

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 2023 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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 7-ELEVEN, INC. 401(K) PLAN	1b Three-digit plan number (PN) ▶ 101
		1c Effective date of plan 01/01/2023
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) 7-ELEVEN, INC. 500 SPEEDWAY DRIVE ENON, OH 45323	2b Employer Identification Number (EIN) 75-1085131
		2c Plan Sponsor's telephone number 937-864-3000
		2d Business code (see instructions) 445120

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.	10/15/2024	MIKE ADAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 39420
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 34211 6a(2) 61061 6b 416 6c 3895 6d 65372 6e 101 6f 65473 6g(1) 18054 6g(2) 19581 6h 266
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 Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2R 2T 3B 3D 3H

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

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 7-ELEVEN, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 7-ELEVEN, INC.	D Employer Identification Number (EIN) 75-1085131	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

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

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

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

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

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

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

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

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

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	696063	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	91982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIENT ADVISORS LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	37500	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)

AON

36-3109431

(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?
16	CONSULTANT	34125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCONNELL JONES

76-0488832

(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	ACCOUNTANT/AUDITOR	30775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

35-0921680

(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?
16	CONSULTANT	6463	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BAIRD MID CAP INST - US BANCORP FU 39-0281260	0.06%	
(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
(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

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 2023 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>7-ELEVEN, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>101</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>7-ELEVEN, INC.</u>	D Employer Identification Number (EIN) <u>75-1085131</u>	

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: <u>SS TRGT RET 2035 W</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-467</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52017888</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS TRGT RET 2060 W</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-472</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6322802</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS TRGT RET INC W</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-473</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>97945183</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FRDM INX 2040 Y</u>		
b Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-082</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>188001</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FRDM INX 2055 Y</u>		
b Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-112</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25809</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS TRGT RET 2065 W</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST</u>		
c EIN-PN <u>32-6528132-031</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1170769</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FRDM INX 2025 Y</u>		
b Name of sponsor of entity listed in (a): <u>FIAM TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-079</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>235689</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2050 W		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-470	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19755489

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX INC Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-074	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11183

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2020 Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-078	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297498

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2045 Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-083	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108326

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2055 W		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-471	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12180063

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2005 Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-075	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55833

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2010 Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176557

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2015 Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-077	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226747

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2050 Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54711

a Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2040 W		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-468	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37280141

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2035 Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-081	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264718
a Name of MTIA, CCT, PSA, or 103-12 IE: GS STABLE VAL INST1		
b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY NA		
c EIN-PN 13-4166989-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6338951
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2030 Y		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-080	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292956
a Name of MTIA, CCT, PSA, or 103-12 IE: VANG RET SAV TR IV		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 61-6451184-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22129496
a Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2020 W		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-464	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83012289
a Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2025 W		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-465	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109165169
a Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2045 W		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-469	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30448309
a Name of MTIA, CCT, PSA, or 103-12 IE: SS TRGT RET 2030 W		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-466	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77650664
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2023 This Form is Open to Public Inspection
	For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	

A Name of plan 7-ELEVEN, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 101
C Plan sponsor's name as shown on line 2a of Form 5500 7-ELEVEN, INC.	
D Employer Identification Number (EIN) 75-1085131	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	2618339
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	22612241
(9) Value of interest in common/collective trusts	1c(9)	0	557355241
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	394601219
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	0	977187040
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	6696
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	6696
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	0	977180344

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)	33050489	
(B) Participants	2a(1)(B)	63541146	
(C) Others (including rollovers)	2a(1)(C)	9582015	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		106173650
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1157122	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1157122
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9301565	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9301565
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		33719394
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		86829146
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		237180877

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	145730176	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		145730176
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		286596
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	896909	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		896909
j Total expenses. Add all expense amounts in column (b) and enter total	2j		146913681

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		90267196
l Transfers of assets:			
(1) To this plan	2l(1)		886913148
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **MCCONNELL AND JONES LLP**

(2) EIN: **76-0488832**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?	☒		1713
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 7-ELEVEN, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 7-ELEVEN, INC.		D Employer Identification Number (EIN) 75-1085131
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): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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 Q702438A.

