

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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**

<p><b>1a</b> Name of plan <u>WEHCO VIDEO PROFIT SHARING PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>333</u></p>
<p><b>2a</b> 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) <u>WEHCO VIDEO INC. &amp; SUBSIDIARIES</u></p> <p><u>ROB DELANEY</u> <u>P.O. BOX 2221</u> <u>LITTLE ROCK, AR 72203-2221</u></p> <p style="text-align: right;"><u>115 EAST CAPITOL AVENUE</u> <u>LITTLE ROCK, AR 72201-3819</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1982</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>71-0426357</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>501-378-3428</u></p> <p><b>2d</b> Business code (see instructions) <u>517000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/08/2025	ROB DELANEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/08/2025	ROB DELANEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	298
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	170
	<b>6a(2)</b>	166
	<b>6b</b>	129
	<b>6c</b>	
	<b>6d</b>	295
	<b>6e</b>	1
	<b>6f</b>	296
	<b>6g(1)</b>	
<b>6g(2)</b>	295	
<b>6h</b>	11	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)  **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)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>WEHCO VIDEO PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WEHCO VIDEO INC. &amp; SUBSIDIARIES</b>	<b>D</b> Employer Identification Number (EIN) <b>71-0426357</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

BANK OF NEW YORK MELLON

PO BOX 2034  
JERSEY CITY, NJ 07303

13-2614959

(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	NONE	13470	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEPHENS INVESTMENTS

111 CENTER STREET  
LITTLE ROCK, AR 72201

71-0641478

(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 28	NONE	8341	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LANDMARK PLC, CPAS

200 W CAPITOL AVE, STE 1700  
LITTLE ROCK, AR 72201

71-0355269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7548	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

FOUNDATION RESOURCE MANAGEMENT

401 W. CAPITOL, SUITE 503  
LITTLE ROCK, AR 72201

71-0714016

(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 28	NONE	6404	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>WEHCO VIDEO PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WEHCO VIDEO INC. &amp; SUBSIDIARIES</b>	<b>D</b> Employer Identification Number (EIN) <b>71-0426357</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	70325	307495
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	375000	340000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	17637	14543
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	935633	862188
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1137084	1171031
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	3290925	3333977
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3610677	3709360
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	9437281	9738594
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	234
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	234
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9437281	9738360

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	340000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		340000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	5312	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	11054	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	50003	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	2180	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		68549
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	95824	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	71653	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		167477
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	3174559	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3021025	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		153534
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	661208	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		263279
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1654047

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1313794	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1313794
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	28362	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	10812	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		39174
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1352968

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		301079
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  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: **LANDMARK PLC, CPAS**

(2) EIN: **71-0355269**

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>WEHCO VIDEO PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>333</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>WEHCO VIDEO INC. &amp; SUBSIDIARIES</u>	<b>D</b> Employer Identification Number (EIN) <u>71-0426357</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> 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): <u>71-6058653</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (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.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> 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		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

# **WEHCO Video Profit Sharing Plan**

**Financial Statements  
and**

**Supplemental Schedule**

**As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024**

**(With Independent Auditor's Report Thereon)**

# WEHCO Video Profit Sharing Plan

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## INDEPENDENT AUDITOR'S REPORT

The Executive Committee  
WEHCO Video Profit Sharing Plan  
Little Rock, Arkansas

### Opinion

We have audited the financial statements of **WEHCO Video Profit Sharing Plan (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

### **Responsibilities of Management for the Financial Statements *(Continued)***

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

**Supplemental Schedule Required by ERISA**

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

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

A handwritten signature in black ink that reads "Landmark PLC". The signature is written in a cursive, flowing style.

Little Rock, Arkansas  
October 10, 2025

## **Financial Statements**

# WEHCO Video Profit Sharing Plan

## Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments at Fair Value	\$ 9,076,556	\$ 8,974,319
Cash	307,495	70,325
<b>Receivables</b>		
Employer contribution receivable	340,000	375,000
Interest receivable	14,543	17,637
<b>Total Receivables</b>	<u>354,543</u>	<u>392,637</u>
<b>TOTAL ASSETS</b>	9,738,594	9,437,281
<b>LIABILITIES</b>		
Accounts payable	234	-
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 9,738,360</u></u>	<u><u>\$ 9,437,281</u></u>

See accompanying notes to financial statements.

# WEHCO Video Profit Sharing Plan

## Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

### ADDITIONS

#### Investment Income

Interest and dividends	\$ 236,025
Net appreciation in fair value of investments	1,078,022
	<u>1,314,047</u>
Investment expenses	(28,362)
<b>Net Investment Income</b>	<u>1,285,685</u>

#### Contributions

Employer	<u>340,000</u>
<b>Total Additions</b>	<u>1,625,685</u>

### DEDUCTIONS

Benefits paid to participants	1,313,794
Administrative expenses	10,812
	<u>1,324,606</u>
<b>Total Deductions</b>	<u>1,324,606</u>

### NET INCREASE

301,079

### NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR

9,437,281

### NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR

\$ 9,738,360

See accompanying notes to financial statements.

