Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WRIGHT, FINLAY & ZAK, LLP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/15/2002

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WRIGHT, FINLAY & ZAK, LLP

4665 MACARTHUR COURT, SUITE 200
NEWPORT BEACH, CA 92660

2b Employer Identification Number (EIN)
33-0984579

2c Plan Sponsor's telephone number
949-477-5059

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	HEATHER STEWART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	109
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	66
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	66
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	107
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	107
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	102
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	98
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 2T 3B 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
WRIGHT, FINLAY & ZAK, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WRIGHT, FINLAY & ZAK, LLP

D Employer Identification Number (EIN)
33-0984579

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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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)

RAYMOND JAMES FINANCIAL SERVICES

880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	36500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JULY BUSINESS SERVICES, INC.

P.O. BOX 2208
WACO, TX 76703

(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?
13 15 61	RECORDKEEPER /TPA	22842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WRIGHT, FINLAY & ZAK, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WRIGHT, FINLAY & ZAK, LLP

D Employer Identification Number (EIN)
33-0984579

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	24051
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	229151	230687
(2) Participant contributions	1b(2)	17654	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	419422	442026
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	252445	195724
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20770068	21269216
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	21688740	22161704
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	21688740	22161704

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	230687	
(B) Participants	2a(1)(B)	609564	
(C) Others (including rollovers)	2a(1)(C)	12130	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		852381
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17753	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18555	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36308
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	366587	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		366587
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2574345
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3829621
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3297245	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3297245
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3614	
(3) Recordkeeping fees	2i(3)	19228	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	36500	
(6) Bank or trust company trustee/custodial fees	2i(6)	70	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		59412
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3356657
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		472964
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FILIPOVITCH & CO. **(2)** EIN: 37-1747749

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
WRIGHT, FINLAY & ZAK, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WRIGHT, FINLAY & ZAK, LLP

D Employer Identification Number (EIN)
33-0984579

Part I Distributions

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

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

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

EIN(s): 26-0010549

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 12 / 31 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number Q703180A .

WRIGHT, FINLAY & ZAK, LLP
401(k) PLAN

Financial Statements and
Independent Auditors' Report
December 31, 2025 and 2024

FILIPOVITCH & CO.
certified public accountants

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN
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DECEMBER 31, 2025 AND 2024

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FILIPOVITCH & CO.
certified public accountants

MEMBERS OF: American Institute of Certified Public Accountants · California Society of Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the Wright, Finlay & Zak, LLP 401(k) Plan
Newport Beach, California

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

We have performed an audit of the financial statements of Wright, Finlay & Zak, LLP 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

PHONE: 760.602.8200 FAX: 760.602.8336 INTERNET: www.flipcpa.com

5800 Armada Drive Suite 290 · Carlsbad, California 92008-4611

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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 Wright, Finlay & Zak, LLP 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Wright, Finlay & Zak, LLP 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – 2025 Supplemental Schedule Required by ERISA

The supplemental schedules of assets held for investment purposes and other schedules as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedule that agreed to or is derived from the certified investments information, we compared such information to the related certified investment information.

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

In our opinion

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Filipovitch & Co.

Filipovitch & Co

FILIPOVITCH & CO.
Certified Public Accountants

Carlsbad, California
September 30, 2026

Federal Employer Identification Number: 37-1747749

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN

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

	2025	2024
ASSETS		
Investments at fair value:		
Non-interest bearing cash and cash equivalents	$24,051	$0
Interest-bearing cash	442,026	419,422
Registered investment companies	21,269,216	20,770,068
	21,735,293	21,189,490
Receivables:		
Employer's contributions	232,538	229,151
Participants' contributions	0	17,654
Restored earnings	0	0
Participant notes receivable	195,724	252,445
	428,262	499,250
TOTAL ASSETS	22,163,555	21,688,740
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$22,163,555	$21,688,740