7-ELEVEN, INC.
401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2023

(With Independent Auditor's Report Thereon)

7-ELEVEN, INC. 401(k) PLAN

TABLE OF CONTENTS

	<u>Page(s)</u>
Independent Auditor's Report	1–4
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2023	5
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023	6
Notes to Financial Statements	7–13
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14-15

Note: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act have been omitted because they are not applicable.



INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
7-Eleven, Inc. 401(k) Plan

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

We have performed audit of the financial statements of the 7-Eleven Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (collectively, the financial statements).

Plan management (Management), having determined it is permissible in the circumstances, has elected to have the audit of the 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

In our opinion, based on our audit 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 (US GAAP).
- 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 audit in accordance with auditing standards generally accepted in the United States of America (US 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, Management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the ability of the Plan to continue as a going concern for one year after the date that the financial statements were 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 transactions of the Plan that are presented and disclosed in the financial statements are in conformity with the provisions of the Plan, 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US 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 internal controls of the Plan. 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 ability of the Plan 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of US GAAP.

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 US GAAP.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 schedule, 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 US GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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



McConnell Jones

- the information in the supplemental schedule related to assets held by and certified to by the 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).

McConnell & Jones LLP

Houston, Texas
October 15, 2024

7-ELEVEN, INC. 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2023
(Dollars in thousands)

	<u>2023</u>
ASSETS	
Investments, at fair value	\$ 951,956
Receivables:	
Notes Receivable from Participants	\$ 22,612
Employer Contributions	\$ 2,618
Total Receivables	<u>\$ 25,230</u>
Total Assets	<u>\$ 977,186</u>
LIABILITIES	
Accrued Liabilities	<u>\$ 6</u>
Total Liabilities	<u>\$ 6</u>
Net Assets Available for Benefits	<u><u>\$ 977,180</u></u>

See accompanying notes to the financial statements.

7-ELEVEN, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2023
(Dollars in thousands)

Additions:

Investment Income	
Net appreciation in fair value of investments	\$ 120,549
Dividends and interest	\$ 9,301
Total investment income	<u>\$ 129,850</u>
Contributions	
Participants	\$ 63,542
Employer	\$ 33,050
Rollovers	\$ 9,582
Total contributions	<u>\$ 106,174</u>
Interest on Notes Receivable from Participants	<u>\$ 1,157</u>
Total Additions	<u>\$ 237,181</u>

Deductions:

Benefit Payments to Participants	\$ (146,017)
Administrative Expenses	\$ (897)
Total deductions	<u>\$ (146,914)</u>
Net Increase Before Transfer	\$ 90,267
Transfer In from Other Plan (Note 1)	<u>\$ 886,913</u>
Net Increase After Transfer	\$ 977,180
Net Assets Available for Benefits	
Beginning of Year	<u>\$ -</u>
End of Year	<u><u>\$ 977,180</u></u>

See accompanying notes to the financial statements.

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN AND TRANSACTIONS WITH PARTIES-IN-INTEREST

The following description of the 7-Eleven, Inc. 401(k) Plan (the Plan) presents general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a participant-directed defined contribution plan whose purpose is to provide retirement benefits for employees of 7-Eleven, Inc. (7-Eleven, the Company, or the Plan Sponsor/Administrator) with at least ninety days of service, excluding those whose employment is covered by a collective bargaining agreement, nonresident aliens who do not receive earned income from sources within the United States, and independent contractors. The Plan is administered by the Company. Certain officers of the Company have been appointed as members of the Trust Committee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Establishment of Plan

On January 1, 2023 this plan was established as a result of a merger between the Speedway Retirement Readiness Plan and the 7-Eleven Profit Sharing/401(k) plans to create one plan for the Company.

Assets transferred in from the Speedway Retirement Readiness Plan

Effective January 1, 2023 the 7-Eleven, Inc. 401(k) Plan received assets transferred in-kind from the Speedway Retirement Readiness Plan in the amount of \$886,913,148.