# WEHCO Video Profit Sharing Plan

## Notes to Financial Statements December 31, 2024 and 2023

### **NOTE 1: DESCRIPTION OF PLAN**

The following description of the WEHCO Video Profit Sharing Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The following companies participate in the Plan:

WEHCO Video, Inc.	East Arkansas Video, Inc.
Resort Cable Television Company, Inc.	White County Video, Inc.
Longview Cable Television Company, Inc.	Tahlequah Cable Television, Inc.
Cam-Tel Company	Hope Community T.V., Inc.
Vicksburg Video, Inc.	Pine Bluff Cable Television, Inc.

#### **General**

The Plan, which was established January 1, 1982, and was amended and restated in its entirety effective January 1, 2010, is a defined contribution, profit sharing plan maintained for the benefit of eligible employees of the aforementioned companies (collectively, "the Plan Sponsors" and "the Employers"). Generally, an employee of any of the companies identified above is eligible to participate in the Plan upon the next entry date after attaining age twenty-one and completing one year of service in which the employee worked at least 1,000 hours. Entry dates are June 30 and December 31.

The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

WEHCO Video, Inc. is the entity designated to be responsible for administrative matters pertaining to the Plan. However, as permitted under the Plan agreement, the responsibility for administration of the Plan has been delegated to a committee comprised of employees of WEHCO Media, Inc., an entity affiliated with the Employers through common ownership. These administrative services are provided at no cost to the Plan.

As more fully described in Note 3, the Plan assets are invested in the WEHCO Profit Sharing Trust, which is a trust established to hold assets for the Plan and another profit-sharing plan maintained for the benefit of other companies related to the Employers through common ownership. The trustees of the WEHCO Profit Sharing Trust are responsible for executing all investment transactions, managing the investment portfolio and paying benefits.

#### **Contributions**

The Plan does not allow for employee contributions. The amount to be contributed by each of the Employers is determined annually by the Board of Directors of WEHCO Media, Inc. and is allocated to each participant as specified in the Plan agreement. Employers' contributions are also subject to limitations imposed by the Internal Revenue Service (IRS).

# WEHCO Video Profit Sharing Plan

## Notes to Financial Statements December 31, 2024 and 2023

### **NOTE 1: DESCRIPTION OF PLAN (Continued)**

#### **Participant Accounts**

Each participant's account is credited with allocations of the profit-sharing contributions and forfeitures of terminated participants' nonvested accounts and investment income (loss), net of certain administrative expenses. Allocations of profit-sharing contributions and forfeitures are generally based on the participant's compensation to total compensation of all participants. Participants are eligible to receive an allocation of profit-sharing contributions and forfeitures if they are actively employed by any one of the Employers on the last day of the year or have completed 1,000 hours of service during the year. Allocations of investment income (loss) and Plan expenses are generally based on participant account balances, as specified in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Vesting**

Participants are fully vested after three years of service. A participant may also become fully vested in employer contributions upon retirement at the normal retirement age (65), permanent disability or death.

#### **Forfeitures**

The nonvested portion of a participant's account to which the participant is not entitled upon termination is deemed a forfeiture. Forfeitures allocated to participants' accounts during the year ended December 31, 2024 totaled approximately \$29,000. There were no forfeitures available for future allocation at December 31, 2024 and 2023.

#### **Payment of Benefits**

Upon termination of service due to death, disability or retirement, a participant (or his or her designated beneficiary) may elect to receive the participant's vested account balance in either a lump-sum distribution or in payments over a period of time to be determined by the participant, but not more than his or her life expectancy. For terminations of service due to other reasons, a participant may elect to withdraw all or part of his or her vested balance, subject to certain limitations specified in the Plan agreement.

#### **Termination of the Plan**

Any of the Employers may withdraw from the Plan at any time. In such event, the participating employees will be entitled to receive the entire amount credited to their accounts. Although they have not expressed any intent to do so, the Employers may decide to terminate the Plan, at which time participating employees will be entitled to receive the entire amount credited to their accounts after the accounts have been adjusted to reflect any expenses and investment income (loss) amounts that are unallocated as of the effective date of termination.

### **NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### **Basis of Accounting**

The financial statements of the Plan have been prepared using the accrual basis of accounting.

# WEHCO Video Profit Sharing Plan

## Notes to Financial Statements December 31, 2024 and 2023

### **NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

#### **Payments of Benefits**

Benefits are recorded when paid. There are no amounts allocated to withdrawing participants that have not been paid at December 31, 2024 and 2023.

