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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WEHCO PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/30/1957

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)
WEHCO MEDIA, INC. & SUBSIDIARIES

ROBERT DELANEY

PO BOX 2221
LITTLE ROCK, AR 72203-2221

115 E. CAPITOL AVENUE
LITTLE ROCK, AR 72201-3819

2b Employer Identification Number (EIN)
71-0026260

2c Plan Sponsor's telephone number
501-378-3428

2d Business code (see instructions)
511110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	ROBERT DELANEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	ROBERT DELANEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	1162
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)**	640
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	596
b	Retired or separated participants receiving benefits	**6b**	543
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1139
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f	Total. Add lines **6d** and **6e**.	**6f**	1148
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)**	1162
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)**	1139
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	4
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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
WEHCO PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEHCO MEDIA, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
71-0026260

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BANK OF NEW YORK MELLON

P.O. BOX 2034
JERSEY CITY, NJ 07303

13-2614959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	39689	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LANDMARK PLC, CPAS

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

71-0355269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	18438	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEPHENS INVESTMENTS

111 CENTER STREET
LITTLE ROCK, AR 72201

71-0641478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	17398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FOUNDATION RESOURCE MANAGEMENT

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

71-0714016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	15135	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WEHCO PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEHCO MEDIA, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
71-0026260

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	670261	305772
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	310163	275474
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	31700	40231
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	1879360	2365844
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2552554	2670441
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7267228	7013901
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8085484	8018696
(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	20796750	20690359
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	510	0
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	510	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	20796240	20690359

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)	275474	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		275474
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1686	
(B) U.S. Government securities	2b(1)(B)	28006	
(C) Corporate debt instruments	2b(1)(C)	143815	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4968	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		178475
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	226059	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	152021	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		378080
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6634160	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6855671	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-221511
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	564935	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		564935

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		718845
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1894298
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1908634	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1908634
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	73124	
(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)	18421	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		91545
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2000179
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-105881
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: LANDMARK PLC, CPAS **(2)** EIN: 71-0355269

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1500000
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
WEHCO PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEHCO MEDIA, INC. & SUBSIDIARIES

D Employer Identification Number (EIN)
71-0026260

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** |

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

EIN(s): 71-6058653

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

WEHCO Profit Sharing Plan

Financial Statements
and
Supplemental Schedule
As of December 31, 2025 and 2024 and
for the Year Ended December 31, 2025

(With Independent Auditor's Report Thereon)

WEHCO Profit Sharing Plan

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LANDMARK
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

The Executive Committee
WEHCO Profit Sharing Plan
Little Rock, Arkansas

Opinion

We have audited the financial statements of **WEHCO Profit Sharing Plan (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Landmark PLC, Certified Public Accountants
200 W Capitol Ave, Ste 1700 | Little Rock, AR 72201 | Telephone (501) 375-2025 | Fax (501) 375-8704 | www.landmarkcpas.com

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

The Executive Committee
WEHCO Profit Sharing Plan

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



Little Rock, Arkansas
October 7, 2026

Financial Statements

WEHCO Profit Sharing Plan

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

	2025	2024
ASSETS		
Investments at Fair Value	$ 20,068,882	$ 19,784,626
Cash	305,772	670,261
Receivables		
Employer contribution receivable	275,474	310,163
Interest receivable	36,196	31,700
Accounts receivable	4,035	-
Total Receivables	315,705	341,863
TOTAL ASSETS	20,690,359	20,796,750
LIABILITIES		
Accounts payable	-	510
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,690,359	$ 20,796,240

See accompanying notes to financial statements.

WEHCO Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

ADDITIONS		
Investment Income		
Interest and dividends	$	556,554
Net appreciation in fair value of investments		1,062,270
		1,618,824
Investment expenses		(73,124)
Net Investment Income		1,545,700
Contributions		
Employer		275,474
Total Additions		1,821,174
DEDUCTIONS		
Benefits paid to participants		1,908,634
Administrative expenses		18,421
Total Deductions		1,927,055
NET DECREASE		(105,881)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR		20,796,240
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$	20,690,359

See accompanying notes to financial statements.

