 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE PASHA GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE PASHA GROUP

D Employer Identification Number (EIN)
94-2279544

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO.

(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
71-0294708	86509	873609	101	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	5
5	Current value of plan's interest under this contract in separate accounts at year end	5	21990

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 ▶ OTHER-GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	3271352
c	Additions: (1) Contributions deposited during the year	7c(1)	361358		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	125364		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	26641		
	▶ LOAN REPAYMENTS				
	(6)Total additions			7c(6)	513363
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3784715
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1068254		
	(2) Administration charge made by carrier	7e(2)	151250		
	(3) Transferred to separate account	7e(3)	2528420		
	(4) Other (specify below)	7e(4)	36786		
	▶ LOAN DISBURSEMENTS				
	(5) Total deductions			7e(5)	3784710
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	5

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)**	
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)**	
(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)**	
(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
THE PASHA GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE PASHA GROUP

D Employer Identification Number (EIN)
94-2279544

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

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY
P O BOX 990067
HARTFORD, CT 06199

71-0294708

(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)

MORNINGSTAR

22 WEST WASHINGTON STREET
CHICAGO, IL 60602

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	10166	Yes [ ] No [X]

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

SCHILLER'S PENSION CONSULTING

216 N. SAN MATEO DR.
SAN MATEO, CA 94401

94-3208573

(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?
99	SERVICE PROVIDER	23670	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

VOYA RETIREMENT ADVISORS, LLC

ANNUITY COMPANY
ONE ORANGE WAY
WINDSOR, CT 06095

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	24378	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

VOYA RETIREMENT INSURANCE AND ANNUITY CO
P O BOX 990067
HARTFORD, CT 06199

71-0294708

(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?
99	SERVICE PROVIDER	85637	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

UBS FINANCIAL SERVICES INC 1000 HARBOR BLVD.
WEEHAWKEN, NJ 07086

13-2638166

(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?
99	SERVICE PROVIDER	37007	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR	27	10166

(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.
VOYA RETIREMENT INSURANCE AND ANNUITY CO P O BOX 990067 HARTFORD, CT 06199 71-0294708	INVESTMENT ADVISORY - PLAN

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE PASHA GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE PASHA GROUP

D Employer Identification Number (EIN)
94-2279544

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: VOYA RETIREMENT INSUR AND ANNUITY C

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSUR AND ANNUITY CO.

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)
71-0294708-000	C	21990

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

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
THE PASHA GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE PASHA GROUP

D Employer Identification Number (EIN)
94-2279544

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2370463	565835
(2) Participant contributions	1b(2)	536	196918
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		10966
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	845993	2830785
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	85622570	21990
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		155321705
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3271352	5
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	92110914	158948204
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		4521
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	4521
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	92110914	158943683

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)	2680097	
(B) Participants	2a(1)(B)	5778002	
(C) Others (including rollovers)	2a(1)(C)	1046667	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9504766
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	88646	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		88656
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4751758	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4751758
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		12865343
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3030081
c Other income	2c		125272
d Total income. Add all **income** amounts in column (b) and enter total	2d		24305714
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13600512	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		13600512
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		21638
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	9744	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	170695	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	40701	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		221140
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13843290
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10462424
l Transfers of assets:			
(1) To this plan	2l(1)		56370345
(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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		3952
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE PASHA GROUP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE PASHA GROUP

D Employer Identification Number (EIN)
94-2279544

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): 71-0294708 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702827A .

CBIZ CPAs

THE PASHA GROUP 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

For the Year Ended December 31, 2025

THE PASHA GROUP 401(k) PLAN

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CBIZ CPAs P.C.

One Montgomery Street
Suite 1700
San Francisco, CA 94104

P: 415.432.6200

Independent Auditors' Report

The Retirement Committee of
The Pasha Group 401(k) Plan

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

We have performed the audits of the financial statements of The Pasha Group 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 statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the 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 qualified institutions 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 4 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements 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 ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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.

Other Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or are 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).

CBIZ CPAs P.C.

San Francisco, California
October 13, 2026

THE PASHA GROUP 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	December 31, 2025	December 31, 2024
Assets		
Investments, at Fair Value	$ 155,354,661	$ 85,622,570
Investment, at Contract Value	5	3,271,352
Total Investments	155,354,666	88,893,922
Receivables		
Notes Receivable from Participants	2,852,422	845,993
Contributions Receivable from Employees	196,889	--
Contributions Receivable from Employer	562,479	2,370,463
Total Receivables	3,611,790	3,216,456
Total Assets	158,966,456	92,110,378
Liabilities		
Excess Contributions Payable	(4,111)	--
Net Assets Available for Benefits	$ 158,962,345	$ 92,110,378