#### **Estimates**

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

### **NOTE 3: INTEREST IN WEHCO PROFIT SHARING TRUST**

The WEHCO Profit Sharing Trust (the Trust) was established January 4, 1982, to hold investment assets of the Plan and WEHCO Profit Sharing Plan. Members of the Board of Directors of WEHCO Media, Inc. serve as trustees of the Trust. Each participating retirement plan has an undivided interest in the Trust.

The value of the Plan's interest in the Trust is based on the beginning of year value of the Plan's interest in the Trust plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. For the years ended December 31, 2024 and 2023, the Plan's interest in the net assets of the Trust was approximately 31% and 32%, respectively. Net assets and investment income (loss) are allocated to the participating plans based on the proportion that the total fair value of each plan's separate account bears to the fair value of all assets in the Trust prior to the allocation.

Purchases and sales of investments are recorded on a trade date basis by the Trust. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as those held during the year.

### **NOTE 4: FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. 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 at the measurement date.

# WEHCO Video Profit Sharing Plan

## Notes to Financial Statements December 31, 2024 and 2023

### **NOTE 4: FAIR VALUE MEASUREMENTS (Continued)**

- Level 2 Inputs to the valuation methodology include the following:
- 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Money market mutual funds and mutual funds are 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.

Exchange-traded funds are determined based on the closing price as reported by the fund. The funds held by the Plan are registered with the Securities and Exchange Commission. The funds are priced continuously throughout the day but are required to publish their daily NAV at market close based on the value of the underlying securities. The funds held by the Plan are deemed to be actively traded.

U.S. and other government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

Domestic common stocks and foreign common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Domestic corporate debt obligations and foreign corporate debt obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

# WEHCO Video Profit Sharing Plan

## Notes to Financial Statements December 31, 2024 and 2023

### **NOTE 4: FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>December 31, 2024</b>				
Money market mutual funds	\$ 437,273	\$ 437,273	\$ -	\$ -
Exchange-traded funds	2,144,771	2,144,771	-	-
Mutual funds	1,127,316	1,127,316	-	-
Domestic common stocks	3,272,492	3,272,492	-	-
Domestic corporate debt	1,109,394	-	1,109,394	-
U.S. and other government securities	862,188	-	862,188	-
Foreign common stocks	61,485	61,485	-	-
Foreign corporate debt	61,637	-	61,637	-
	<u>\$ 9,076,556</u>	<u>\$ 7,043,337</u>	<u>\$ 2,033,219</u>	<u>\$ -</u>
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>December 31, 2023</b>				
Money market mutual funds	\$ 387,269	\$ 387,269	\$ -	\$ -
Exchange-traded funds	2,227,580	2,227,580	-	-
Mutual funds	995,828	995,828	-	-
Domestic common stocks	3,209,063	3,209,063	-	-
Domestic corporate debt	1,075,658	-	1,075,658	-
U.S. and other government securities	935,633	-	935,633	-
Foreign common stocks	81,862	81,862	-	-
Foreign corporate debt	61,426	-	61,426	-
	<u>\$ 8,974,319</u>	<u>\$ 6,901,602</u>	<u>\$ 2,072,717</u>	<u>\$ -</u>

For the years ended December 31, 2024 and 2023, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

### **NOTE 5: INCOME TAX STATUS**

The Plan obtained its latest determination letter on November 28, 2011, in which the IRS informed the Plan Sponsors that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Employers and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

# WEHCO Video Profit Sharing Plan

## Notes to Financial Statements December 31, 2024 and 2023

### ***NOTE 5: INCOME TAX STATUS (Continued)***

Accounting standards require the Plan Sponsors 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 the IRS. The Plan Sponsors have analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or disclosure in the financial statements. The Plan may be subject to audit by the IRS; however, there are currently no audits for any tax periods in progress.

### ***NOTE 6: RISKS AND UNCERTAINTIES***

Through the Trust, the Plan invests in various investment options including mutual funds, stocks, bonds and other investment securities. These investment securities are exposed to various risks such as interest rate, market and credit risks. In addition, some of the investments of the Trust may include foreign securities. There are certain additional risks involved when investing in foreign securities that are not present with investments in domestic securities. These risks may involve foreign currency exchange rate fluctuations, adverse political and economic developments and the possible prevention of currency exchange due to foreign governmental laws or restrictions. In addition, the liquidity of foreign securities may be more limited than that of domestic securities. 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 may occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the Plan's financial statements.

### ***NOTE 7: SUBSEQUENT EVENTS***

Management has evaluated subsequent events through October 10, 2025, the date that the financial statements were available to be issued.