WEHCO Profit Sharing Plan

Notes to Financial Statements
December 31, 2025 and 2024

NOTE 1: DESCRIPTION OF PLAN

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

The following companies participate in the Plan:

WEHCO Media, Inc.
Arkansas Democrat-Gazette, Inc.
Texarkana Newspapers, Inc.
Sentinel-Record, Inc.
Central Missouri Newspapers, Inc.
Pine Bluff Commercial, Inc.
News-Times Publishing Company
Camden News, Inc.
Banner-News Publishing Company, Inc.
Chattanooga Publishing Company, Inc.
Northwest Arkansas Newspapers, LLC

General
The Plan, which was established December 30, 1957, and was amended and restated in its entirety effective January 1, 2010, is a defined contribution, profit sharing plan maintained for the benefit of eligible employees of the aforementioned companies (collectively, "the Plan Sponsors" and "the Employers"). Generally, an employee of any of the companies identified above is eligible to participate in the Plan upon the next entry date after attaining age twenty-one and completing one year of service in which the employee worked at least 1,000 hours. Entry dates are June 30 and December 31.

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

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

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

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

NOTE 1: DESCRIPTION OF PLAN (Continued)

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

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

Forfeitures
The nonvested portion of a participant's account to which the participant is not entitled upon termination is deemed a forfeiture. Forfeitures allocated to participants' accounts during the year ended December 31, 2025 totaled approximately $1,600. There were no forfeitures available for future allocation at December 31, 2025 and 2024.

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

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

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payments of Benefits
Benefits are recorded when paid. There are no amounts allocated to withdrawing participants that have not been paid at December 31, 2025 and 2024.

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

NOTE 3: INTEREST IN WEHCO PROFIT SHARING TRUST

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

The value of the Plan's interest in the Trust is based on the beginning of year value of the Plan's interest in the Trust plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. For the years ended December 31, 2025 and 2024, the Plan's interest in the net assets of the Trust was approximately 68% and 69%, respectively. Net assets and investment income (loss) are allocated to the participating plans based on the proportion that the total fair value of each plan's separate account bears to the fair value of all assets in the Trust prior to the allocation.

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

NOTE 4: FAIR VALUE MEASUREMENTS

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

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

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include the following:

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

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

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

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

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

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

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

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

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

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

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

	Fair Value	Level 1	Level 2	Level 3
December 31, 2025				
Money market mutual funds	$ 629,082	$ 629,082	$ -	$ -
Exchange-traded funds	4,570,958	4,570,958	-	-
Mutual funds	2,818,656	2,818,656	-	-
Domestic common stocks	6,959,445	6,959,445	-	-
Domestic corporate debt	2,534,133	-	2,534,133	-
U.S. and other government securities	2,365,844	-	2,365,844	-
Foreign common stocks	54,456	54,456	-	-
Foreign corporate debt	136,308	-	136,308	-
	$ 20,068,882	$ 15,032,597	$ 5,036,285	$ -

	Fair Value	Level 1	Level 2	Level 3
December 31, 2024				
Money market mutual funds	$ 953,145	$ 953,145	$ -	$ -
Exchange-traded funds	4,675,070	4,675,070	-	-
Mutual funds	2,457,269	2,457,269	-	-
Domestic common stocks	7,133,205	7,133,205	-	-
Domestic corporate debt	2,418,201	-	2,418,201	-
U.S. and other government securities	1,879,360	-	1,879,360	-
Foreign common stocks	134,023	134,023	-	-
Foreign corporate debt	134,353	-	134,353	-
	$ 19,784,626	$ 15,352,712	$ 4,431,914	$ -

For the years ended December 31, 2025 and 2024, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTE 5: INCOME TAX STATUS

The Plan obtained its latest determination letter on November 4, 2011, in which the IRS informed the Plan Sponsors that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Employers and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 5: INCOME TAX STATUS (Continued)

Accounting standards require the Plan Sponsors to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsors have analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or disclosure in the financial statements. The Plan may be subject to audit by the IRS; however, there are currently no audits for any tax periods in progress.

NOTE 6: RISKS AND UNCERTAINTIES

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

NOTE 7: SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 7, 2026, the date that the financial statements were available to be issued.