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

THE PASHA GROUP 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2025

Additions	
Additions to Net Assets Attributed to:	
Investment Income	
Net Appreciation in Fair Value of Investments	$ 9,590,892
Interest and Dividend Income	5,115,618
Total Investment Income	14,706,510
Interest Income on Notes Receivable From Participants	89,360
Contributions	
Participants	5,778,538
Employer	2,677,060
Rollover	1,046,667
Total Contributions	9,502,265
Total Additions	24,298,135
Deductions	
Deductions From Net Assets Attributed to:	
Benefits Paid to Participants	13,595,374
Administrative Expenses	221,139
Total Deductions	13,816,513
Net Increase in Net Assets	10,481,622
Assets Transferred from Other Plans	56,370,345
Net Assets Available for Benefits - Beginning of Year	92,110,378
Net Assets Available for Benefits - End of Year	$ 158,962,345

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

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of The Pasha Group 401(k) Plan (the "Plan"), formerly named The Pasha Group 401(k) Profit Sharing 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 was established in 1994 to provide retirement benefits for employees of The Pasha Group, Inc. (the "Company") in the United States. In addition, the employees of the following adopting employers are eligible to participate in the Plan: Pasha Stevedoring & Terminals, Inc., Pasha Stevedoring & Terminals, L.P., Pasha Automotive Services, Pasha Hawaii Holdings LLC, Hawaii Stevedores, Inc. ("HSI"), Sea-Logix, LLC ("SLX"), Sunrise Operations, LLC, Pasha Freight Systems, Akamai Vessel Services, American Shipping, Inc., Ryan's World, MODO International, Inc., and MJ Transco LLC. Until November 1, 2025, the Plan was a defined contribution plan covering all employees of the Company and the adopting employers, except members of a collective bargaining agreement, non-resident aliens, and independent contractors. Eligible employees under this definition for the full year are collectively referred to as employees from the "Non-Collectively Bargained Group."

Effective January 1, 2025, the plan document was amended and later restated with substantially the same provisions, except for the following amendments:

1) This Plan is referred to as a "Qualified Automatic Contribution Arrangement 401(k) plan" also known as a "QACA". As a result, the Plan began to make QACA match contributions (See Employer Contributions in Note 1).
2) Remove employer discretionary matching contributions and after-tax voluntary employee contributions.
3) Exclude temporary and per diem employees from all contributions. Those employees who met the 401(k) eligibility requirements before January 1, 2025, will be allowed to continue to participate in the Plan. The exclusion will no longer apply once the participant completes a Year of Service.
4) Remove the exclusion for Owner-Operator drivers.
5) Change years of service for vesting to be based on periods of service based on the elapsed time method, with the vesting computation period being the date of hire and each 12-month period thereafter but not counting service prior to January 1, 2025. The total years of service for vesting will be the years of service as of December 31, 2024 plus the years of service after December 31, 2024 under the elapsed time method.
6) Change the threshold participants can be automatically distributed without consent from $200 to $7,000.
7) Allow matching on catch-up contributions.
8) Allow for in-Plan Roth rollover contributions, in addition to in-Plan Roth rollover transfers.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

GENERAL (CONTINUED)

In 2025, the Plan administrator began efforts to restructure The Pasha Group's retirement plans and the administration of such plans. This change is intended to streamline plan management and experience of plan participants. Part of this restructuring was to merge three other plans into the Plan. Effective November 1, 2025, the Plan was renamed The Pasha Group 401(k) Plan and Fidelity Management Trust Company ("Fidelity") assumed the trustee and recordkeeping responsibilities of the Plan. The Plan's assets were transferred to Fidelity on November 1, 2025. Effective November 1, 2025, the plan document was amended and restated to merge the Hawaii Stevedores 401(k) Plan for Collectively Bargained Employees ("HSI Plan"), PS & Terminals 401(k) Plan – Vessel Superintendents ("PST Vessels Plan"), and the PS & Terminals OCU 401(k) Plan ("PST OCU Plan") into this Plan. As such, Hawaii Terminals, Inc. ("HTI") and Pasha Terminal Services, LLC ("PTS") became adopting employers of the Plan. Employees covered by those arrangements, hereafter referred to as employees from the HSI Group, PST Vessels Group, and PST OCU Group, became eligible to participate in the Plan. The amended Plan document contains separate eligibility, contribution, vesting, and distribution provisions for employees from the HSI, PST Vessels, and PST OCU groups, which is discussed in each section in Note 1. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and certain provisions of the Internal Revenue Code ("IRC"), as amended.

The Plan provides for a Plan administrator who is responsible for keeping accurate and complete records regarding the Plan's operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and government regulations and providing participants with any reports and documents required by law. The Retirement Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

PARTICIPATION

Prior to the November 1, 2025 amendment, eligibility was restricted to employees from the Non-Collectively Bargained Group. An employee from this group is eligible to participate in the salary deferral portion of the Plan on the first day of the month on or after the date the employee has worked for a period of at least one calendar month and is at least 18 years of age. An employee was eligible for employer profit sharing contributions beginning on the January 1st or July 1st that falls on or after the date the employee had worked at least 1,000 hours within a period of six consecutive months, with at least one hour worked in each month, and was at least 21 years of age. An employee was also eligible for matching compensation subject to the same requirement until December 31, 2024.

