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
WHA PLAN FOR LIVING 401(K) AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1985

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)
WORTH HIGGINS & ASSOCIATES, INC.

8770 PARK CENTRAL DR
RICHMOND, VA 23227-1146

2b Employer Identification Number (EIN) 54-0880197

2c Plan Sponsor's telephone number 804-264-2304

2d Business code (see instructions) 323100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	KRISTIN JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	KRISTIN JONES
	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**	187
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)**	150
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	161
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	195
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	195
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)**	182
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)**	193
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	10
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 3D 3H

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached 0
- **(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 _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
WHA PLAN FOR LIVING 401(K) AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WORTH HIGGINS & ASSOCIATES, INC.

D Employer Identification Number (EIN)
54-0880197

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 37 50 64	CONTRACT ADMINISTRATOR	58098	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CETERA INVESTMENT ADVISERS LLC

36-3258176

(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 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	28911	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CETERA INVESTMENT ADVISERS LLC	27 99	28911
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
WHA PLAN FOR LIVING 401(K) AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WORTH HIGGINS & ASSOCIATES, INC.

D Employer Identification Number (EIN)
54-0880197

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274328-001	C	262850

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WHA PLAN FOR LIVING 401(K) AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WORTH HIGGINS & ASSOCIATES, INC.

D Employer Identification Number (EIN)
54-0880197

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	267470	129160
(9) Value of interest in common/collective trusts	1c(9)	250098	262850
(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)	15437844	18435260
(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	15955412	18827270
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	15955412	18827270

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)	53034	
(B) Participants	2a(1)(B)	879952	
(C) Others (including rollovers)	2a(1)(C)	561316	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1494302
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	20319	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20319
(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)	308433	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		308433
(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)		7274
(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)		2281145
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4111473
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1172086	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	2262	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1174348
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		7168
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	58099	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		58099
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1239615
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2871858
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: ADAMNS, JENKINS & CHEATAM, PC **(2)** EIN: 54-1320008

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		207614
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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
WHA PLAN FOR LIVING 401(K) AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WORTH HIGGINS & ASSOCIATES, INC.

D Employer Identification Number (EIN)
54-0880197

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): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702477A .

WHA Plan for Living 401(k) Plan & Trust
Financial Statements
December 31, 2025 and 2024

Contents

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ADAMS, JENKINS AND CHEATHAM
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS CONSULTANTS

Independent Auditor's Report

To the Trustees
WHA Plan for Living 401(k) Plan & Trust
Richmond, Virginia

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

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

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

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

Opinion

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

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

Basis for Opinion

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

231 Wylderose Drive | Midlothian, VA 23113 | 804.323.1313

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 WHA Plan for Living 401(k) Plan & Trust's ability to continue as a going concern for 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Adams, Jenkins & Cheatham

Richmond, Virginia
October 13, 2026

Statements of Net Assets Available for Benefits

WHA Plan for Living 401(k) Plan & Trust

	December 31, 2025	December 31, 2024
Assets		
Investments, at fair value	$ 18,698,110	$ 15,687,942
Notes receivable from participants	129,160	267,470
Net Assets Available for Benefits	$ 18,827,270	$ 15,955,412

See Independent Auditor's Report and Notes to Financial Statements

Statement of Changes in Net Assets Available for Benefits

WHA Plan for Living 401(k) Plan & Trust

Year Ended December 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments		$ 2,288,419
Interest and dividends		308,433
	Total Investment Income	2,596,852
Interest income on notes receivable from participants		20,319
Contributions:		
Participants		879,952
Rollover		561,316
Employer		53,034
		1,494,302
	Total Additions	4,111,473
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries		1,181,516
Administrative expenses		58,099
	Total Deductions	1,239,615
	Net Increase	2,871,858
Net assets available for benefits at beginning of year		15,955,412
	Net Assets Available for Benefits at End of Year	$ 18,827,270