Participant contributions

Each year, participants may contribute up to 75% of eligible compensation on a pretax and/or Roth basis and after-tax on a limited basis, as defined in the Plan Document. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. All contributions are subject to Plan restrictions and limitations under the Internal Revenue Code (the Code), including the annual compensation limit under Section 401(a)(17) of the Code. Participants may also make rollover contributions or direct-plan transfer contributions in accordance with the terms of the Plan.

Employer contributions

The Plan Sponsor has elected to make Safe Harbor matching contributions to all eligible participants in an amount equal to 100% of the first three percent of participants' eligible compensation, and 50% of the next two percent of participants' eligible compensation, contributed to the Plan as Deferral Contributions.

NOTES TO FINANCIAL STATEMENTS

The Company, in its discretion, may determine whether a discretionary matching contribution shall be made to the Plan for a plan year, and if so, the amount to be contributed. Discretionary matching contributions to the Plan are funded on an annual basis.

The Company, in its discretion, may make discretionary nonelective contributions in amounts to be determined by taking the appropriate legal action for each Plan year.

Participant accounts

Each participant's account is credited with the participant's contributions, interest on individual participant loans outstanding (if any), and allocations of 7-Eleven's discretionary contributions, Plan investment earnings (losses), and Plan expenses, as defined by the Plan Document. Participant accounts are adjusted as of the close of each business day (or as frequently as an updated value is available) for investment gains or losses based on the closing daily value of the units owned by a participant.

Investment options

A participant may direct their salary deferrals to one or more of the Plan's investment options. The Plan's investment options are within the following asset classes:

- a. Stable value
- b. Bond-inflation protected
- c. Bond-intermediate term
- d. Stock – Large-cap blend
- e. Stock – Mid-cap blend
- f. Foreign stock – Large-cap blend
- g. Target date funds

Vesting

Participants are vested immediately in their contributions and Company matching contributions plus actual earnings thereon. Vesting in the Company's nonelective contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after 3 years of credited service.

Notes receivable from participants

The Plan allows a participant to borrow funds from their account in the form of a loan, subject to certain limitations. Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may have up to two loans at one time. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by Plan management. Principal and interest are paid ratably through monthly payroll deductions.

NOTES TO FINANCIAL STATEMENTS

Distributions to and withdrawals by participants

Certain types of withdrawals prior to a participant's termination of employment (in-service withdrawals such as financial hardship and attaining age 59 1/2) may be made in accordance with the provisions of the Plan, subject to restrictions under federal laws and regulations. Effective January 1, 2020, under the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) and applicable IRS guidance, the required minimum distribution beginning date was amended to age 72, from age 70½. Upon termination of service due to death, disability, or retirement as defined by the Plan, a participant may elect to receive an amount equal to the value of the vested balance in his or her account, less any outstanding loans, as either a lump sum distribution or in periodic installments.

Administrative expenses and investment management expenses

Although not required to do so, 7-Eleven pays certain administrative expenses of the Plan. The administrative expenses incurred by the Plan relate primarily to fees charged by the Plan's Trustee and Plan consultants. Investment management fees are charged to the Plan as a reduction of investment return and are included in the investment income (loss) reported by the Plan.

Transactions with parties-in-interest

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer receives compensation from the Plan. Some administrative expenses are paid directly by the Company. The Plan also holds notes receivable from participants, which qualifies as an exempt party-in-interest transaction.

Fidelity Management Trust Company, the Plan's trustee and recordkeeper, manages certain plan investments and, therefore, these transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Forfeited Accounts

The non-vested balance in a participant's account is forfeited upon termination of service. Forfeitures may be used to reduce plan expenses and future Company contributions. At December 31, 2023, forfeited nonvested accounts totaled \$876,822. During 2023, forfeitures used to reduce employer contributions by \$18,920 and certain Plan fees by \$208,904.