On January 1, 2025, the plan document was amended and later restated to include a QACA safe harbor match. An employee from the Non-Collectively Bargained Group is eligible for QACA safe harbor matching contributions beginning on the first day of the month on or after the date the employee has worked for a period of at least one calendar month and is at least 18 years of age.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

PARTICIPATION (CONTINUED)

Starting November 1, 2025, employees from the HSI Group became eligible to participate in the salary deferral portion of the Plan in accordance with the eligibility provisions applicable to their respective collective bargaining agreements ("CBA"). There is no age or service requirement. Employees covered by a CBA with the International Brotherhood of Teamsters ("IBT") Local 848 and casual employees covered under IBT Local 70 are excluded from participating in the Plan. For supplemental longshore labor employees associated with International Longshore and Warehouse Union Local 142 from HSI and HTI, employees will be able to participate provided that the employee attained age 21 and has completed 1,000 hours of service.

Starting November 1, 2025, employees from the PST Vessels Group and PST OCU Groups became eligible to participate in the elective deferral portion of the Plan if they are at least 18 years of age. There is no service requirement. Employees from the PST Vessels Group enter the Plan upon satisfying the eligibility requirements, while employees from the PST OCU Group enter the Plan on the first day of the month after satisfying the eligibility requirements.

PARTICIPANT CONTRIBUTIONS

Participants may elect to make pre-tax and/or after-tax ("Roth") salary contributions, subject to an annual aggregate maximum amount set by the IRC ($23,500 for 2025). Participants, who are at least 50 years of age by the end of the calendar year, may also make catch-up contributions subject to an annual maximum amount ($7,500 for 2025). Effective October 30, 2025, an optional provision of SECURE 2.0 Act was adopted to increase catch-up contribution limits for participants aged 60 through 63 to $11,250. Participants may make rollover contributions representing distributions from other eligible retirement plans subject to approval by the Plan administrator.

The Plan provides for an Automatic Contribution Arrangement for employees from the Non-Collectively Bargained Group whereby all newly hired employees will be automatically enrolled at a contribution rate of 3% of eligible compensation on their date of eligibility, unless the employee expressly elects not to make any salary contribution. All automatically enrolled employees may subsequently elect to stop or change the automatic contribution percentage. There is no Automatic Contribution Arrangement for employees from the HSI Group, PST Vessels Group, or the PST OCU Group.

EMPLOYER CONTRIBUTIONS

For employees from the Non-Collectively Bargained Group, for the year ended December 31, 2024, the Company may elect to make discretionary matching and profit sharing contributions as determined by the management of the Company. Contributions were subject to certain limitations. A participant's eligible compensation for purposes of determining the profit sharing contribution was subject to an annual maximum amount ($345,000 for 2024). Participants must have been credited with at least 1 hour of service and must have been employed on the last day of the Plan year to receive the discretionary profit sharing contribution.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

EMPLOYER CONTRIBUTIONS (CONTINUED)

On January 1, 2025, the plan document was amended and later restated to include a QACA safe harbor match. An employee from the Non-Collectively Bargained Group is eligible for QACA safe harbor matching contributions beginning on the first day of the month on or after the employee has worked for a period of at least one calendar month and is at least 18 years of age.

Starting January 1, 2025, the Company makes QACA safe harbor matching contributions equal to 100% of employees' salary deferrals that do not exceed 1% of employees' eligible compensation plus 50% of employees' deferrals contributions between 1% to 6% of employees' eligible compensation. Effective January 31, 2025, the plan document was amended to change the determination period for the QACA basic matching contribution from each payroll period to the plan year. A participant's eligible compensation for purposes of determining the employer contribution is subject to an annual maximum amount ($350,000 for 2025). The Company's QACA safe harbor match for the year ended December 31, 2025 amounted to $2,013,446, net of forfeitures. The Company also made corrective qualified nonelective contributions ("QNEC") to employees from the Non-Collectively Bargained Group for the year ended December 31, 2025 amounting to $7,133.

For employees from the HSI Group, the adopting employers may elect to make a discretionary nonelective employer contribution to participants covered by a certain CBA who are active during the plan year. The nonelective employer contribution will be allocated to each eligible participant's account pro-rata based on the ratio of the participant's eligible compensation to the total eligible compensation of all eligible participants. HSI's nonelective employer contribution for the year ended December 31, 2025 amounted to $487,149. PTS's nonelective employer contribution amounted to $6,170 for the year ended December 31, 2025. SLX is also required to make employer contributions for employees covered by a certain CBA. Contributions under this arrangement, as defined in the CBA, amounted to $900 for the year ended December 31, 2025.

For employees from the PST Vessels Group, an employee is eligible for discretionary non-elective contributions if employed on the last day of the Plan year, or if they worked at least 500 hours during the year if terminated before the last day. Contributions under this arrangement, as defined in the CBA, amounted to $146,262.