See Independent Auditor's Report and Notes to Financial Statements

Notes to Financial Statements

WHA Plan for Living 401(k) Plan & Trust

December 31, 2025 and 2024

Note A - Description of the Plan

The following description of the WHA Plan for Living 401(k) Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Worth Higgins & Associates, Inc. (the "Company"). The Plan trustees and Board of Directors of the Company control and manage the operation and administration of the Plan. Principal Life Insurance Company and Principal Trust Company serve as custodians of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may elect pre-tax or Roth elective deferrals of up to 100% of Compensation, as defined in the Plan, subject to Internal Revenue Code limitations. Participants age 50 or older by the end of their taxable year may make catch-up contributions, subject to applicable limitations. For participants covered by the Plan's automatic contribution arrangement, pre-tax deferrals begin at 3% of Compensation and increase annually by one percentage point to a maximum of 10%, unless the participant elects otherwise. Participants may also contribute eligible rollover distributions. The Company may make discretionary profit-sharing contributions as provided in the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and the allocations of the Company's contributions, and plan earnings, and charged with benefit payments, transaction fees related to notes receivable from participants and distributions, and allocations of administrative expenses. Allocations are based on participant earnings or account balances, as defined by 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 immediately vested in their elective deferral and rollover contributions, including related earnings. The Company's contribution portion of participants' accounts, including related earnings, is vested according to the following schedule:

Years of Service	Vested Percentage
Less than 2 years	0%
After 2 years	20%
After 3 years	40%
After 4 years	60%
After 5 years	80%
After 6 years	100%

Note A - Description of the Plan - Continued

Payment of Benefits

On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or various installment and annuity options as provided by the Plan. Amounts contributed on a before-tax basis may be withdrawn upon demonstration of financial hardship. All fully vested balances are available for distribution after the participant reaches the age of 59 1/2. Benefits are recorded upon distribution.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to offset employer contributions and administrative expenses. Forfeited nonvested accounts totaled $4 and $11 at December 31, 2025 and 2024, respectively. During 2025, there were forfeitures of $4,479. Forfeitures are used to reduce employer contributions and/or pay plan expenses. During 2025, forfeitures of $4,588 were used to reduce employer contributions and pay plan expenses.

Investment Options

Upon enrollment in the Plan, participants may direct the investment of his or her account balance under the Plan and may change their options at any time. The Plan is intended to comply with Section 404(c) of ERISA which requires that participants have an opportunity to choose from a broad range of investment options that have different risk and return characteristics.

Plan Termination

Although it has not expressed any intent to do so, and intends to continue the Plan indefinitely for the benefit of its employees, the Company has the right under the Plan to discontinue contributions and terminate the Plan at any time by resolution of the Board of Directors. In the event of termination, each participant will receive a lump-sum distribution of his or her total account, subject to the provisions of ERISA.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Note B - Summary of Significant Accounting Policies - Continued

Estimates

The preparation of the financial statements requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G for a presentation of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income from notes receivable from participants is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan documents.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan documents. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (notes receivable from participants) are charged directly to the participant's account.

Note C - Risks and Uncertainties

At December 31, 2025 and 2024, the Plan's assets were invested in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and could materially affect participants' account balances and amounts reported in the financial statements.

Note D - Tax Status

The Plan is maintained under a pre-approved plan document for which the Internal Revenue Service ("IRS") issued a favorable opinion letter dated June 30, 2020. The Plan has been amended since the issuance of the opinion letter. The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Accordingly, the Plan administrator believes the Plan is qualified under the applicable provisions of the IRC and that the related trust is exempt from federal income taxes.

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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has determined that there are no tax positions that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations in progress.

Note E - Party-in-Interest Transactions

Certain Plan assets are invested in funds managed by Principal Life Insurance Company, Principal Trust Company, or their affiliates. These entities are parties in interest because of their relationship with the Plan. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid to the custodians by the Plan for administrative services were approximately $55,000 for the year ended December 31, 2025. Notes receivable from participants also constitute party-in-interest transactions and are exempt from the prohibited transaction rules when made in accordance with the Plan's provisions and ERISA. Nonexempt transactions arising from delayed participant contributions and loan repayments are described in Note H.