Supplemental Schedule

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan Plan Number: 001

Plan Sponsor: WEHCO Media, Inc. EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash	Cash	$ 305,772	$ 305,772
	Federated Treasury Obligations	Money market mutual fund	$ 629,082	$ 629,082
	Vanguard Growth ETF	1,331 units, exchange-traded funds	$ 523,723	$ 649,345
	Vanguard Mid-Cap Growth	1,992 units, exchange-traded funds	507,997	556,066
	Vanguard Mid-Cap Value	4,511 units, exchange-traded funds	725,213	800,179
	Vanguard Value ETF	4,043 units, exchange-traded funds	679,485	772,148
	Vanguard Small Cap Value (VOE)	1,702 units, exchange-traded funds	322,486	360,431
	Vanguard Small Cap Value (VBK)	536 units, exchange-traded funds	140,981	161,958
	iShares 1-5 year Investment Grade Corporate Bond ETF	703 units, exchange-traded funds	36,366	37,196
	iShares Floating Rate Bond ETF	3,998 units, exchange-traded funds	203,443	203,363
	iShares Core MSCI	622 units, exchange-traded funds	32,488	41,820
	iShares Core MSCI EAFE	451 units, exchange-traded funds	34,393	40,383
	SPDR Barclay's Intermediate Term Treasury ETF	6,706 units, exchange-traded funds	187,145	193,389
	SPDR Barclay's Capital Intermediate Term Corporate Bond ETF	3,430 units, exchange-traded funds	112,450	115,955
	Schwab Short Term Treasury ETF	4,741 units, exchange-traded funds	115,251	115,534
	Schwab Short Term US TIPS ETF	2,788 units, exchange-traded funds	72,023	73,864
	Vanguard Intermediate Term Corporate Bond ETF	3,688 units, exchange-traded funds	296,016	308,849
	Vanguard Short Term Corporate Bond ETF	1,762 units, exchange-traded funds	137,448	140,478
	Total Exchange-Traded Funds		$ 4,126,908	$ 4,570,958
	Cohen & Steers Preferred Securities and Income	89,132 units, mutual funds	$ 1,097,811	$ 1,124,849
	American Funds Growth Fund of America	5,873 units, mutual funds	440,126	473,193
	American Funds New Economy Fund	1,309 units, mutual funds	81,927	96,466
	American Funds Small Cap World Fund	2,042 units, mutual funds	143,588	155,814
	T Rowe Price Emerging Markets Stock Fund	4,232 units, mutual funds	143,858	188,725
	Vanguard Institutional Index Fund	580 units, mutual funds	278,395	320,250
	Vanguard Short Term Bond Index	3,756 units, mutual funds	38,069	38,837
	American Funds Washington Mutual Investors Fund	6,446 units, mutual funds	398,336	420,522
	Total Mutual Funds		$ 2,622,110	$ 2,818,656

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan Plan Number: 001

Plan Sponsor: WEHCO Media, Inc. EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Amphenol Corp	1,429 shares, common stock	$ 97,368	$ 193,070
	Apple Computer, Inc	11,494 shares, common stock	2,878,203	3,124,624
	Amazon Com	527 shares, common stock	118,231	121,533
	American Express Co Com	389 shares, common stock	98,296	143,756
	Autozone Inc	16 shares, common stock	52,481	55,587
	Berkley W R Corp	1,685 shares, common stock	98,632	118,183
	Brown & Brown, Inc	1,020 shares, common stock	106,523	81,316
	Capital One Finl Corp	292 shares, common stock	59,379	70,674
	Cintas	667 shares, common stock	121,774	125,354
	Coca Cola Cons Inc	430 shares, common stock	50,204	65,955
	Costco Wholesale	264 shares, common stock	247,934	227,318
	CRH PLC SHS	783 shares, common stock	72,375	97,672
	Deere & Co	120 shares, common stock	50,637	55,641
	Domino's	121 shares, common stock	52,703	50,384
	Doordash Inc	172 shares, common stock	38,306	38,976
	Eaton Corporation	203 shares, common stock	66,060	64,602
	Gallagher Arthur J & CO Com	596 shares, common stock	169,489	154,111
	Home Depot	493 shares, common stock	190,049	169,664
	International Business Machs Corp	509 shares, common stock	115,014	150,704
	Mastercard, Inc	296 shares, common stock	156,242	168,811
	Meta Platforms Inc	135 shares, common stock	93,691	89,256
	Microsoft Corp	708 shares, common stock	297,327	342,162
	Moodys Corp	227 shares, common stock	103,433	116,173
	Murphy USA, Inc	341 shares, common stock	171,327	137,785
	Netflix	977 shares, common stock	88,282	91,564
	O'Reilly Automotive	686 shares, common stock	54,257	62,600
	Paker-Hannifin Corp Com	110 shares, common stock	67,379	96,642
	Progressive Corp	486 shares, common stock	116,507	110,726
	Republic Services, Inc	1,019 shares, common stock	212,342	215,939
	Sherwin Williams	820 shares, common stock	277,450	265,764
	Texas Instruments	367 shares, common stock	60,272	63,623
	Waste MGMT Inc	406 shares, common stock	89,731	89,276
	Total Domestic Common Stocks		$ 6,471,898	$ 6,959,445