For employees from the PST OCU Group, an employee is eligible for discretionary non-elective contributions if they have been employed by the Company for at least six months of the contributing year and have worked at least 1,000 hours during the contributing year. Contributions under this arrangement, as defined in the CBA, amounted to $16,000.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

PARTICIPANT ACCOUNTS

The Plan maintains an account for each participant which is credited or charged for the participant's contributions and the allocations of (a) the Company's discretionary nonelective employer contributions or safe-harbor matching contributions, (b) Plan investment earnings or losses and, (c) administrative expenses. Allocations are based on participant compensation, account balances, or specific transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

VESTING OF PLAN BENEFITS

Participants from all four participant groups are immediately vested in their voluntary contributions, rollover contributions and any actual earnings thereon. For participants from the Non-Collectively Bargained Group and PST Vessels Group, vesting in the Company's nonelective profit sharing contributions and discretionary nonelective contributions, and earnings thereon is based on years of credited service. Vesting is based on a 5-year graded scale as follows:

Years of Service	Vested Percentage
Less Than One Year	0%
1 Year	20%
2 Years	40%
3 Years	60%
4 Years	80%
5 Years	100%

For employees from the Non-Collectively Bargained Group, the QACA match contribution is subject to a 2-year vesting schedule below. However, participants will be 100% vested in QACA match contributions upon death or becoming disabled.

Years of Service	Vested Percentage
Less than 2 Years	0%
2 Years and more	100%

Participants from the HSI Group and the PST OCU Group are immediately vested in their discretionary nonelective employer contributions and earnings thereon.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

INVESTMENT OPTIONS

The Plan currently offers mutual funds, a collective trust fund, corporate stocks, and self-directed brokerage accounts as investment options for participants. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time. A participant may also direct the investment of account funds to the purchase of life insurance programs, as defined. This option was removed upon the November 1, 2025 restatement.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their vested account balances provided they meet the Plan's eligibility requirements. The minimum loan amount is $1,000 and the maximum loan amount is the lesser of one-half of the participant's vested account balance or $50,000. The term of the loan is not to exceed five years, except for loans used to finance the purchase of a primary residence, which can be for a longer period. The loans are collateralized by the vested balance in the participant's account and bear interest at a fixed rate equal to the prime rate plus 1%. Principal and interest are repaid ratably through payroll deductions. Participants are allowed to continue payments for up to one year after termination of employment. At the end of one year, any unpaid loan balance will be considered in default and will become due and payable.

PAYMENT OF BENEFITS

Upon normal retirement, termination of service due to death, disability or other reasons, a participant may elect to receive a lump-sum amount or installment payments equal to the value of the participant's vested account balance. Upon reaching normal retirement age, a participant who is still employed becomes fully vested. For employees from the Non-Collectively Bargained Group and the HSI Group, the normal retirement age is 65 years. For participants from the PST Vessels Group and the PST OCU Group, the normal retirement age is 55 years. A participant may also be eligible for a withdrawal due to financial hardship in certain circumstances. Terminated participants with account balances in excess of $7,000 may delay receipt of distributions. If a terminated participant's account balance is between $200 and $7,000, and no instructions have been received from such participant, the amount will be rolled over to an individual retirement account as designated by the plan administrator. However, if the vested benefit in the participant's account does not exceed $200, the participant will receive the full value of the vested interest in the account as a lump sum distribution. Mandatory distributions are generally required to begin no later than April 1st following the later of the end of the year a participant retires, or reaches the age 73.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

UNALLOCATED ACCOUNTS

Unallocated accounts consist of the unvested portion of a participant's account forfeited upon termination of employment and excess revenue sharing or employer contributions (see Note 7). The unallocated accounts are applied to pay administrative fees and employer contributions. The balance of excess revenue sharing as of December 31, 2025 and 2024 amounted to $5 and $73,496, respectively. For the year ended December 31, 2025, excess revenue sharing of $146,314 was used to pay plan expenses and $11,486 was allocated evenly to all participants. The balance of unapplied forfeitures as of December 31, 2025 and 2024 was $75,922 and $10,714, respectively. For the year ended December 31, 2025, forfeitures of $38,103 were used to pay plan expenses and $10,700 was applied to pay the prior-year discretionary profit-sharing contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value (see Note 5). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Committee determines the Plan's valuation policies utilizing information provided by Voya Retirement Insurance and Annuity Company ("Voya") and Fidelity. See Note 3 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when they are incurred.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

CONTRIBUTIONS

Contributions from Plan participants and matching contributions from the Company, if any, are recorded in the year in which the employee contributions are withheld from compensation.

CONCENTRATIONS

From the list of investment options, participants determine the investment funds to which their accounts are invested. As of December 31, 2025, two investments combined accounted for 32% of total investments. As of December 31, 2025 and 2024, the target date family of funds offered by the Plan, in the aggregate, accounted for approximately 63% and 64% of total investments, respectively.