See accompanying notes to financial statements

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS		
Additions to net assets attributed to:		
Investment income/(loss):		
Net investment gain/(loss) from registered investment companies	$2,574,345	$2,297,886
Dividends	366,587	355,103
Interest	17,753	0
Total investment income/(loss)	2,958,685	2,652,989
Interest income on notes receivable from participants	18,555	11,062
Contributions:		
Participants'	609,564	588,470
Employer's	230,687	229,151
Rollovers	12,130	84,881
Total contributions	852,381	902,502
TOTAL ADDITIONS	3,829,621	3,566,553
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	3,297,245	1,425,018
Administrative expenses	57,561	70,072
TOTAL DEDUCTIONS	3,354,806	1,495,090
NET INCREASE/(DECREASE)	$474,815	$2,071,463
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	21,688,740	19,617,277
End of year	$22,163,555	$21,688,740

See accompanying notes to financial statements

Note A. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of Wright, Finlay & Zak, LLP 401(k) Plan (Plan) have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to group benefit plans and in accordance with the terms of the Plan documents.

The accompanying financial statements have been prepared on the accrual basis of accounting. Employee contributions are recorded in the period payroll deductions are made. Employer contributions are recorded in the period they are accrued. Benefits payments to participants are recorded when paid. Investments are stated at aggregated fair value, based upon published market prices, as determined by Mid Atlantic Trust Company, the Plan Custodian.

Investment securities are exposed to various risks such as interest rates, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the fair values of investment securities have and will continue to occur. These changes could materially affect the participants' account balances as well as the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

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 the amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Financial Accounting Standards Board (FASB) issues Accounting Standards Updates (ASUs) that are adopted by the Plan as of the specified effective date. Management does not believe that any recently issued, but not yet effective, ASUs, when adopted, will have a material effect on the accompanying financial statements.

The Plan adopted the required *Fair Value Measurements* provision. The provision defines fair value, establishes a framework for measuring fair value in accordance with generally accepted accounting principles, and expands disclosures about fair value measurement.

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants on the measurement date. A three-level hierarchy is used to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability on the measurement date. The three levels are defined as follows:

Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for an identical asset or liability in an active market.

Level 2 – inputs to the valuation methodology include quoted prices for a similar asset or liability in an active market or model-derived valuation in which all significant inputs are 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 of the asset or liability.

Financial assets measured at fair value on a recurring basis and categorized with the fair value hierarchy as of December 31, 2025 and 2024 are:

December 31, 2025

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Interest bearing cash	$442,026	$442,026	-0-	-0-
Registered investment companies	21,269,216	21,269,216	-0-	-0-
Total	$21,711,242	$21,711,242	$-0-	$-0-

December 31, 2024

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Interest bearing cash	$419,422	$419,422	-0-	-0-
Registered investment companies	20,770,068	20,770,068	-0-	-0-
Total	$21,189,490	$21,189,490	$-0-	$-0-

Note B. DESCRIPTION OF THE PLAN

The following description of the Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions.

General

The Wright, Finlay & Zak, LLP 401(k) Plan is a defined contribution plan which was originally adopted July 15, 2002 and was restated on January 1, 2008. The Plan is subject to the provisions of Employment Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2021, the Plan restated in its entirety with the adoption of the required legislative restatement to the new pre-approved third submission prototype plan for the third six-year cycle named *Non-Standardized Pre-Approved Profit Sharing Plan with CODA.*

Effective March 1, 2023, the Plan was amended to change the eligibility service requirements, changed the automatic rollover provisions for all involuntary cash out distributions including those under $1,000, limited the loans allowed to a maximum a five year even for the purchase of a principal residence, and allowed for participants to rollover contributions into the Plan prior to becoming a Participant. Finally, the amendment allows for discretionary matching contributions determined by the Employer effective January 1, 2024.

Effective February 9, 2024, the Plan was amended to include all related employers.

Subsequent to the statement of net assets available for benefits date, the Plan adopted required Secure 2.0 legislative amendments required for the *Non-Standardized Pre-Approved Profit Sharing Plan with CODA*

Robin Wright, Managing Partner of Wright, Finlay & Zak, LLP, has been appointed the Trustee of the Plan since its inception.

Wright, Finlay & Zak, LLP (Company), the Plan sponsor, has designated an administrative committee to oversee the Plan's operations. The administrative committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Trustee. The committee consists of the Company's Managing Partner and the third party financial advisor.