Note F - Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Life Insurance Company and Principal Trust Company, the custodians of the Plan as of December 31, 2025 and 2024 and for the year ended December 31, 2025. The information certified by Principal Trust Company also includes participant loan principal balances and related loan activity. Accrued but unpaid interest is not included in the certified loan balances.

The following table represents the investments in this Plan that were certified by Principal Life Insurance Company and Principal Trust Company:

Note F - Certified Investments - Continued

	December 31, 2025	December 31, 2024
Investments at fair value:		
Mutual funds	$ 18,435,260	$ 15,437,844
Common/collective trust	262,850	250,098
	18,698,110	15,687,942
Notes receivable from participants	129,160	267,470
	$ 18,827,270	$ 15,955,412

During 2025, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated as follows:

Net appreciation in fair value of investments	$ 2,288,419
Interest and dividends	308,433
Interest on notes receivable from participants	20,319
	$ 2,617,171

Note G - Fair Value Measurements

The Financial Accounting Standards Board establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy are described below:

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.

Level 2 Inputs to the valuation methodology include:

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Note G - Fair Value Measurements – Continued

The 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, 2025 and 2024.

Mutual funds: Valued at the daily closing prices 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 (SEC) and are required to publish a daily NAV and transact at that price. The mutual funds are deemed to be actively traded and are classified as level 1 investments.

Common/collective trust: Valued at NAV of units held by the Plan. The NAV is based on the contract value of the underlying fully benefit-responsive investment contracts and represents the amount participants would receive for permitted transactions under the terms of the Plan. The NAV is available to current investors and is the basis for current transactions in the fund. Because the investment can be redeemed at NAV as of the measurement date and has a readily determinable fair value, the investment is classified within level 1 of the fair value hierarchy.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 18,435,260	$	$	$ 18,435,260
Common/collective trust	262,850			$ 262,850
Total assets at fair value	$ 18,698,110	$	$	$ 18,698,110

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 15,437,844	$	$	$ 15,437,844
Common/collective trust	250,098			$ 250,098
Total assets at fair value	$ 15,687,942	$	$	$ 15,687,942

Note H - Operational Defect

During 2025 and prior years, errors were noted in the timely remittance of employee contributions and participant loan repayments for certain payrolls. Delinquent contributions and loan repayments related to prior years were remitted to the Plan and self-corrected by the Plan sponsor outside of the Department of Labor's Voluntary Fiduciary Correction Program. Delinquent contributions and loan repayments related to 2025 were subsequently remitted to the Plan; however, the related correction process, including the calculation and remittance of lost earnings, had not been completed as of the date the financial statements were available to be issued.

The lost earnings related to the 2025 delinquent contributions and loan repayments were considered immaterial for purposes of these financial statements and are expected to be remitted to the Plan during 2026.

Note I - Subsequent Events

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

Supplemental Information

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
	Vanguard Group	High-Yield Corporate Fund	$ 26,293
	Vanguard Group	Intermediate-Term Bond Index Fund	161,161
	Vanguard Group	Balanced Index Admiral Fund	676,119
	Vanguard Group	Growth Index Fund	4,053,766
	Vanguard Group	Large Cap Index Fund	1,628,969
	Vanguard Group	Value Index Fund	1,181,333
	Vanguard Group	Mid Cap Index Fund	393,360
	Vanguard Group	Mid Cap Growth Index Fund	155,494
	Vanguard Group	Mid Cap Value Index Fund	80,110
	Vanguard Group	Small Cap Growth Index Fund	290,482
	Vanguard Group	Small Cap Index Fund	259,440
	Vanguard Group	Small Cap Value Index Fund	87,560
	Vanguard Group	Emerging Market Stock Index Fund	98,252
	Vanguard Group	International Growth Fund	787,329
	Vanguard Group	Total International Stock Index Fund	90,165
	Vanguard Group	Target Retirement 2020 Fund	596,484
	Vanguard Group	Target Retirement 2025 Fund	336,610
	Vanguard Group	Target Retirement 2030 Fund	2,809,659