Plan termination

Although it has not expressed an intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements for the Plan have been prepared using the accrual method of accounting and are in conformity with the United States Generally Accepted Accounting Principles (GAAP).

Use of estimates

The preparation of the Plan's financial statements requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits as of the date of the financial statements and the changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investments

The Plan's investments are reported at fair value. See Note 4 for discussion and definition of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold during the year, as well as any unrealized gains and losses on investments held as of the Plan's year end.

Notes receivable from participants

Notes receivable from participants are measured at their outstanding principal balances due plus accrued interest and are net of delinquent participant loans. No allowance for credit losses has been recorded as of December 31, 2023. If a participant ceases to make loan repayments and Plan management deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of benefits

Benefit payments to participants are recorded upon distribution from the Plan.

Administrative expenses

All expenses related to the administration of the Plan are paid by the Plan unless the Plan Sponsor elects to pay for such expenses.

NOTES TO FINANCIAL STATEMENTS

Risks and uncertainties

The Plan, through the Trustee, invests in various types of investments such as mutual funds, common collective trusts, and other investment securities. Such investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these investment securities, it is at least reasonably possible that changes in their fair values will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits as well as participants' account balances.

3. UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplement schedule, including investments and notes receivable from participants held at December 31, 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2023, were obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company, the Plan's Trustee.

4. FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants on the measurement date. The valuation hierarchy is based on transparency of inputs to the valuation of assets and liabilities on the measurement date. The three levels of the fair value hierarchy under FASB Accounting Standards Codification (ASC) 820 are defined as follows:

- Level 1 Unadjusted quoted prices in active markets for identical assets or liabilities
- Level 2 Quoted prices in active markets for similar assets or liabilities, or
quoted prices for identical or similar assets or liabilities in non-active markets, or
inputs other than quoted prices that are observable for the asset or liability
- Level 3 Unobservable inputs for the asset or liability

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for Plan investments measured at fair value. The methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies

NOTES TO FINANCIAL STATEMENTS

or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset valuation and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trusts – The Plan holds several Target Retirement Funds. The funds are “funds of funds” that invest in wide variety of asset classes. The investments are valued using the net asset value (NAV) determined by the investment manager. The NAV is based on the market value of the underlying assets net of liabilities divided by the number of outstanding units on its valuation date. Participant transactions (purchases and sales) may occur daily. There are currently no redemption restrictions or unfunded commitments on these investments. The NAV for the common collective trusts is deemed to be equivalent to the fair value of the investments as the price is published each business day, the Trustee stands ready to transact at the published price, and the current published price is the basis for the Plan participants’ transactions. Therefore, these funds have a readily determinable fair value and are classified within Level 1 of the fair value hierarchy.

Stable Value Funds – Valued at the NAV of the shares held by the Plan at year-end, which is based on the fair value of the underlying investments using information reported by the investment advisor at year-end. This category comprises of two funds:

1. Goldman Sachs Stable Value Collective Trust is a separate investment trust within the Collective Trusts managed by The Goldman Sachs Trust Company, N.A, which invests in stable value investment contracts that seek to preserve capital and stability of principal while earning interest income and maintain a stable NAV of \$1 per share. NAV is determined daily and there are no significant redemption restrictions on this investment.
2. Vanguard Retirement Saving Trust IV (VRST IV) is a separate investment trust within the Collective Trusts managed by Vanguard Fiduciary Trust Company, which invests solely in the Vanguard Retirement Savings Master Trust and provides for the collective investment of assets of tax-exempt pension and profit-sharing plans. VRST IV maintains a stable net asset value (NAV) of \$1 per share determined daily and there are no significant redemption restrictions on this investment.