## **Supplemental Schedules**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Cash	Cash	\$ 307,495	\$ 307,495
	Federated Treasury Obligations	Money market mutual fund	\$ 437,273	\$ 437,273
	Vanguard Growth ETF	591 units, exchange-traded funds	\$ 183,610	\$ 242,411
	Vanguard Mid-Cap Growth	621 units, exchange-traded funds	136,448	157,688
	Vanguard Mid-Cap Value	2,466 units, exchange-traded funds	357,628	398,962
	Vanguard Value ETF	1,771 units, exchange-traded funds	264,749	299,812
	Vanguard Small-Cap Value	682 units, exchange-traded funds	119,084	131,133
	Vanguard Long Term ETF	1,380 units, exchange-traded funds	83,122	76,399
	iShares 1-5 year Investment Grade Corporate Bond ETF	715 units, exchange-traded funds	36,686	36,990
	iShares Floating Rate Bond ETF	1,841 units, exchange-traded funds	93,209	93,687
	iShares Core MSCI	360 units, exchange-traded funds	18,213	18,804
	SPDR Barclay's Intermediate Term Treasury ETF	8,212 units, exchange-traded funds	233,889	228,950
	SPDR Barclay's Capital Intermediate Term Corporate Bond ETF	3,350 units, exchange-traded funds	109,979	109,744
	Schwab Short Term Treasury ETF	2,293 units, exchange-traded funds	55,539	55,161
	Schwab Short Term US TIPS ETF	3,694 units, exchange-traded funds	96,334	95,416
	Vanguard Intermediate Term Corporate Bond ETF	1,698 units, exchange-traded funds	138,033	136,318
	Vanguard Short Term Corporate Bond ETF	811 units, exchange-traded funds	62,777	63,296
	<b>Total Exchange-Traded Funds</b>		<u>\$ 1,989,300</u>	<u>\$ 2,144,771</u>
	Cohen & Steers Preferred Securities and Income	38,783 units, mutual funds	\$ 458,061	\$ 477,419
	American Funds Growth Fund of America	2,430 units, mutual funds	156,021	181,163
	American Funds New Economy Fund	548 units, mutual funds	30,205	33,779
	American Funds Small Cap World Fund	896 units, mutual funds	61,638	62,698
	T Rowe Price Emerging Markets Stock Fund	1,987 units, mutual funds	66,848	65,453
	Vanguard Institutional Index Fund	261 units, mutual funds	103,316	125,155
	Vanguard Short Term Bond Index	1,664 units, mutual funds	16,811	16,860
	American Funds Washington Mutual Investors Fund	2,675 units, mutual funds	153,950	164,789
	<b>Total Mutual Funds</b>		<u>\$ 1,046,850</u>	<u>\$ 1,127,316</u>

**(Continued)**

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Amphenol Corp	53 shares, common stock	\$ 3,535	\$ 3,647
	Apple Computer, Inc	7,425 shares, common stock	1,429,557	1,859,396
	Apple, Inc	97 shares, common stock	19,064	24,178
	Autozone Inc	8 shares, common stock	20,056	24,168
	Berkley W R Corp	776 shares, common stock	38,559	45,421
	Berkshire Hathaway Inc	63 shares, common stock	22,826	28,368
	Booz Allen Hamilton HLDG Corp	133 shares, common stock	18,492	17,080
	Brown & Brown, Inc	418 shares, common stock	37,996	42,640
	Canadian Pacry LTD	200 shares, common stock	15,636	14,454
	CDW Corp Com	170 shares, common stock	33,683	29,666
	Chubb LTD	96 shares, common stock	27,081	26,416
	Cintas	307 shares, common stock	51,969	56,078
	Coca Cola Cons Inc	3 shares, common stock	4,002	4,359
	Core&Main Inc	312 shares, common stock	14,087	15,867
	Costco Wholesale	98 shares, common stock	64,975	90,194
	CRH PLC SHS	194 shares, common stock	17,033	17,953
	Crowdstrike Hldgs, Inc	25 shares, common stock	7,118	8,716
	CSX Corp	984 shares, common stock	33,726	31,755
	Deere & Co	55 shares, common stock	22,007	23,319
	Eaton Corporation	79 shares, common stock	19,085	26,301
	Five Below	94 shares, common stock	6,654	9,837
	Gallagher Arthur J & CO Com	251 shares, common stock	60,568	71,236
	Hermes Intl ADR	59 shares, common stock	12,672	14,133
	Home Depot	183 shares, common stock	64,265	71,076
	International Business Machs Corp	191 shares, common stock	31,396	42,034
	Kroger Co	256 shares, common stock	13,991	15,635
	Lennar Corp	50 shares, common stock	8,399	6,862
	Loreal Co ADR	77 shares, common stock	7,357	5,447
	Mastercard, Inc	110 shares, common stock	47,081	58,126
	Microsoft Corp	292 shares, common stock	109,631	122,881
	Moodys Corp	49 shares, common stock	19,284	23,373
	Murphy USA, Inc	157 shares, common stock	56,067	78,898
	Murphy USA, Inc	69 shares, common stock	24,602	34,557
	Netflix	35 shares, common stock	22,853	31,395
	O'Reilly Automotive	21 shares, common stock	20,019	24,986
	Progressive Corp	224 shares, common stock	40,844	53,653
	Republic Services, Inc	383 shares, common stock	63,117	76,998
	Servicenow, Inc	33 shares, common stock	22,715	35,340
	Sherwin Williams	294 shares, common stock	91,616	99,849
	Vistra Corp	45 shares, common stock	3,437	6,200
	<b>Total Domestic Common Stocks</b>		<b>\$ 2,627,055</b>	<b>\$ 3,272,492</b>