See Independent Auditor's Report

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - Continued

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
	Vanguard Group	Target Retirement 2035 Fund	800,554
	Vanguard Group	Target Retirement 2040 Fund	1,742,508
	Vanguard Group	Target Retirement 2045 Fund	380,449
	Vanguard Group	Target Retirement 2050 Fund	640,917
	Vanguard Group	Target Retirement 2055 Fund	138,064
	Vanguard Group	Target Retirement 2060 Fund	393,438
	Vanguard Group	Target Retirement 2065 Fund	51,190
	Vanguard Group	Target Retirement 2070 Fund	14,627
	Vanguard Group	Dividend Growth Fund	303,333
	Vanguard Group	Target Retirement Income Fund	18,618
	American Funds	New Perspective R6 Fund	133,565
	American Funds	NewWorld R6 Fund	28,045
	BlackRock	Liquidity Funds FedFund	3,400
	PIMCO	Income Institutional Fund	45,867
	DoubleLine	Total Return Bond R6 Fund	18,749
	Dodge & Cox	Global Bond Fund	9,350
*	Principal Global Investors	Principal Stable Value Z Fund	262,850
*	Participant Loans	Rates range from 5.25% to 10.50% maturing through 2030	129,160
			$ 18,827,270

* Denotes party-in-interest
(d) - Historical cost information is not required for participant-directed investments and is omitted.
See Independent Auditor's Report

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contribution Corrections Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 1,762	6/16/2016	8/4/2016	X	$	$ 1,762	$	$
$ 273	2/26/2021	3/14/2022		$	$ 273	$	$
$ 184	3/12/2021	3/14/2022		$	$ 184	$	$
$ 199	3/26/2021	3/14/2022		$	$ 199	$	$
$ 192	4/9/2021	3/14/2022		$	$ 192	$	$
$ 171	4/23/2021	3/14/2022		$	$ 171	$	$
$ 101	5/7/2021	3/14/2022		$	$ 101	$	$
$ 127	5/21/2021	3/14/2022		$	$ 127	$	$
$ 136	6/4/2021	3/14/2022		$	$ 136	$	$
$ 134	6/18/2021	3/14/2022		$	$ 134	$	$
$ 145	7/2/2021	3/14/2022		$	$ 145	$	$
$ 158	7/16/2021	3/14/2022		$	$ 158	$	$
$ 132	7/30/2021	3/14/2022		$	$ 132	$	$
$ 153	7/13/2021	3/14/2022		$	$ 153	$	$
$ 126	8/27/2021	3/14/2022		$	$ 126	$	$
$ 126	9/10/2021	3/14/2022		$	$ 126	$	$
$ 114	9/24/2021	3/14/2022		$	$ 114	$	$
$ 107	10/8/2021	3/14/2022		$	$ 107	$	$
$ 105	10/22/2021	3/14/2022		$	$ 105	$	$
$ 108	11/5/2021	3/14/2022		$	$ 108	$	$
$ 152	11/19/2021	3/14/2022		$	$ 152	$	$
$ 162	11/19/2021	3/14/2022	X	$	$ 162	$	$
$ 523	12/3/2021	3/14/2022	X	$	$ 523	$	$
$ 119	12/3/2021	3/14/2022		$	$ 119	$	$
$ 111	12/30/2021	3/14/2022		$	$ 111	$	$