ADMINISTRATIVE EXPENSES

Any fees related to the administration of the Plan or associated with the investment of Plan assets may be paid by the Plan or by the Company. Expenses paid by the Company are excluded from these financial statements. If the Company does not elect to pay the Plan-related expenses, such expenses will generally be allocated to the participant accounts either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. Other administrative fees related to participant-directed transactions, such as loan and distribution processing fees, may be charged directly to the account of the participant initiating the transaction. Investment management related expenses are included in net appreciation or depreciation of fair value of investments.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

MUTUAL FUNDS

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

COMMON COLLECTIVE TRUST FUND

Valued at the NAV of the common collective trust fund. The NAV, as provided by Fidelity, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell its investments for an amount different than the reported NAV. Participant transactions may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require twelve months notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

SELF-DIRECTED BROKERAGE ACCOUNTS

Self-directed brokerage accounts include cash, exchange-traded funds, mutual funds and common stock. Cash is valued at cost which represents fair value. Common stock, mutual funds, and exchange-traded funds are valued at the closing price reported on the active market on which the individual securities are traded.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

POOLED SEPARATE ACCOUNTS

Valued at the NAV of accumulation units held at year-end. The NAV, as provided by Voya, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the account, dividends and contract account charges. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions may occur daily. The pooled separate accounts do not have unfunded commitments and are currently not subject to withdrawal limitations.

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

As described above, the fair value of the Common Collective Trust Fund and pooled separate accounts is measured using the NAV practical expedient. In accordance with the fair value measurement guidance, investments that are measured at fair value using the NAV practical expedient are not required to be classified in the fair value hierarchy.

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

	2025			
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy				
Mutual funds	$ 147,117,296	$ --	$ --	$ 147,117,296
Self-directed brokerage accounts	6,558,542	--	--	6,558,542
	$ 153,675,838	$ --	$ --	153,675,838
Investments measured at net asset value				
Common collective trust fund (a)				1,656,832
Pooled separate accounts (a)				21,991
Total Investments at Fair Value				$ 155,354,661

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

(a) In accordance with Financial Accounting Standards Board Accounting Standards Codification Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables set forth additional disclosure of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2025 and 2024:

Pooled Separate Accounts	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
December 31, 2025	$ 21,991	N/A	Daily	Daily
December 31, 2024	$ 85,622,570	N/A	Daily	Daily

Common Collective Trust Fund	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
December 31, 2025	$ 1,656,832	N/A	Daily	12 Months

NOTE 4 – INFORMATION CERTIFIED BY THE TRUST COMPANIES

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103 8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As mentioned in Note 1, on November 1, 2025, the Plan assets were transferred to the Fidelity recordkeeping and administrative services platform. Effective November 1, 2025, custodial obligations were delegated to Fidelity. Accordingly, Voya held the Plan's investment assets and executed investment transactions for the year ended December 31, 2025 and Fidelity held the Plan's investment assets and executed investment transactions from November 1, 2025 through December 31, 2025. Fidelity has certified the completeness and accuracy of all investments presented in the statements of net assets available for benefits and Note 3 as of December 31, 2025, the supplemental Schedule H, line 4i: Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment income presented in the statement of changes in net assets available for benefits for the period from November 1, 2025 through December 31, 2025. Voya has certified the completeness and accuracy of all investments presented in the statements of net assets available for benefits and Note 3 as of December 31, 2025 and 2024, as well as the related investment income presented in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

Effective October 15, 2012, the Plan entered into a funding agreement with Voya which includes the terms and conditions related to Voya's fully benefit-responsive Fixed Account investment option. Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Voya guarantees a minimum rate of interest to the Fixed Account and may credit a current interest rate, expressed as an annual effective yield, exceeding the minimum guaranteed rate. Voya determines the current credited interest rate based on a number of factors, including mortality and expense risks, interest rate guarantees, investment income earned on invested assets, and capital gains and/or losses on the sale of invested assets.

Voya is contractually obligated to repay the principal and the specified interest yield that is guaranteed to the Plan. The Plan's guaranteed minimum effective crediting interest rate was 1.00% for the years ended December 31, 2025 and 2024, respectively.

Voya's Fixed Account meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value in the statements of net assets available for benefits. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

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

The Plan may transact according to the terms defined in the contract at contract value or terminate the contract with the issuer at any time. Upon termination or surrender, contract value adjustments and fees may apply. The issuer reserves the right to treat accumulated withdrawals that exceed 20% of the current value of all plan accounts at the beginning of the contract year as a surrender. For the year ended December 31, 2025, the Plan incurred contract value adjustments and fees amounting to $2,072 upon surrender.

NOTE 6 – INCOME TAX STATUS

The Company has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service ("IRS") dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

NOTE 6 – INCOME TAX STATUS (CONTINUED)

Upon the restatement on November 1, 2025, the Company adopted another pre-approved plan document. The final plan document is being finalized as of the report date and an IRS opinion letter has not been obtained. The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

For the year ended December 31, 2024 and for the period from January 1, 2025 through October 31, 2025, the Plan's investments are pooled separate accounts and a fully benefit-responsive investment contract managed by Voya. Voya was the insurance company and recordkeeper for the Plan for this period and, therefore, these transactions qualify as party-in-interest transactions. For the period from November 1, 2025 through December 31, 2025, shares in mutual funds and a common collective trust fund are managed by an affiliate of Fidelity. Fidelity is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

For the year ended December 31, 2024 and the period from January 1, 2025 through October 31, 2025, Voya provided certain administrative services to the Plan under a service agreement between the Plan and Voya. Voya received revenue from certain investment service providers for services Voya provides to the funds. This revenue was used to offset certain amounts owed to Voya for its administrative services to the Plan. If the revenue received by Voya from certain investment service providers exceeded the amount owed under the service agreement, Voya remitted the excess to the Plan's trust. For the period from January 1, 2025 through October 31, 2025, the Plan received $83,957 of excess revenue sharing (see Note 1). Because these fees were paid through this revenue sharing arrangement, rather than a direct payment, they were netted against the net appreciation or depreciation in fair value of the investments.