**(Continued)**

**See Independent Auditor's Report.**

## WEHCO Video Profit Sharing Plan

### Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Baylor Scott White Holdings	31.45% interest in \$200,000 note, .827% November 15, 2025 maturity	\$ 57,847	\$ 60,762
	Boeing Company	31.45% interest in \$150,000 note, 5.04% May 1, 2027 maturity	47,585	47,295
	Burlington Northern Santa Fe Corp	31.45% interest in \$75,000 note, 6.75%, March 15, 2029 maturity	25,512	25,282
	Celegene Corp	31.45% interest in \$200,000 note, 3.45%, November 11, 2027 maturity	59,588	61,113
	Chevron Corporation	31.45% interest in \$150,000 note, 3.25%, October 15, 2029 maturity	44,070	44,392
	Cummins, Inc	31.45% interest in \$150,000 note, 7.125%, March 1, 2028 maturity	51,296	50,225
	Entergy LA, LLC	31.45% interest in \$200,000 note, 2.4%, October 1, 2026 maturity	58,893	60,565
	Exxon Mobil	31.45% interest in \$100,000 note, 2.275%, August 16, 2026 maturity	29,922	30,406
	Fairfax Financial Holdings	31.45% interest in \$45,000 note, 8.3%, April 15, 2026 maturity	14,948	14,688
	Fairfax Financial Holdings	31.45% interest in \$125,000 note, 4.85%, April 17, 2028 maturity	38,702	39,023
	General Dynamics	31.45% interest in \$150,000 note, 3.5%, April 1, 2027 maturity	45,957	46,148
	Gilead Sciences	31.45% interest in \$100,000 note, 3.5%, February 1, 2025 maturity	30,939	31,406
	Haliburton Company	31.45% interest in \$75,000 note, 2.92%, March 1, 2029 maturity	21,211	21,226

***(Continued)***

**See Independent Auditor's Report.**

## WEHCO Video Profit Sharing Plan

### Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Honeywell International, Inc	31.45% interest in \$125,000 note, 6.625%, June 15, 2028 maturity	\$ 42,908	\$ 41,521
	Intel Corporation	31.45% interest in \$100,000 note, 4.00%, August 5, 2029 maturity	29,953	29,957
	Kimberly Clark	31.45% interest in \$150,000 note, 2.65%, March 1, 2025 maturity	46,025	47,001
	Midamerican Energy Co DTD	31.45% interest in \$100,000 note, 3.65%, April 15, 2029 maturity	30,047	29,993
	Mosaic Co	31.45% interest in \$300,000 note, 4.05%, November 15, 2027 maturity	92,001	92,449
	Novartis Corp	31.45% interest in \$150,000 note, 3.00%, November 20, 2025 maturity	45,870	46,575
	Occidental Petroleum Corp	31.45% interest in \$150,000 note, 6.625%, September 1, 2030 maturity	49,817	49,367
	Owens Corning Inc	31.45% interest in \$100,000 note, 3.40%, August 15, 2026 maturity	30,309	30,758
	Philips 66	31.45% interest in \$50,000 note, 3.75%, March 1, 2028 maturity	13,840	14,652
	Stryker Corp	31.45% interest in \$100,000 note, 4.85%, December 8, 2028 maturity	31,305	31,532
	Raytheon Technologies	31.45% interest in \$125,000 note, 3.125%, May 4, 2027 maturity	37,372	37,945
	Raytheon Technologies	31.45% interest in \$150,000 note, 3.95%, August 16, 2025 maturity	46,489	46,953
	Union Pacific Corp	31.45% interest in \$100,000 note, 3.75%, July 15, 2025 maturity	30,971	31,305
	Valero Energy Corp	31.45% interest in \$150,000 note, 2.85%, April 15, 2025 maturity	45,640	46,855
	<b>Total Domestic Corporate Debt</b>		<u>\$ 1,099,017</u>	<u>\$ 1,109,394</u>