See Independent Auditor's Report and Notes to Financial Statements

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - Continued

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contribution Corrections Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 4	1/4/2022	3/31/2022		$	$ 4	$	$
$ 13	1/4/2022	9/26/2023		$	$ 13	$	$
$ 85	1/14/2022	9/26/2023		$	$ 85	$	$
$ 137	1/28/2022	9/26/2023		$	$ 137	$	$
$ 128	2/11/2022	9/26/2023		$	$ 128	$	$
$ 139	2/25/2022	9/26/2023		$	$ 139	$	$
$ 89	3/11/2022	9/26/2023		$	$ 89	$	$
$ 136	3/25/2022	9/26/2023		$	$ 136	$	$
$ 117	4/8/2022	9/26/2023		$	$ 117	$	$
$ 21	4/8/2022	9/26/2023		$	$ 21	$	$
$ 141	4/22/2022	9/26/2023		$	$ 141	$	$
$ 300	5/6/2022	9/26/2023		$	$ 300	$	$
$ 195	5/20/2022	9/26/2023		$	$ 195	$	$
$ 181	6/3/2022	9/26/2023		$	$ 181	$	$
$ 164	6/17/2022	9/26/2023		$	$ 164	$	$
$ 326	7/1/2022	9/26/2023		$	$ 326	$	$
$ 3,703	7/1/2022	9/27/2023	X	$	$ 3,703	$	$
$ 122	7/1/2022	9/27/2023		$	$ 122	$	$
$ 50	7/14/2022	9/26/2023		$	$ 50	$	$
$ 314	7/15/2022	9/26/2023		$	$ 314	$	$
$ 233	7/29/2022	9/26/2023		$	$ 233	$	$
$ 191	8/12/2022	9/26/2023		$	$ 191	$	$
$ 159	8/26/2022	9/26/2023		$	$ 159	$	$
$ 179	9/9/2022	9/26/2023		$	$ 179	$	$
$ 137	9/23/2022	9/26/2023		$	$ 137	$	$

See Independent Auditor's Report

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - Continued

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contribution Corrections Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 258	10/7/2022	9/26/2023		$	$ 258	$	$
$ 30	10/19/2022	9/26/2023		$	$ 30	$	$
$ 217	10/21/2022	9/26/2023		$	$ 217	$	$
$ 272	11/4/2022	9/26/2023		$	$ 272	$	$
$ 301	11/18/2022	9/26/2023		$	$ 301	$	$
$ 106	12/2/2022	9/26/2023		$	$ 106	$	$
$ 225	12/16/2022	9/26/2023		$	$ 225	$	$
$ 356	1/13/2023	9/22/2023		$	$ 356	$	$
$ 61	1/13/2023	10/16/2024		$	$ 61	$	$
$ 663	1/27/2023	4/23/2024		$	$ 663	$	$
$ 519	2/10/2023	9/22/2023		$	$ 519	$	$
$ 43	2/10/2023	9/22/2023		$	$ 43	$	$
$ 499	2/24/2023	3/16/2023		$	$ 499	$	$
$ 479	3/10/2023	4/23/2024		$	$ 479	$	$
$ 55	3/10/2023	10/16/2024		$	$ 55	$	$
$ 74	3/24/2023	4/23/2024		$	$ 74	$	$
$ 103	3/24/2023	10/16/2024		$	$ 103	$	$
$ 131	4/7/2023	4/23/2024		$	$ 131	$	$
$ 122	4/7/2023	10/16/2024		$	$ 122	$	$
$ 29	4/7/2023	8/29/2023		$	$ 29	$	$
$ 29	4/21/2023	4/23/2024		$	$ 29	$	$
$ 97	4/21/2023	10/16/2024		$	$ 97	$	$
$ 19	4/21/2023	8/29/2023		$	$ 19	$	$
$ 125	5/5/2023	10/16/2024		$	$ 125	$	$
$ 234	5/19/2023	4/23/2024		$	$ 234	$	$