For the period from November 1, 2025 through December 31, 2025, Fidelity provided certain administrative services to the Plan under a service agreement between the Plan and Fidelity. Fidelity receives revenue from mutual fund service providers for services Fidelity provides to the funds. This revenue is used to offset certain amounts owed to Fidelity for its administrative services to the Plan. Because these fees are paid through this revenue sharing arrangement, rather than a direct payment, they are included in net appreciation or depreciation in fair value of investments. The Plan or Plan sponsor may make a payment to Fidelity for administration expenses not covered by this revenue sharing arrangement.

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – PLAN TERMINATION

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

NOTE 10 – DELINQUENT PARTICIPANT CONTRIBUTIONS

During the years ended December 31, 2025 and 2024, there were unintentional delays by the Plan sponsor in remitting participant contributions and loan repayments to Voya and Fidelity, amounting to $3,433 and $519, respectively, within the period prescribed by the Department of Labor's regulations. The Company is currently computing lost earnings for the delinquent participant contributions and loan repayments and intends to make corrections in 2026.

NOTE 11 – PLAN ADMINISTRATION ERRORS

Certain operational errors were discovered relating to the definition of eligible compensation that occurred during the years ended December 31, 2016 and 2015. During the year ended December 31, 2024, Plan management calculated and remitted the missed employee contributions and related lost earnings to the affected participants amounting to approximately $32,000.

Certain operational errors were discovered relating to the definition of eligible compensation that occurred during the year ended December 31, 2021. Plan management determined that the extent of the error amounted to approximately $58,000 in excess employer contributions. As a result of this excess employer contribution, the Plan failed a compliance test. During the year ended December 31, 2024, Plan management has submitted the responses and planned actions to the Internal Revenue Services for approval through the Voluntary Correction Program.

NOTE 11 – PLAN ADMINISTRATION ERRORS (CONTINUED)

During the years ended December 31, 2022 and 2021, Plan management discovered errors in the timing of enrolling participants under the auto-enrollment procedures. On January 2, 2026, for those who were auto-enrolled late into the Plan, Plan management calculated and remitted the missed employee contributions and related lost earnings to the affected participants amounting to approximately $5,964.

NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of amounts reported in the financial statements to those reported per Form 5500 as of and for the year ended December 31:

		2025	2024
a.	Net Assets Available for Benefits per the Financial Statements	$ 158,962,345	$ 92,110,378
	Reconciling Item:		
	Deemed Defaulted Loans Reported as Distributions per Form 5500	(21,638)	--
	Participant Contributions Receivable Not Recorded in the Financial Statements but on Form 5500	(410)	536
	Other	3,386	--
	Net Assets Available for Benefits per Form 5500	$ 158,943,683	$ 92,110,914

		2025
b.	Net Increase in Net Assets per the Financial Statements	$ 10,481,622
	Reconciling Items:	
	Deemed Defaulted Loans Reported as Distributions per Form 5500	(21,638)
	Participant Contributions Receivable Not Recorded in the Financial Statements but on Form 5500	(946)
	Other	3,386
	Net Increase in Net Assets per Form 5500	$ 10,462,424

NOTE 13 – SUBSEQUENT EVENTS

Effective January 1, 2026, the SECURE 2.0 Act requires that catch-up contributions made by participants aged 50 or older with prior-year compensation exceeding $150,000 be designated as Roth contributions.

Effective May 20, 2026, the Plan Committee approved implementing Guaranteed Income Direct as a withdrawal option for eligible 401(k) participants. This is an optional distribution feature and may be taken during a termination event or as an age 59 ½ distribution.

The Plan administrator has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

THE PASHA GROUP 401(k) PLAN

SCHEDULE H – LINE 4a: SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FEIN: 94-2279544
Plan Number: 003

For the Year Ended December 31, 2025

Year	Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included:	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
2025	$ 3,433	☑	$ 3,433	$ --	$ --	$ --
2024	$ 519	☑	$ 519	$ --	$ --	$ --

THE PASHA GROUP 401(k) PLAN

SCHEDULE H – LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEIN: 94-2279544
Plan Number: 003