***(Continued)***

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	San Marcos TX Cons Indpt S/D	31.45% interest in \$185,000 bond, 3.613%, August 1, 2025 maturity	\$ 57,040	\$ 57,890
	Univ of Central AR Rev Taxable	31.45% interest in \$100,000 bond, 3.48%, November 1, 2025 maturity	30,733	31,221
	United States Treasury Note	31.45% interest in \$125,000 note, 2.00%, February 15, 2025 maturity	38,158	39,199
	United States Treasury Note	31.45% interest in \$250,000 note, 2.125%, May, 15, 2025 maturity	76,125	78,006
	United States Treasury Note	31.45% interest in \$200,000 note, 1.625%, February 15, 2026 maturity	59,620	61,100
	United States Treasury Note	31.45% interest in \$450,000 note, 2.25%, March 31, 2026 maturity	135,805	138,099
	United States Treasury Note	31.45% interest in \$250,000 note, 2.375%, May 15, 2027 maturity	74,722	75,287
	United States Treasury Bills	31.45% interest in \$425,000 note, 0% February 6, 2025 maturity	130,974	133,110
	United States Treasury Bills	31.45% interest in \$125,000 note, 0% May 15, 2025 maturity	38,472	38,710
	United States Treasury Bills	31.45% interest in \$297,000 note, 0% June 5, 2025 maturity	91,415	91,750
	United States Treasury Note	31.45% interest in \$125,000 note, 2% February 15, 2025 maturity	38,155	39,199
	United States Treasury Note	31.45% interest in \$125,000 note, 2.75% May 15, 2025 maturity	38,381	39,095
	United States Treasury Note	31.45% interest in \$125,000 note, 4.625% June 30, 2026 maturity	39,208	39,522
	<b>Total U.S. and Other Government Securities</b>		<u>\$ 848,808</u>	<u>\$ 862,188</u>

**(Continued)**

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Hermes Intl SA	10 shares, common stock	\$ 21,328	\$ 24,195
	Loreal SHS	105 shares, common stock	49,263	37,290
	<b>Total Foreign Common Stock</b>		<u>\$ 70,591</u>	<u>\$ 61,485</u>
	Canadian National Railway	31.45% interest in \$200,000 note, 2.75%, March 1, 2026 maturity	<u>\$ 60,578</u>	<u>\$ 61,637</u>

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Reportable Transactions December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Apple Computer, Inc.	Common Stock	\$ -	\$ 504,151	\$ -	\$ -	\$ 3,707	\$ 504,151	\$ 500,444

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Cash	Cash	\$ 307,495	\$ 307,495
	Federated Treasury Obligations	Money market mutual fund	\$ 437,273	\$ 437,273
	Vanguard Growth ETF	591 units, exchange-traded funds	\$ 183,610	\$ 242,411
	Vanguard Mid-Cap Growth	621 units, exchange-traded funds	136,448	157,688
	Vanguard Mid-Cap Value	2,466 units, exchange-traded funds	357,628	398,962
	Vanguard Value ETF	1,771 units, exchange-traded funds	264,749	299,812
	Vanguard Small-Cap Value	682 units, exchange-traded funds	119,084	131,133
	Vanguard Long Term ETF	1,380 units, exchange-traded funds	83,122	76,399
	iShares 1-5 year Investment Grade Corporate Bond ETF	715 units, exchange-traded funds	36,686	36,990
	iShares Floating Rate Bond ETF	1,841 units, exchange-traded funds	93,209	93,687
	iShares Core MSCI	360 units, exchange-traded funds	18,213	18,804
	SPDR Barclay's Intermediate Term Treasury ETF	8,212 units, exchange-traded funds	233,889	228,950
	SPDR Barclay's Capital Intermediate Term Corporate Bond ETF	3,350 units, exchange-traded funds	109,979	109,744
	Schwab Short Term Treasury ETF	2,293 units, exchange-traded funds	55,539	55,161
	Schwab Short Term US TIPS ETF	3,694 units, exchange-traded funds	96,334	95,416
	Vanguard Intermediate Term Corporate Bond ETF	1,698 units, exchange-traded funds	138,033	136,318
	Vanguard Short Term Corporate Bond ETF	811 units, exchange-traded funds	62,777	63,296
	<b>Total Exchange-Traded Funds</b>		<b>\$ 1,989,300</b>	<b>\$ 2,144,771</b>
	Cohen & Steers Preferred Securities and Income	38,783 units, mutual funds	\$ 458,061	\$ 477,419
	American Funds Growth Fund of America	2,430 units, mutual funds	156,021	181,163
	American Funds New Economy Fund	548 units, mutual funds	30,205	33,779
	American Funds Small Cap World Fund	896 units, mutual funds	61,638	62,698
	T Rowe Price Emerging Markets Stock Fund	1,987 units, mutual funds	66,848	65,453
	Vanguard Institutional Index Fund	261 units, mutual funds	103,316	125,155
	Vanguard Short Term Bond Index	1,664 units, mutual funds	16,811	16,860
	American Funds Washington Mutual Investors Fund	2,675 units, mutual funds	153,950	164,789
	<b>Total Mutual Funds</b>		<b>\$ 1,046,850</b>	<b>\$ 1,127,316</b>