See Independent Auditor's Report

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - Continued

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contribution Corrections Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 68	5/19/2023	10/16/2024		$	$ 68	$	$
$ 226	6/2/2023	4/23/2024		$	$ 226	$	$
$ 53	6/2/2023	10/16/2024		$	$ 53	$	$
$ 133	6/16/2023	4/23/2024		$	$ 133	$	$
$ 102	6/16/2023	10/16/2024		$	$ 102	$	$
$ 151	6/30/2023	4/23/2024		$	$ 151	$	$
$ 115	6/30/2023	10/16/2024		$	$ 115	$	$
$ 132	7/14/2023	4/23/2024		$	$ 132	$	$
$ 92	7/14/2023	10/16/2024		$	$ 92	$	$
$ 40	7/7/2023	4/23/2024		$	$ 40	$	$
$ 6	7/7/2023	10/16/2024		$	$ 6	$	$
$ 8	7/7/2023	10/25/2024		$	$ 8	$	$
$ 108	7/28/2023	10/16/2024		$	$ 108	$	$
$ 226	8/11/2023	10/16/2024		$	$ 226	$	$
$ 323	8/25/2023	9/22/2023		$	$ 323	$	$
$ 196	9/8/2023	4/23/2024		$	$ 196	$	$
$ 247	9/8/2023	10/16/2024		$	$ 247	$	$
$ 205	9/22/2023	4/23/2024		$	$ 205	$	$
$ 246	9/22/2023	10/16/2024		$	$ 246	$	$
$ 185	10/6/2023	4/23/2024		$	$ 185	$	$
$ 74	10/6/2023	9/11/2024		$	$ 74	$	$
$ 188	10/6/2023	10/16/2024		$	$ 188	$	$
$ 325	10/20/2023	4/23/2024		$	$ 325	$	$
$ 79	10/20/2023	9/11/2024		$	$ 79	$	$
$ 171	10/20/2023	10/16/2024		$	$ 171	$	$

See Independent Auditor's Report

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - Continued

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contribution Corrections Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 418	11/3/2023	10/16/2024		$	$ 418	$	$
$ 167	11/7/2023	4/23/2024		$	$ 167	$	$
$ 76	11/7/2023	9/11/2024		$	$ 76	$	$
$ 19	11/7/2023	10/16/2024		$	$ 19	$	$
$ 62	11/17/2023	12/28/2023		$	$ 62	$	$
$ 317	12/1/2023	4/23/2024		$	$ 317	$	$
$ 68	12/1/2023	9/11/2024		$	$ 68	$	$
$ 16	12/1/2023	10/16/2024		$	$ 16	$	$
$ 278	12/15/2023	4/23/2024		$	$ 278	$	$
$ 76	12/15/2023	9/11/2024		$	$ 76	$	$
$ 21	12/15/2023	10/16/2024		$	$ 21	$	$
$ 151	12/29/2023	4/23/2024		$	$ 151	$	$
$ 63	12/29/2023	9/11/2024		$	$ 63	$	$
$ 20	12/29/2023	10/16/2024		$	$ 20	$	$
$ 216	1/12/2024	10/25/2024		$	$ 216	$	$
$ 43	1/12/2024	11/19/2024		$	$ 43	$	$
$ 133	1/26/2024	10/25/2024		$	$ 133	$	$
$ 184	1/26/2024	11/19/2024		$	$ 184	$	$
$ 100	2/9/2024	4/24/2024		$	$ 100	$	$
$ 299	2/9/2024	10/25/2024		$	$ 299	$	$
$ 36	2/9/2024	11/19/2024		$	$ 36	$	$
$ 171	2/23/2024	4/24/2024		$	$ 171	$	$
$ 188	2/23/2024	10/25/2024		$	$ 188	$	$
$ 36	2/23/2024	11/19/2024		$	$ 36	$	$
$ 167	3/8/2024	4/24/2024		$	$ 167	$	$