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		(d) Cost	(e) Current Value
		Mutual Funds:			
	American Funds	American Funds EuroPacific Growth Fund Class R6	59,263 Shares	^	$ 3,590,163
	American Funds	American Funds New World Fund Class R6	22,430 Shares	^	2,089,831
	BlackRock, Inc.	BlackRock Strategic Global Bond Fund Class K	12,734 Shares	^	68,637
	BlackRock, Inc.	BlackRock High Yield Bond Fund Class K	115,336 Shares	^	833,877
	BlackRock, Inc.	BlackRock LifePath Index Retirement Fund Class K	1,892,321 Shares	^	28,195,590
	BlackRock, Inc.	BlackRock LifePath Index 2030 Fund Class K	605,000 Shares	^	11,416,358
	BlackRock, Inc.	BlackRock LifePath Index 2035 Fund Class K	909,852 Shares	^	19,370,745
	BlackRock, Inc.	BlackRock LifePath Index 2040 Fund Class K	403,364 Shares	^	9,394,349
	BlackRock, Inc.	BlackRock LifePath Index 2045 Fund Class K	466,695 Shares	^	12,008,065
	BlackRock, Inc.	BlackRock LifePath Index 2050 Fund Class K	317,614 Shares	^	8,667,697
	BlackRock, Inc.	BlackRock LifePath Index 2055 Fund Class K	222,175 Shares	^	6,345,331
	BlackRock, Inc.	BlackRock LifePath Index 2060 Fund Class K	61,482 Shares	^	1,579,461
	BlackRock, Inc.	BlackRock LifePath Index 2065 Fund Class K	45,393 Shares	^	823,890
	BlackRock, Inc.	BlackRock LifePath Index 2070 Fund Class K	3,209 Shares	^	38,224
	Cohen & Steers	Cohen & Steers Global Realty Shares Class Z	9,949 Shares	^	542,732
*	Fidelity Investments	Fidelity Government Money Market Fund	10,966 Shares	^	10,966
*	Fidelity Investments	Fidelity Contrafund Class K	373,590 Shares	^	9,119,338
*	Fidelity Investments	Fidelity U.S. Bond Index Fund	46,888 Shares	^	495,136
*	Fidelity Investments	Fidelity 500 Index Fund	51,696 Shares	^	12,289,124
*	Fidelity Investments	Fidelity Mid Cap Index Fund	60,701 Shares	^	2,241,689
*	Fidelity Investments	Fidelity Small Cap Index Fund	39,773 Shares	^	1,230,184
*	Fidelity Investments	Fidelity Total International Index Fund	44,279 Shares	^	766,918
	Franklin Templeton	Franklin Mutual International Value Fund Class R6	5,801 Shares	^	189,851
	Franklin Templeton	Putnam Stable Value Fund	148,747 Shares	^	148,747
	MFS Investment Management	MFS Massachusetts Investors Growth Stock Fund Class R6	29,275 Shares	^	1,282,539
	MFS Investment Management	MFS Value Fund Class R6	89,157 Shares	^	4,449,811
	MFS Investment Management	MFS Total Return Bond Fund Class R6	462,448 Shares	^	4,462,628
	PIMCO	PIMCO Income Fund Institutional Class	92,929 Shares	^	1,021,286
	Principal Financial Group	Principal MidCap Fund Class R6	36,052 Shares	^	1,546,997
	The Vanguard Group	Vanguard Explorer Fund Admiral Shares	7,945 Shares	^	847,663
	The Vanguard Group	Vanguard Small-Cap Value Index Fund Admiral Shares	3,091 Shares	^	281,366
	Victory Capital Management	Victory Sycamore Established Value Fund Class R6	38,292 Shares	^	1,725,431
	Virtus Investment	Virtus International Small-Cap Fund Institutional Class	2,148 Shares	^	42,672
					147,117,296
		Fixed Accounts:			
*	Voya Life Insurance and Annuity Company	Voya Fixed Account		^	5
		Pooled Separate Accounts:			
*	Voya Life Insurance and Annuity Company	JP Morgan Emerging Markets Equity Portfolio - Institutional	848 Units	^	21,991
		Common Collective Trust Fund:			
*	Fidelity Investments	Managed Income Portfolio Class 1	1,656,832 Shares	^	1,656,832
		Self-Directed Brokerage Accounts:			
*	Fidelity Investments	Fidelity Brokerage Link		^	6,558,542
*	Notes Receivable from Participants	292 notes receivable bearing interest ranging from 4.25% to 10.50% and maturing from January 2026 to February 2052.		-	2,852,422
					$ 158,207,088

* Denotes party-in-interest as defined by ERISA.
^ Column (d) Cost is omitted for participant directed investments.

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
The Pasha Group 401(K) Profit Sharing Plan

1b Three-digit plan number (PN) ► 003

1c Effective date of plan 01/01/1994

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)

The Pasha Group

2370 Kerner Blvd, Suite 200

US San Rafael CA 94901

2b Employer Identification Number (EIN)
94-2279544

2c Plan Sponsor's telephone number
(415) 927-6400

2d Business code (see instructions)
488510

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	E. Compton	10-15-2026	Erica Compton
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	E. Compton	10-15-2026	Erica Compton
	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 and the plan name and the plan number from the last return/report:

a Sponsor's name
c Plan name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1,043
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)**	506
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1,085
b	Retired or separated participants receiving benefits	**6b**	44
c	Other retired or separated participants entitled to future benefits	**6c**	526
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1,655
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	8
f	Total. Add lines **6d** and **6e**	**6f**	1,663
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)**	1,027
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)**	1,438
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	42
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 2E 2F 2G 2J 2K 2S 2T 3D 3F 3H