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan — Plan Number: 001

Plan Sponsor: WEHCO Media, Inc. — EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Boeing Company	68.29% interest in $150,000 note, 5.04% May 1, 2027 maturity	$ 102,702	$ 103,487
	Burlington Northern,	68.29% interest in $150,000 note, 6.75% March 15, 2029 maturity	110,573	110,368
	Celgene Corp	68.29% interest in $200,000 note, 3.45% November 11, 2027 maturity	132,707	134,727
	Chevron USA INC	68.29% interest in $150,000 note, 3.25% October 15, 2029 maturity	96,397	99,976
	Cummins Inc	68.29% interest in $200,000 note, 7.125% March 1, 2028 maturity	145,616	143,975
	Dollar General Corp	68.29% interest in $200,000 note, 3.50% April 3, 2030 maturity	131,348	132,098
	Entergy LA LLC	68.29% interest in $200,000 note, 2.40% March 3, 2024 maturity	131,516	135,227
	Exxon Mobil	68.29% interest in $100,000 note, 2.275% August 16, 2026 maturity	66,026	67,616
	Fairfax Financial Holdings	68.29% interest in $450,000 note, 8.30% April 15, 2026 maturity	31,894	31,061
	Fairfax Financial Holdings	68.29% interest in $150,000 note, 4.85% April 1, 2028 maturity	101,751	103,801
	General Dynamics	68.29% interest in $150,000 note, 3.50% April 1, 2027 maturity	100,211	102,208
	Gileaad Sciences	68.29% interest in $120,000 note, 1.65% October 1, 2030 maturity	68,852	73,361
	Haliburton Co	68.29% interest in $150,000 note, 2.92% March 1, 2029 maturity	92,279	96,902
	Honeywell International, Inc.	68.29% interest in $125,500 note, 6.625% June 15, 2028 maturity	90,164	89,992
	Intel Corp DTD,	68.29% interest in $100,000 note, 4% August 5, 2029 maturity	65,052	67,576
	MidAmerican Energy Co DTD	68.29% interest in $150,000 note, 3.65% April 15, 2029 maturity	97,762	101,223
	Mosaic	68.29% interest in $300,000 note, 4.05% November 15, 2027 maturity	200,753	204,757
	Novartis Corp	68.29% interest in $150,000 note, 4% September 18, 2031 maturity	102,028	101,911

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan

Plan Number: 001

Plan Sponsor: WEHCO Media, Inc.

EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Occidental Petroleum Corp DTD	68.29% interest in $200,000 note, 6.625% September 1, 2030 maturity	$ 143,028	$ 147,040
	Owens Corning Inc	68.29% interest in $100,000 note, 3.40% August 15, 2026 maturity	66,791	67,968
	Philips 66, LP	68.29% interest in $500,000 note, 3.75% March 1, 2028 maturity	31,818	33,371
	Stryker Corp DTD	68.29% interest in $100,000 note, 4.85% December 8, 2028 maturity	68,471	69,908
	Raytheon Technologies	68.29% interest in $125,500 note, 3.125% May 4, 2027 maturity	82,397	84,453
	Union Pacific Corp	68.29% interest in $150,000 note, 3.75% July 15, 2025 maturity	114,401	113,865
	Valero Energy Corp	68.29% interest in $150,000 note, 7.50% April 15, 2032 maturity	114,654	117,262
	Total Domestic Corporate Debt		$ 2,489,191	$ 2,534,133