*(Continued)*

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Amphenol Corp	53 shares, common stock	\$ 3,535	\$ 3,647
	Apple Computer, Inc	7,425 shares, common stock	1,429,557	1,859,396
	Apple, Inc	97 shares, common stock	19,064	24,178
	Autozone Inc	8 shares, common stock	20,056	24,168
	Berkley W R Corp	776 shares, common stock	38,559	45,421
	Berkshire Hathaway Inc	63 shares, common stock	22,826	28,368
	Booz Allen Hamilton HLDG Corp	133 shares, common stock	18,492	17,080
	Brown & Brown, Inc	418 shares, common stock	37,996	42,640
	Canadian Pacry LTD	200 shares, common stock	15,636	14,454
	CDW Corp Com	170 shares, common stock	33,683	29,666
	Chubb LTD	96 shares, common stock	27,081	26,416
	Cintas	307 shares, common stock	51,969	56,078
	Coca Cola Cons Inc	3 shares, common stock	4,002	4,359
	Core&Main Inc	312 shares, common stock	14,087	15,867
	Costco Wholesale	98 shares, common stock	64,975	90,194
	CRH PLC SHS	194 shares, common stock	17,033	17,953
	Crowdstrike Hldgs, Inc	25 shares, common stock	7,118	8,716
	CSX Corp	984 shares, common stock	33,726	31,755
	Deere & Co	55 shares, common stock	22,007	23,319
	Eaton Corporation	79 shares, common stock	19,085	26,301
	Five Below	94 shares, common stock	6,654	9,837
	Gallagher Arthur J & CO Com	251 shares, common stock	60,568	71,236
	Hermes Intl ADR	59 shares, common stock	12,672	14,133
	Home Depot	183 shares, common stock	64,265	71,076
	International Business Machs Corp	191 shares, common stock	31,396	42,034
	Kroger Co	256 shares, common stock	13,991	15,635
	Lennar Corp	50 shares, common stock	8,399	6,862
	Loreal Co ADR	77 shares, common stock	7,357	5,447
	Mastercard, Inc	110 shares, common stock	47,081	58,126
	Microsoft Corp	292 shares, common stock	109,631	122,881
	Moodys Corp	49 shares, common stock	19,284	23,373
	Murphy USA, Inc	157 shares, common stock	56,067	78,898
	Murphy USA, Inc	69 shares, common stock	24,602	34,557
	Netflix	35 shares, common stock	22,853	31,395
	O'Reilly Automotive	21 shares, common stock	20,019	24,986
	Progressive Corp	224 shares, common stock	40,844	53,653
	Republic Services, Inc	383 shares, common stock	63,117	76,998
	Servicenow, Inc	33 shares, common stock	22,715	35,340
	Sherwin Williams	294 shares, common stock	91,616	99,849
	Vistra Corp	45 shares, common stock	3,437	6,200
	<b>Total Domestic Common Stocks</b>		<b>\$ 2,627,055</b>	<b>\$ 3,272,492</b>

*(Continued)*

**See Independent Auditor's Report.**

## WEHCO Video Profit Sharing Plan

### Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Baylor Scott White Holdings	31.45% interest in \$200,000 note, .827% November 15, 2025 maturity	\$ 57,847	\$ 60,762
	Boeing Company	31.45% interest in \$150,000 note, 5.04% May 1, 2027 maturity	47,585	47,295
	Burlington Northern Santa Fe Corp	31.45% interest in \$75,000 note, 6.75%, March 15, 2029 maturity	25,512	25,282
	Celegene Corp	31.45% interest in \$200,000 note, 3.45%, November 11, 2027 maturity	59,588	61,113
	Chevron Corporation	31.45% interest in \$150,000 note, 3.25%, October 15, 2029 maturity	44,070	44,392
	Cummins, Inc	31.45% interest in \$150,000 note, 7.125%, March 1, 2028 maturity	51,296	50,225
	Entergy LA, LLC	31.45% interest in \$200,000 note, 2.4%, October 1, 2026 maturity	58,893	60,565
	Exxon Mobil	31.45% interest in \$100,000 note, 2.275%, August 16, 2026 maturity	29,922	30,406
	Fairfax Financial Holdings	31.45% interest in \$45,000 note, 8.3%, April 15, 2026 maturity	14,948	14,688
	Fairfax Financial Holdings	31.45% interest in \$125,000 note, 4.85%, April 17, 2028 maturity	38,702	39,023
	General Dynamics	31.45% interest in \$150,000 note, 3.5%, April 1, 2027 maturity	45,957	46,148
	Gilead Sciences	31.45% interest in \$100,000 note, 3.5%, February 1, 2025 maturity	30,939	31,406
	Haliburton Company	31.45% interest in \$75,000 note, 2.92%, March 1, 2029 maturity	21,211	21,226