Plan eligibility

All employees are eligible to participate in the Plan once they complete the service requirement and obtain twenty-one years of age. The service requirement is sixty days of employment based on the employee's hire date or rehire date for the Company. The employee can enter the Plan immediately once they meet the requirements unless classified under excluded

employee categories. An excluded employee is defined as an employee covered under a collective bargaining agreement, non-resident alien who does not receive any compensation from U.S. Sources and leased employees.

Participation is continued unless the employee incurs a break in service. A break in service is defined as failure to work more than five hundred hours in a consecutive twelve-month period. However, a break in service does not occur if the employee did not work the required number of hours due to military leave of absence, pregnancy, birth or adoption of a child.

Contributions

Eligible employees elect to make pre-tax contributions through payroll deductions. Once deemed eligible, an employee must complete and sign a Salary Deferral Election Form. Each participant may elect to contribute to the Plan a set percentage (in increments of 1%) of compensation or a fixed dollar amount. Any changes in contribution percentages or participation discontinuance must be made with a completed and signed revised Salary Deferral Election Form. Participants are allowed to contribute 100% of their payroll checks as long as they comply with the federal tax law limitations. The federal tax law limitations for plan years ended December 31, 2025 and 2024 are $23,500 and $23,000, with a "catch-up" provision of $7,500 for participants age fifty to fifty-nine years of age and sixty-four or older. In addition, the Plan allows for the "super catch-up" provision of $11,250 for participants age sixty to sixty-three.

In addition, the Plan also allows after-tax contributions through payroll deductions, commonly referred to as Roth contributions.

Rollover and transfer contributions are permitted under The Plan. Acceptable rollovers and transfers to the Plan must originate from another qualified retirement plan and must occur on or before

the sixtieth day after the participant receives a distribution from a previous plan. However, in accordance with the plan document, the Plan Administrator may accept rollover contributions with an acceptable waiver of the sixty-day rollover period and self-certification by the employee.

Effective January 1,2024, the discretionary profit sharing contribution is determined by the employer and is no longer limited to the 4% of the Plan compensation. The discretionary employer matching contributions for the year ended December 31, 2025 and 2024 are $230,687 and $229,151, respectively.

The total of any participant's salary deferral plus contributions made by the Company cannot be greater than the lesser of 100% of the employee compensation or $70,000 ($77,500 including "catch up" and $81,250 including "super catch up" contributions) for 2025 tax year and $69,000 ($76,500 including "catch up" contributions) for 2024 tax year, in accordance with federal tax law limitations.

Participants considered as highly compensated employees are limited in the amount of matching contributions based on the average contribution percentage received by the non-highly compensated group of employees during a plan year. The Plan administrator and third party administrator periodically monitor contributions to ensure compliance with the nondiscrimination tests. Future contributions may be limited, or prior contributions may be returned to highly compensated employees to comply with the nondiscrimination test results. Excess contributions returned to certain highly compensated participants to satisfy the nondiscrimination provision of the Plan prior to March 15, 2026 and 2025 are $-0-, respectively.

Vesting

The portion of the participant's account attributable to elective deferral contributions, safe harbor contributions, qualified non-elective contributions (QNEC), qualified matching contributions (QMAC), and rollover contributions are always 100% vested and non-forfeitable.

Company discretionary contributions to the Plan vest (become nonforfeitable) in accordance with the following vesting schedule:

Years of Service	Percentage of Account Vested:
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

However, non-terminated participants become fully vested at normal retirement age, upon death or permanent disability, or if the Plan is terminated.

Forfeitures

The non-vested participant forfeitures for the years ended December 31, 2025 and 2024 are $2,114 and $9,412, respectively. The balances in the forfeiture account at December 31, 2025 and 2024 are $35 and $18,836, respectively. Forfeitures of matching contributions can be used to: restore previously forfeited account balances of former participants who return to the Company within five consecutive years after service was discontinued, to pay for plan expenses, to comply with discrimination testing, or to allocate as an employer's matching contribution. Forfeitures (plus earnings less loss, if any) allocated as plan expenses were $4,795 and $4,700 for the years ended December 31,

2025 and 2024, respectively. Forfeitures (plus earnings less loss, if any), allocated as QNEC contributions, were $-0- for the years ended December 31, 2025 and 2024. Forfeitures (plus earnings less loss, if any), allocated as employer contributions, were $16,482 and $-0- for the years ended December 31, 2025 and 2024.