See Independent Auditor's Report

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - Continued

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contribution Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 180	3/8/2024	10/25/2024		$	$ 180	$	$
$ 35	3/8/2024	11/19/2024		$	$ 35	$	$
$ 1,995	3/22/2024	10/25/2024		$	$ 1,995	$	$
$ 31	3/22/2024	11/19/2024		$	$ 31	$	$
$ 95	4/5/2024	8/21/2024		$	$ 95	$	$
$ 196	4/5/2024	10/25/2024		$	$ 196	$	$
$ 34	4/5/2024	11/19/2024		$	$ 34	$	$
$ 43,554	4/19/2024	5/8/2024	X	$	$ 43,554	$	$
$ 153	4/19/2024	8/21/2024		$	$ 153	$	$
$ 192	4/19/2024	10/25/2024		$	$ 192	$	$
$ 36	4/19/2024	11/19/2024		$	$ 36	$	$
$ 154	5/3/2024	8/21/2024		$	$ 154	$	$
$ 174	5/3/2024	10/25/2024		$	$ 174	$	$
$ 33	5/3/2024	11/19/2024		$	$ 33	$	$
$ 154	5/17/2024	8/21/2024		$	$ 154	$	$
$ 174	5/17/2024	10/25/2024		$	$ 174	$	$
$ 32	5/17/2024	11/19/2024		$	$ 32	$	$
$ 55	5/31/2024	8/21/2024		$	$ 55	$	$
$ 214	5/31/2024	11/19/2024		$	$ 214	$	$
$ 249	6/14/2024	11/19/2024		$	$ 249	$	$
$ 38,409	6/28/2024	7/9/2024	X	$	$ 38,409	$	$
$ 256	6/28/2024	11/19/2024		$	$ 256	$	$
$ 238	7/12/2024	11/19/2024		$	$ 238	$	$
$ 225	7/26/2024	11/19/2024		$	$ 225	$	$
$ 320	8/9/2024	11/19/2024		$	$ 320	$	$

See Independent Auditor's Report

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - Continued

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contribution Corrections Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 40	8/9/2024	8/28/2025		$	$ 40	$	$
$ 307	8/23/2024	11/19/2024		$	$ 307	$	$
$ 150	9/6/2024	11/19/2024		$	$ 150	$	$
$ 195	9/20/2024	11/19/2024		$	$ 195	$	$
$ 155	10/4/2024	11/19/2024		$	$ 155	$	$
$ 39,937	10/18/2024	10/28/2024	X	$	$ 39,937	$	$
$ 161	10/18/2024	8/28/2025		$	$ 161	$	$
$ 156	11/1/2024	8/28/2025		$	$ 156	$	$
$ 161	11/15/2024	8/28/2025		$	$ 161	$	$
$ 30,767	11/29/2024	12/19/2024	X	$	$ 30,767	$	$
$ 106	12/13/2024	8/28/2025		$	$ 106	$	$
$ 483	12/27/2024	8/28/2025		$	$ 483	$	$
$ 25,896	1/10/2025	2/12/2025		$ 25,896	$	$	$
$ 351	1/10/2025	10/8/2026		$ 351	$	$	$
$ 48,442	1/24/2025	2/7/2025		$ 48,442	$	$	$
$ 486	1/24/2025	10/8/2026		$ 486	$	$	$
$ 292	2/7/2025	10/8/2026		$ 292	$	$	$
$ 161	2/21/2025	10/8/2026	X	$ 161	$	$	$
$ 23,997	3/7/2025	3/27/2025		$ 23,997	$	$	$
$ 38,556	3/21/2025	3/27/2025		$ 38,556	$	$	$
$ 101	3/21/2025	10/8/2026		$ 101	$	$	$
$ 67	4/4/2025	10/8/2026	X	$ 67	$	$	$
$ 42,621	4/18/2025	4/29/2025		$ 42,621	$	$	$
$ 64	4/18/2025	10/8/2026		$ 64	$	$	$
$ 60	5/2/2025	10/8/2026		$ 60	$	$	$

See Independent Auditor's Report

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - Continued

WHA Plan for Living 401(k) Plan & Trust

54-0880197, Plan Number 001

December 31, 2025

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contribution Corrections Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 63	5/16/2025	10/8/2026		$ 63	$	$	$
$ 29	5/30/2025	10/8/2026		$ 29	$	$	$
$ 233	6/13/2025	10/8/2026		$ 233	$	$	$
$ 118	6/27/2025	10/8/2026		$ 118	$	$	$
$ 26,077	9/5/2025	9/11/2025		$ 26,077	$	$	$