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 _____

THE PASHA GROUP 401(k) PLAN

SCHEDULE H – LINE 4i: SCHEDULE OF ASSETS (HELD AT END OF YEAR)

FEIN: 94-2279544
Plan Number: 003

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		(d) Cost	(e) Current Value
		Mutual Funds:			
	American Funds	American Funds EuroPacific Growth Fund Class R6	59,263 Shares	^	$ 3,590,163
	American Funds	American Funds New World Fund Class R6	22,430 Shares	^	2,089,831
	BlackRock, Inc.	BlackRock Strategic Global Bond Fund Class K	12,734 Shares	^	68,637
	BlackRock, Inc.	BlackRock High Yield Bond Fund Class K	115,336 Shares	^	833,877
	BlackRock, Inc.	BlackRock LifePath Index Retirement Fund Class K	1,892,321 Shares	^	28,195,590
	BlackRock, Inc.	BlackRock LifePath Index 2030 Fund Class K	605,000 Shares	^	11,416,358
	BlackRock, Inc.	BlackRock LifePath Index 2035 Fund Class K	909,852 Shares	^	19,370,745
	BlackRock, Inc.	BlackRock LifePath Index 2040 Fund Class K	403,364 Shares	^	9,394,349
	BlackRock, Inc.	BlackRock LifePath Index 2045 Fund Class K	466,695 Shares	^	12,008,065
	BlackRock, Inc.	BlackRock LifePath Index 2050 Fund Class K	317,614 Shares	^	8,667,697
	BlackRock, Inc.	BlackRock LifePath Index 2055 Fund Class K	222,175 Shares	^	6,345,331
	BlackRock, Inc.	BlackRock LifePath Index 2060 Fund Class K	61,482 Shares	^	1,579,461
	BlackRock, Inc.	BlackRock LifePath Index 2065 Fund Class K	45,393 Shares	^	823,890
	BlackRock, Inc.	BlackRock LifePath Index 2070 Fund Class K	3,209 Shares	^	38,224
	Cohen & Steers	Cohen & Steers Global Realty Shares Class Z	9,949 Shares	^	542,732
*	Fidelity Investments	Fidelity Government Money Market Fund	10,966 Shares	^	10,966
*	Fidelity Investments	Fidelity Contrafund Class K	373,590 Shares	^	9,119,338
*	Fidelity Investments	Fidelity U.S. Bond Index Fund	46,888 Shares	^	495,136
*	Fidelity Investments	Fidelity 500 Index Fund	51,696 Shares	^	12,289,124
*	Fidelity Investments	Fidelity Mid Cap Index Fund	60,701 Shares	^	2,241,689
*	Fidelity Investments	Fidelity Small Cap Index Fund	39,773 Shares	^	1,230,184
*	Fidelity Investments	Fidelity Total International Index Fund	44,279 Shares	^	766,918
	Franklin Templeton	Franklin Mutual International Value Fund Class R6	5,801 Shares	^	189,851
	Franklin Templeton	Putnam Stable Value Fund	148,747 Shares	^	148,747
	MFS Investment Management	MFS Massachusetts Investors Growth Stock Fund Class R6	29,275 Shares	^	1,282,539
	MFS Investment Management	MFS Value Fund Class R6	89,157 Shares	^	4,449,811
	MFS Investment Management	MFS Total Return Bond Fund Class R6	462,448 Shares	^	4,462,628
	PIMCO	PIMCO Income Fund Institutional Class	92,929 Shares	^	1,021,286
	Principal Financial Group	Principal MidCap Fund Class R6	36,052 Shares	^	1,546,997
	The Vanguard Group	Vanguard Explorer Fund Admiral Shares	7,945 Shares	^	847,663
	The Vanguard Group	Vanguard Small-Cap Value Index Fund Admiral Shares	3,091 Shares	^	281,366
	Victory Capital Management	Victory Sycamore Established Value Fund Class R6	38,292 Shares	^	1,725,431
	Virtus Investment	Virtus International Small-Cap Fund Institutional Class	2,148 Shares	^	42,672
					147,117,296
		Fixed Accounts:			
*	Voya Life Insurance and Annuity Company	Voya Fixed Account		^	5
		Pooled Separate Accounts:			
*	Voya Life Insurance and Annuity Company	JP Morgan Emerging Markets Equity Portfolio - Institutional	848 Units	^	21,991
		Common Collective Trust Fund:			
*	Fidelity Investments	Managed Income Portfolio Class 1	1,656,832 Shares	^	1,656,832
		Self-Directed Brokerage Accounts:			
*	Fidelity Investments	Fidelity Brokerage Link		^	6,558,542
*	Notes Receivable from Participants	292 notes receivable bearing interest ranging from 4.25% to 10.50% and maturing from January 2026 to February 2052.		-	2,852,422
					$ 158,207,088

* Denotes party-in-interest as defined by ERISA.
^ Column (d) Cost is omitted for participant directed investments.

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2025 and Ending 12/31/2025
Name of Plan: The Pasha Group 401(K) Profit Sharing Plan
Employer Identification Number: 94-2279544 Three-digit plan number: 003

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$519		$519		
$3,433	$3,433			