Allocations

Earnings, gains or losses and changes in fair market value of investments are allocated to each participant's individual account.

Benefit distributions

The Plan provides for benefits to be distributed in a lump sum at death, normal retirement age, permanently disabled, or immediately upon termination. In service distributions are allowed as long as the participant is 100% vested in the amounts being withdrawn and is at least age 59½ at the time of distribution, or a hardship.

Participant vested benefits less than $7,000 are required, by the rules and regulations promulgated by the Internal Revenue Service, to be automatically rolled into an Individual Retirement Account if the participant does not elect any other distribution option allowed by the Plan. Vested benefits over $7,000 can be distributed in a single lump sum of the entire balance. However, the participants must begin taking their required minimum distributions at age seventy three (73).

Hardship withdrawals

The *Bipartisan Budget Act of 2018* changed hardship withdrawal requirements to make them easier for participants to receive.

Hardship withdrawals are available for participants only if the participant has one of the following qualified financial needs: purchase of principal residence, payment of tuition and related

educational fees for the next twelve months for the participant or immediate family, medical expenses for the participant or immediate family, to prevent eviction or foreclosure on a principal residence, payments for burial or funeral expense for the participant's parents and immediate family, or expenses for the repair of damage to the principal residence that would qualify for the casualty deduction without regard to the residence being located in a federally declared disaster area.

To request a hardship withdrawal the participant must submit a written request completed by the participant. Hardship withdrawals are limited to the participant's stated amount necessary to meet the qualified financial need.

Participant borrowing

Participants are allowed to borrow from a portion of their individual vested account balance. The loan program is available on a uniform basis to all participants to the Plan who meet certain requirements. The maximum amount a participant was able to borrow from the Plan was the lesser of one-half of their vested account balance or $50,000. However, in no case can a participant borrow less than $1,000 or have more than one loan outstanding at any time. Loan repayment period cannot exceed five (5) years even if the loan was for the purchase of a principal residence.

Interest is charged at reasonable rates commensurate with the interest rates charged by persons in the business of lending money for loans under similar circumstances in the same geographical region. The Trustee(s) have determined the interest rate will be the prime rate of interest plus 1% and will remain constant throughout the term of the loan.

Plan termination

The Company has the right under the Plan to amend or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Upon termination of the Plan, each participant's account balance would be distributed to the participant in accordance with the terms of the Plan and applicable provisions of ERISA. Because the Plan is a defined contribution plan, participants' benefits are limited to the value of their individual vested account balances.

Plan expenses

The cost of the day-to-day operations of the Plan, insurance, audits, attorney fees, payroll and related overhead costs associated with these services are paid directly by the Company.

Third party administrator and investment advisory fees are collected through revenue sharing. The service providers are able to collect all or a portion of the plan administrative fees implicitly through the Plan's investment options. The fees are taken automatically and the investment options overall return reflect net of these fees.

Asset based fees are deducted daily from the participants' accounts by the custodian as a function of the total asset value.

Third party administration and other administrative fees paid by the Plan for the years ended December 31, 2025 and 2024 are $57,561 and $70,072, respectively.

Date of Management's Review

Management has evaluated subsequent events through September 30, 2026, the date on which the financial statements were available to be issued.

Note C. INVESTMENT INFORMATION CERTIFIED BY PLAN CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company (Mid Atlantic), the custodian of the Plan, holds the Plan's investment assets and has executed transactions as directed by Plan participants. Mid Atlantic has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules as complete and accurate as of and for the years ended December 31, 2025 and 2024. The certified investment information comprises the following investments carried at fair market value:

	2025	2024
Non-Interest Bearing Cash		
Mid Atlantic Master Cash Account	$24,051	$-0-
Total Non-Interest Bearing Cash	$24,051	$-0-
Interest Bearing Cash		
Vanguard Federal Money Market Fund	442,026	419,422
Total Interest Bearing Cash	442,026	419,422
Registered Investment Companies		
Fidelity Enhanced International ETF	$438,693	$414,379
iShares Russell Mid Cap Growth ETF	887,453	976,865
iShares US Basic Materials ETF	241,204	212,249
SPDR Gold Shares	227,443	144,433
American Funds AMCAP Fund Class R-6	1,290,949	1,344,344
Diamond Hill Large Cap Fund Class Y	-0-	887,726
Fidelity 500 Index	2,351,580	2,085,315
Franklin Rising Dividends Fund Class R	797,232	779,200
MFS Massachusetts Investors Growth Stock	2,250,064	2,377,359
American Funds New Perspective Fund Class R-6	771,914	745,397
Vanguard REIT Index Fund Admiral Shares	628,958	635,423
Vanguard Equity-Income Fund Admiral Shares	1,021,456	1,101,442
Vanguard Small Cap Value Index Fund Admiral Shares	342,299	409,889
Vanguard Small Cap Growth Index Fund Admiral Shares	876,738	887,844
Vanguard Selected Value Fund Investor Share	938,130	1,001,672
Vanguard Small Cap Index	786,406	748,087

	2025	2024
American Funds Washington Mutual Investors Fund Class	699,707	-0-
Driehaus Emerging Markets Growth Fund	517,158	483,241
American Funds Euro Pacific Growth Fund Class	348,284	340,436
Baird Aggregate Bond Fund Class Institutional	463,541	448,142
PIMCO Income Fund Institutional Class	738,475	741,363
PGIM High-Yield Fund Class Z	34,846	69,722
Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares	17,921	33,662
T. Rowe Price Retirement 2060 Fund I Class	28,584	19,128
T. Rowe Price Retirement 2055 Fund I Class	32,506	43,932
T. Rowe Price Retirement 2050 Fund I Class	1,232,358	1,016,301
T. Rowe Price Retirement 2045 Fund I Class	525,880	397,902
T. Rowe Price Retirement 2040 Fund I Class	1,479,617	1,292,408
T. Rowe Price Retirement 2035 Fund I Class	88,186	75,702
T. Rowe Price Retirement 2030 Fund I Class	436,133	367,229
T. Rowe Price Retirement 2025 Fund I Class	25,738	22,400
T. Rowe Price Retirement 2020 Fund I Class	749,763	666,876
Total Registered Investment Companies	$21,269,216	$20,770,068

Investment income for the years ending December 31 is as follows:

	2025	2024
Net investment gain/(loss) from registered investment companies	$2,574,345	$2,297,886
Dividends	366,587	355,103
Interest	17,753	-0-
Total investment income/(loss)	$2,958,685	$2,652,989

The fair market values of individual investments that comprise 5% or more of the net assets available for benefits at December 31 are as follows:

	2025	2024
American Funds AMCAP Fund Class R-6	$1,290,949	$1,344,344
Fidelity 500 Index	2,351,580	2,085,315
MFS Massachusetts Investors Growth Stock	2,250,064	2,377,359
Vanguard Equity-Income Fund Admiral Shares	-	1,101,442
T. Rowe Price Retirement 2050 Fund I Class	1,232,358	-
T. Rowe Price Retirement 2040 Fund I Class	$1,479,617	$1,292,408

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note D. INCOME TAXES

The Plan is a defined contribution cycle three non-standardized pre-approved profit sharing plan with CODA, adopted by the Company as designed by July Business Services. The Plan received its latest advisory letter on December 31, 2018, in which the Internal Revenue Service states that the form of the Plan, as designed and operated, is in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan Administrator believes that the plan is designed and is currently being operated in compliance with the applicable requirement of the IRC and therefore confident the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability, or asset, if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service and/or Department of Labor. The Plan is subject to

routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Forms 5500 of the Plan for 2024, 2023, and 2022 are within statute for examination.

Note E. PARTIES-IN-INTEREST

Plan investments are managed by Mid Atlantic Trust Company, the Plan Custodian. Since Mid Atlantic Trust Company is the manager and the Custodian, these services qualify as a party-in-interest transactions.