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan Plan Number: 001

Plan Sponsor: WEHCO Media, Inc. EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	United States Treasury Bills	68.29% interest in $750,000 bond, 0.000% February 5, 2026 maturity	$ 505,102	$ 510,477
	United States Treasury Bills	68.29% interest in $450,000 bond, 0.000% May 7, 2026 maturity	301,658	303,543
	United States Treasury Bills	68.29% interest in $647,000 bond, 0.000% June 4, 2026 maturity	433,908	435,303
	United States Treasury Note	68.29% interest in $200,000 bond, 1.625% February 15, 2026 maturity	132,679	136,242
	United States Treasury Note	68.29% interest in $450,000 bond, 2.250% March 31, 2026 maturity	299,882	306,302
	United States Treasury Note	68.29% interest in $250,000 bond, 2.375% May 15, 2027 maturity	163,487	168,162
	United States Treasury Note	68.29% interest in $150,000 bond, 2.250% February 15, 2027 maturity	98,484	101,021
	United States Treasury Note	68.29% interest in $150,000 bond, 1.500% February 15, 2030 maturity	90,946	94,091
	United States Treasury Note	68.29% interest in $125,000 bond, 4.500% May 15, 2027 maturity	86,195	86,498
	United States Treasury Note	68.29% interest in $200,000 bond, 4.375% July 15, 2027 maturity	137,685	138,397
	United States Treasury Note	68.29% interest in $125,000 bond, 4.625% June 30, 2026 maturity	85,822	85,808
	Total U.S. and Other Government Securities		$ 2,335,848	$ 2,365,844

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan

Plan Number: 001

Plan Sponsor: WEHCO Media, Inc.

EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Hermes Intl SA	22 shares, common stock	$ 52,540	$ 54,456
	Canadian National Railway	68.29% interest in $200,000 note, 2.75%, March 1, 2026 maturity	$ 136,584	$ 136,308

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan Plan Number: 001

Plan Sponsor: WEHCO Media, Inc. EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash	Cash	$ 305,772	$ 305,772
	Federated Treasury Obligations	Money market mutual fund	$ 629,082	$ 629,082
	Vanguard Growth ETF	1,331 units, exchange-traded funds	$ 523,723	$ 649,345
	Vanguard Mid-Cap Growth	1,992 units, exchange-traded funds	507,997	556,066
	Vanguard Mid-Cap Value	4,511 units, exchange-traded funds	725,213	800,179
	Vanguard Value ETF	4,043 units, exchange-traded funds	679,485	772,148
	Vanguard Small Cap Value (VOE)	1,702 units, exchange-traded funds	322,486	360,431
	Vanguard Small Cap Value (VBK)	536 units, exchange-traded funds	140,981	161,958
	iShares 1-5 year Investment Grade Corporate Bond ETF	703 units, exchange-traded funds	36,366	37,196
	iShares Floating Rate Bond ETF	3,998 units, exchange-traded funds	203,443	203,363
	iShares Core MSCI	622 units, exchange-traded funds	32,488	41,820
	iShares Core MSCI EAFE	451 units, exchange-traded funds	34,393	40,383
	SPDR Barclay's Intermediate Term Treasury ETF	6,706 units, exchange-traded funds	187,145	193,389
	SPDR Barclay's Capital Intermediate Term Corporate Bond ETF	3,430 units, exchange-traded funds	112,450	115,955
	Schwab Short Term Treasury ETF	4,741 units, exchange-traded funds	115,251	115,534
	Schwab Short Term US TIPS ETF	2,788 units, exchange-traded funds	72,023	73,864
	Vanguard Intermediate Term Corporate Bond ETF	3,688 units, exchange-traded funds	296,016	308,849
	Vanguard Short Term Corporate Bond ETF	1,762 units, exchange-traded funds	137,448	140,478
	Total Exchange-Traded Funds		$ 4,126,908	$ 4,570,958
	Cohen & Steers Preferred Securities and Income	89,132 units, mutual funds	$ 1,097,811	$ 1,124,849
	American Funds Growth Fund of America	5,873 units, mutual funds	440,126	473,193
	American Funds New Economy Fund	1,309 units, mutual funds	81,927	96,466
	American Funds Small Cap World Fund	2,042 units, mutual funds	143,588	155,814
	T Rowe Price Emerging Markets Stock Fund	4,232 units, mutual funds	143,858	188,725
	Vanguard Institutional Index Fund	580 units, mutual funds	278,395	320,250
	Vanguard Short Term Bond Index	3,756 units, mutual funds	38,069	38,837
	American Funds Washington Mutual Investors Fund	6,446 units, mutual funds	398,336	420,522
	Total Mutual Funds		$ 2,622,110	$ 2,818,656