See Independent Auditor's Report

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WHA P L 401() T

EIN 54 0880197
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company American Funds NewPrsp R6 Fnd	$ 0.00	$ 133,564.64
	The American Funds	Registered Investment Company American Funds NewWorld R6	$ 0.00	$ 28,044.86
	BlackRock	Registered Investment Company BLACKROCK LIQDTY FDS INS FEDFD	$ 0.00	$ 3,399.59
	Dodge and Cox Funds	Registered Investment Company Dodge & Cox Global Bond X Fund	$ 0.00	$ 9,352.52
	DoubleLine	Registered Investment Company DoubleLine Totl Rtrn Bnd R6 Fd	$ 0.00	$ 18,748.56
*	Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	$ 0.00	$ 262,850.00
	PIMCO Funds	Registered Investment Company PIMCO Income Institutional Fd	$ 0.00	$ 45,866.58
	Vanguard Group	Registered Investment Company Vanguard Balncd Index Admrl Fd	$ 0.00	$ 676,119.04
	Vanguard Group	Registered Investment Company Vanguard Emg Mk Stk Idx Adm Fd	$ 0.00	$ 98,252.02
	Vanguard Group	Registered Investment Company Vanguard Growth Index Adm Fund	$ 0.00	$ 4,053,765.70
	Vanguard Group	Registered Investment Company Vanguard Hi-Yld Corp Adm Fund	$ 0.00	$ 26,292.77
	Vanguard Group	Registered Investment Company Vanguard Int-Tm Bd Idx Adm Fd	$ 0.00	$ 161,160.93
	Vanguard Group	Registered Investment Company Vanguard Intl Growth Adm Fd	$ 0.00	$ 787,328.98
	Vanguard Group	Registered Investment Company Vanguard Large Cap Idx Adm Fd	$ 0.00	$ 1,628,969.25
	Vanguard Group	Registered Investment Company Vanguard Mid Cap Index Adm Fd	$ 0.00	$ 393,359.81

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WHA P L 401() T

EIN 54 0880197
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Vanguard Group	Registered Investment Company Vanguard MidCap Val Idx Adm Fd	$ 0.00	$ 80,109.83
	Vanguard Group	Registered Investment Company Vanguard MidCp Grth Idx Adm Fd	$ 0.00	$ 155,493.56
	Vanguard Group	Registered Investment Company Vanguard Sm Cap Gr Idx Adm Fd	$ 0.00	$ 290,482.35
	Vanguard Group	Registered Investment Company Vanguard Sm Cap Index Adm Fund	$ 0.00	$ 259,439.54
	Vanguard Group	Registered Investment Company Vanguard Sm Cap Val Idx Adm Fd	$ 0.00	$ 87,559.67
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt Inc Inv Fund	$ 0.00	$ 18,617.96
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2020 Inv Fund	$ 0.00	$ 596,483.67
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2025 Inv Fund	$ 0.00	$ 336,610.24
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2030 Inv Fund	$ 0.00	$ 2,809,659.35
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2035 Inv Fund	$ 0.00	$ 800,554.49
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2040 Inv Fund	$ 0.00	$ 1,742,508.15
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2045 Inv Fund	$ 0.00	$ 380,448.98
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2050 Inv Fund	$ 0.00	$ 640,917.01
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2055 Inv Fund	$ 0.00	$ 138,063.66
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2060 Inv Fund	$ 0.00	$ 393,438.21

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WHA P L 401() T

EIN 54 0880197
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2065 Inv Fund	$ 0.00	$ 51,190.49
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2070 Inv Fund	$ 0.00	$ 14,626.78
	Vanguard Group	Registered Investment Company Vanguard Value Index Adm Fund	$ 0.00	$ 1,181,333.22
	Vanguard Group	Registered Investment Company Vgd Dividend Growth Inv Fund	$ 0.00	$ 303,332.52
	Vanguard Group	Registered Investment Company Vgd Ttl Intl Stk Idx Adm Fd	$ 0.00	$ 90,165.13
*	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 10.50%	$ 0.00	$ 129,160.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)