Note F. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2025	2024
Net assets available for benefits per financial statements	$22,163,555	$21,688,740
Employer's contribution receivable	(1,851)	(1,851)
Net assets available for benefits per Form 5500	$22,161,704	$21,686,889

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500:

	2025	2024
Net change in assets available for benefits per financial statements	$474,815	$2,071,463
Employer's contribution	(1,851)	(1,851)
Other income	-0-	49
Net change in assets available for benefits per Form 5500	$472,964	$2,069,661

Note G. NONEXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Company remitted 2023 employee contributions for multiple participants to the Custodian after the required due date. The Department of Labor Regulation 2510.3-102 requires the custodian to receive the funds as soon as they can be reasonably segregated from the employer's general assets. Therefore, the Company was liable for lost earnings as calculated in accordance with the Voluntary Fiduciary Correction Program. The liability at December 31, 2023 was contributed to the Plan in the 2024 Plan year. No liability exists as of December 31, 2025.

WRIGHT, FINLAY & ZAK, LLP
401(k) PLAN

SUPPLEMENTAL INFORMATION

WRIGHT, FINLAY & ZAK, LLP 401(k) PLAN
EIN 33-0984579 PN 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2025

ASSET HELD	2025	NUMBER OF UNITS (A)	COST	CURRENT VALUE
Noninterest Bearing Cash				
* Mid Atlantic Master Cash Account			**	$24,051
Interest Bearing Cash				
* Vanguard Federal Money Market Fund		442,026	**	$ 442,026
Registered Investment Companies				
* Fidelity Enhanced International ETF		11,993	**	438,693
* iShares Russell Mid Cap Growth ETF		6,481	**	887,453
* iShares US Basic Materials ETF		1,567	**	241,204
* SPDR Gold Shares		574	**	227,443
* American Funds AMCAP Fund Class R-6		27,224	**	1,290,949
* Fidelity 500 Index		9,892	**	2,351,580
* Franklin Rising Dividends Fund Class R		8,840	**	797,232
* MFS Massachusetts Investors Growth Stock		51,360	**	2,250,064
* American Funds New Perspective Fund Class R-6		10,923	**	771,914
* Vanguard REIT Index Fund Admiral Shares		5,016	**	628,958
* Vanguard Equity-Income Fund Admiral Shares		10,994	**	1,021,456
* Vanguard Small Cap Value Index Fund Admiral Shares		3,761	**	342,299
* Vanguard Small Cap Growth Index Fund Admiral Shares		8,262	**	876,738
* Vanguard Selected Value Fund Investor Shares		35,374	**	938,130
* Vanguard Small Cap Index		6,364	**	786,406
* American Funds Washington Mutual Investors Fund Class R-6		10,725	**	699,707
* Driehaus Emerging Markets Growth Fund		10,924	**	517,158
* American Funds Euro Pacific Growth Fund Class		5,749	**	348,284
* Baird Aggregate Bond Fund Class Institutional		46,634	**	463,541
* PIMCO Income Fund Institutional Class		67,195	**	738,475
* PGIM High-Yield Fund Class Z		7,170	**	34,846
* Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		723	**	17,921
* T. Rowe Price Retirement 2060 Fund I Class		1,504	**	28,584
* T. Rowe Price Retirement 2055 Fund I Class		1,429	**	32,506
* T. Rowe Price Retirement 2050 Fund I Class		56,974	**	1,232,358
* T. Rowe Price Retirement 2045 Fund I Class		20,696	**	525,880
* T. Rowe Price Retirement 2040 Fund I Class		43,037	**	1,479,617
* T. Rowe Price Retirement 2035 Fund I Class		3,775	**	88,186
* T. Rowe Price Retirement 2030 Fund I Class		15,739	**	436,133
* T. Rowe Price Retirement 2025 Fund I Class		1,460	**	25,738
* T. Rowe Price Retirement 2020 Fund I Class		38,059	**	749,763
Participant Loans				
Loan Fund	4.25%-9.50%			195,724
TOTAL				$21,931,017

(A) Rounded to nearest unit

* Permitted party-in-interest

** Participant directed investments--cost information not required

SUPPLEMENTAL INFORMATION

Other Schedules

Schedule of Delinquent Participant Contributions – Schedule H, Part IV, Line a	None
Loans or Fixed Income Obligations-Schedule H, Part IV, Line b	None
Leases in Default or Classified as Uncollectible- Schedule H, Part IV, Line c	None
Nonexempt Transactions-Schedule H, Part IV, Line d	None
Plan Transactions in Excess of 5% of the Current Value of Plan Assets-Schedule H, Part IV, Line j	None