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan Plan Number: 001

Plan Sponsor: WEHCO Media, Inc. EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Amphenol Corp	1,429 shares, common stock	$ 97,368	$ 193,070
	Apple Computer, Inc	11,494 shares, common stock	2,878,203	3,124,624
	Amazon Com	527 shares, common stock	118,231	121,533
	American Express Co Com	389 shares, common stock	98,296	143,756
	Autozone Inc	16 shares, common stock	52,481	55,587
	Berkley W R Corp	1,685 shares, common stock	98,632	118,183
	Brown & Brown, Inc	1,020 shares, common stock	106,523	81,316
	Capital One Finl Corp	292 shares, common stock	59,379	70,674
	Cintas	667 shares, common stock	121,774	125,354
	Coca Cola Cons Inc	430 shares, common stock	50,204	65,955
	Costco Wholesale	264 shares, common stock	247,934	227,318
	CRH PLC SHS	783 shares, common stock	72,375	97,672
	Deere & Co	120 shares, common stock	50,637	55,641
	Domino's	121 shares, common stock	52,703	50,384
	Doordash Inc	172 shares, common stock	38,306	38,976
	Eaton Corporation	203 shares, common stock	66,060	64,602
	Gallagher Arthur J & CO Com	596 shares, common stock	169,489	154,111
	Home Depot	493 shares, common stock	190,049	169,664
	International Business Machs Corp	509 shares, common stock	115,014	150,704
	Mastercard, Inc	296 shares, common stock	156,242	168,811
	Meta Platforms Inc	135 shares, common stock	93,691	89,256
	Microsoft Corp	708 shares, common stock	297,327	342,162
	Moodys Corp	227 shares, common stock	103,433	116,173
	Murphy USA, Inc	341 shares, common stock	171,327	137,785
	Netflix	977 shares, common stock	88,282	91,564
	O'Reilly Automotive	686 shares, common stock	54,257	62,600
	Paker-Hannifin Corp Com	110 shares, common stock	67,379	96,642
	Progressive Corp	486 shares, common stock	116,507	110,726
	Republic Services, Inc	1,019 shares, common stock	212,342	215,939
	Sherwin Williams	820 shares, common stock	277,450	265,764
	Texas Instruments	367 shares, common stock	60,272	63,623
	Waste MGMT Inc	406 shares, common stock	89,731	89,276
	Total Domestic Common Stocks		$ 6,471,898	$ 6,959,445

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan Plan Number: 001

Plan Sponsor: WEHCO Media, Inc. EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Boeing Company	68.29% interest in $150,000 note, 5.04% May 1, 2027 maturity	$ 102,702	$ 103,487
	Burlington Northern,	68.29% interest in $150,000 note, 6.75% March 15, 2029 maturity	110,573	110,368
	Celgene Corp	68.29% interest in $200,000 note, 3.45% November 11, 2027 maturity	132,707	134,727
	Chevron USA INC	68.29% interest in $150,000 note, 3.25% October 15, 2029 maturity	96,397	99,976
	Cummins Inc	68.29% interest in $200,000 note, 7.125% March 1, 2028 maturity	145,616	143,975
	Dollar General Corp	68.29% interest in $200,000 note, 3.50% April 3, 2030 maturity	131,348	132,098
	Entergy LA LLC	68.29% interest in $200,000 note, 2.40% March 3, 2024 maturity	131,516	135,227
	Exxon Mobil	68.29% interest in $100,000 note, 2.275% August 16, 2026 maturity	66,026	67,616
	Fairfax Financial Holdings	68.29% interest in $450,000 note, 8.30% April 15, 2026 maturity	31,894	31,061
	Fairfax Financial Holdings	68.29% interest in $150,000 note, 4.85% April 1, 2028 maturity	101,751	103,801
	General Dynamics	68.29% interest in $150,000 note, 3.50% April 1, 2027 maturity	100,211	102,208
	Gileaad Sciences	68.29% interest in $120,000 note, 1.65% October 1, 2030 maturity	68,852	73,361
	Haliburton Co	68.29% interest in $150,000 note, 2.92% March 1, 2029 maturity	92,279	96,902
	Honeywell International, Inc.	68.29% interest in $125,500 note, 6.625% June 15, 2028 maturity	90,164	89,992
	Intel Corp DTD,	68.29% interest in $100,000 note, 4% August 5, 2029 maturity	65,052	67,576
	MidAmerican Energy Co DTD	68.29% interest in $150,000 note, 3.65% April 15, 2029 maturity	97,762	101,223
	Mosaic	68.29% interest in $300,000 note, 4.05% November 15, 2027 maturity	200,753	204,757
	Novartis Corp	68.29% interest in $150,000 note, 4% September 18, 2031 maturity	102,028	101,911