***(Continued)***

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Honeywell International, Inc	31.45% interest in \$125,000 note, 6.625%, June 15, 2028 maturity	\$ 42,908	\$ 41,521
	Intel Corporation	31.45% interest in \$100,000 note, 4.00%, August 5, 2029 maturity	29,953	29,957
	Kimberly Clark	31.45% interest in \$150,000 note, 2.65%, March 1, 2025 maturity	46,025	47,001
	Midamerican Energy Co DTD	31.45% interest in \$100,000 note, 3.65%, April 15, 2029 maturity	30,047	29,993
	Mosaic Co	31.45% interest in \$300,000 note, 4.05%, November 15, 2027 maturity	92,001	92,449
	Novartis Corp	31.45% interest in \$150,000 note, 3.00%, November 20, 2025 maturity	45,870	46,575
	Occidental Petroleum Corp	31.45% interest in \$150,000 note, 6.625%, September 1, 2030 maturity	49,817	49,367
	Owens Corning Inc	31.45% interest in \$100,000 note, 3.40%, August 15, 2026 maturity	30,309	30,758
	Phillips 66	31.45% interest in \$50,000 note, 3.75%, March 1, 2028 maturity	13,840	14,652
	Stryker Corp	31.45% interest in \$100,000 note, 4.85%, December 8, 2028 maturity	31,305	31,532
	Raytheon Technologies	31.45% interest in \$125,000 note, 3.125%, May 4, 2027 maturity	37,372	37,945
	Raytheon Technologies	31.45% interest in \$150,000 note, 3.95%, August 16, 2025 maturity	46,489	46,953
	Union Pacific Corp	31.45% interest in \$100,000 note, 3.75%, July 15, 2025 maturity	30,971	31,305
	Valero Energy Corp	31.45% interest in \$150,000 note, 2.85%, April 15, 2025 maturity	45,640	46,855
	<b>Total Domestic Corporate Debt</b>		<u>\$ 1,099,017</u>	<u>\$ 1,109,394</u>

***(Continued)***

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	San Marcos TX Cons Indpt S/D	31.45% interest in \$185,000 bond, 3.613%, August 1, 2025 maturity	\$ 57,040	\$ 57,890
	Univ of Central AR Rev Taxable	31.45% interest in \$100,000 bond, 3.48%, November 1, 2025 maturity	30,733	31,221
	United States Treasury Note	31.45% interest in \$125,000 note, 2.00%, February 15, 2025 maturity	38,158	39,199
	United States Treasury Note	31.45% interest in \$250,000 note, 2.125%, May, 15, 2025 maturity	76,125	78,006
	United States Treasury Note	31.45% interest in \$200,000 note, 1.625%, February 15, 2026 maturity	59,620	61,100
	United States Treasury Note	31.45% interest in \$450,000 note, 2.25%, March 31, 2026 maturity	135,805	138,099
	United States Treasury Note	31.45% interest in \$250,000 note, 2.375%, May 15, 2027 maturity	74,722	75,287
	United States Treasury Bills	31.45% interest in \$425,000 note, 0% February 6, 2025 maturity	130,974	133,110
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	United States Treasury Note	31.45% interest in \$125,000 note, 4.625% June 30, 2026 maturity	39,208	39,522
	<b>Total U.S. and Other Government Securities</b>		<u>\$ 848,808</u>	<u>\$ 862,188</u>

*(Continued)*

**See Independent Auditor's Report.**

# WEHCO Video Profit Sharing Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2024

Plan Name: WEHCO Video Profit Sharing Plan

Plan Number: 333

Plan Sponsor: WEHCO Video, Inc.

EIN: 71-0426357

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Hermes Intl SA	10 shares, common stock	\$ 21,328	\$ 24,195
	Loreal SHS	105 shares, common stock	<u>49,263</u>	<u>37,290</u>
	<b>Total Foreign Common Stock</b>		<u>\$ 70,591</u>	<u>\$ 61,485</u>
	Canadian National Railway	31.45% interest in \$200,000 note, 2.75%, March 1, 2026 maturity	<u>\$ 60,578</u>	<u>\$ 61,637</u>

**See Independent Auditor's Report.**

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.)
B This return/report is: [X] a single-employer plan [ ] a DFE (specify)
[ ] 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 WEHCO VIDEO PROFIT SHARING PLAN
1b Three-digit plan number (PN) 333
1c Effective date of plan 01/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan) WEHCO VIDEO INC. & SUBSIDIARIES
Mailing address (include room, apt., suite no. and street, or P.O. Box) ROB DELANEY, P.O. BOX 2221, LITTLE ROCK, AR 72203-2221
2b Employer Identification Number (EIN) 71-0426357
2c Plan Sponsor's telephone number 501-378-3428
2d Business code (see instructions) 517000

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.

Table with 3 columns: SIGN HERE, Date, and Name. Rows include Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311