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan Plan Number: 001

Plan Sponsor: WEHCO Media, Inc. EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Occidental Petroleum Corp DTD	68.29% interest in $200,000 note, 6.625% September 1, 2030 maturity	$ 143,028	$ 147,040
	Owens Corning Inc	68.29% interest in $100,000 note, 3.40% August 15, 2026 maturity	66,791	67,968
	Philips 66, LP	68.29% interest in $500,000 note, 3.75% March 1, 2028 maturity	31,818	33,371
	Stryker Corp DTD	68.29% interest in $100,000 note, 4.85% December 8, 2028 maturity	68,471	69,908
	Raytheon Technologies	68.29% interest in $125,500 note, 3.125% May 4, 2027 maturity	82,397	84,453
	Union Pacific Corp	68.29% interest in $150,000 note, 3.75% July 15, 2025 maturity	114,401	113,865
	Valero Energy Corp	68.29% interest in $150,000 note, 7.50% April 15, 2032 maturity	114,654	117,262
	Total Domestic Corporate Debt		$ 2,489,191	$ 2,534,133

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan

Plan Number: 001

Plan Sponsor: WEHCO Media, Inc.

EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	United States Treasury Bills	68.29% interest in $750,000 bond, 0.000% February 5, 2026 maturity	$ 505,102	$ 510,477
	United States Treasury Bills	68.29% interest in $450,000 bond, 0.000% May 7, 2026 maturity	301,658	303,543
	United States Treasury Bills	68.29% interest in $647,000 bond, 0.000% June 4, 2026 maturity	433,908	435,303
	United States Treasury Note	68.29% interest in $200,000 bond, 1.625% February 15, 2026 maturity	132,679	136,242
	United States Treasury Note	68.29% interest in $450,000 bond, 2.250% March 31, 2026 maturity	299,882	306,302
	United States Treasury Note	68.29% interest in $250,000 bond, 2.375% May 15, 2027 maturity	163,487	168,162
	United States Treasury Note	68.29% interest in $150,000 bond, 2.250% February 15, 2027 maturity	98,484	101,021
	United States Treasury Note	68.29% interest in $150,000 bond, 1.500% February 15, 2030 maturity	90,946	94,091
	United States Treasury Note	68.29% interest in $125,000 bond, 4.500% May 15, 2027 maturity	86,195	86,498
	United States Treasury Note	68.29% interest in $200,000 bond, 4.375% July 15, 2027 maturity	137,685	138,397
	United States Treasury Note	68.29% interest in $125,000 bond, 4.625% June 30, 2026 maturity	85,822	85,808
	Total U.S. and Other Government Securities		$ 2,335,848	$ 2,365,844

(Continued)

See Independent Auditor's Report.

WEHCO Profit Sharing Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: WEHCO Profit Sharing Plan

Plan Number: 001

Plan Sponsor: WEHCO Media, Inc.

EIN: 71-0026260

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Hermes Intl SA	22 shares, common stock	$ 52,540	$ 54,456
	Canadian National Railway	68.29% interest in $200,000 note, 2.75%, March 1, 2026 maturity	$ 136,584	$ 136,308

See Independent Auditor's Report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
WEHCO PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/30/1957

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)
WEHCO MEDIA, INC. & SUBSIDIARIES

ROBERT DELANEY
PO BOX 2221

LITTLE ROCK AR 72203-2221

2b Employer Identification Number (EIN) 71-0026260

2c Plan Sponsor's telephone number 501-378-3428

2d Business code (see instructions) 511110

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		10/14/2026	ROBERT DELANEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2026	ROBERT DELANEY
	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