7-ELEVEN, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level within the fair value hierarchy, the Plan's assets as of December 31, 2023 (dollars in thousands):

Assets at Fair Value at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Collective Trusts	\$ 528,887	\$ -	\$ -	\$ 526,949
Mutual Funds	\$ 394,601	\$ -	\$ -	\$ 396,539
Stable Value Fund	\$ 28,468	\$ -	\$ -	\$ 28,468
Total Investments at fair value	\$ 951,956	\$ -	\$ -	\$ 951,956

5. PLAN TAX STATUS

Effective January 1, 2023, the Plan adopted a non-standardized pre-approved prototype defined contribution profit sharing plan with Internal Revenue Code (IRC) Section 401(k) Cash or Deferred Arrangement (CODA). The Plan has received pre-approval from the Internal Revenue Service on June 30, 2020. Plan management believes that the plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain 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 concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. SUBSEQUENT EVENTS

Plan management has evaluated events through October 15, 2024 and has determined that there were no subsequent events that require recognition or disclosure in the financial statements.

7-Eleven, Inc. 401(k) Plan

EIN: 75-1085131 Plan Number: 101

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

December 31, 2023

{a}	{b}	{c}	{d}	{e}
Identity of Issue, Borrower, Lessor, or Similar Party Description of Investment		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	GS STABLE VAL INST1	SVF	**	\$ 6,338,950.70
	SS TRGT RET INC W	CCT	**	\$ 97,945,183.24
	SS TRGT RET 2020 W	CCT	**	\$ 83,012,289.09
	SS TRGT RET 2025 W	CCT	**	\$ 109,165,169.42
	SS TRGT RET 2030 W	CCT	**	\$ 77,650,663.53
	SS TRGT RET 2035 W	CCT	**	\$ 52,017,887.55
	SS TRGT RET 2040 W	CCT	**	\$ 37,280,141.43
	SS TRGT RET 2045 W	CCT	**	\$ 30,448,309.44
	SS TRGT RET 2050 W	CCT	**	\$ 19,755,488.74
	SS TRGT RET 2055 W	CCT	**	\$ 12,180,063.39
	SS TRGT RET 2060 W	CCT	**	\$ 6,322,801.99
	SS TRGT RET 2065 W	CCT	**	\$ 1,170,769.35
	VANG RET SAV TR IV	SVF	**	\$ 22,129,496.08
	VANG TOT INTL STK IS	Mutual Funds	**	\$ 4,997,961.86
	PIM TOTAL RT INST	Mutual Funds	**	\$ 2,971,103.38
	VANGUARD INST INDEX	Mutual Funds	**	\$ 39,969,814.48
	VANG VAL INDEX INST	Mutual Funds	**	\$ 4,853,905.41
	JPM EMRG MKTS EQ R6	Mutual Funds	**	\$ 3,315,873.20
	BAIRD MID CAP INST	Mutual Funds	**	\$ 2,475,308.25
	VANG VALUE IDX ADM	Mutual Funds	**	\$ 7,861,165.79
	DODGE & COX INCOME X	Mutual Funds	**	\$ 5,336,193.97
	VANG SM CAP IDX ADM	Mutual Funds	**	\$ 3,781,797.86
	VANG EXT MKT IDX INS	Mutual Funds	**	\$ 13,312,021.26
	VANG INFL PROT ADM	Mutual Funds	**	\$ 3,586,529.79
	AF EUROPAC GROWTH R6	Mutual Funds	**	\$ 12.36
	AS SPL MID CP VAL R6	Mutual Funds	**	\$ 3,370,983.89
*	FIDELITY GOVT INCOME	Mutual Funds	**	\$ 2,371,681.06
*	FID GOVT MMKT	Mutual Funds	**	\$ 0.49
*	FID US BOND IDX	Mutual Funds	**	\$ 8,019,930.64
*	FID 500 INDEX	Mutual Funds	**	\$ 30,871,996.99
*	FID INTL INDEX	Mutual Funds	**	\$ 6,010,434.94

* FID EXTD MKT IDX	Mutual Funds	**	\$ 7,920,539.47
* FIMM GOVT INST	Mutual Funds	**	\$ 11,018,956.32
* FID CONTRAFUND K6	Mutual Funds	**	\$ 7,713,995.52
* FID FRDM BLD 2060 K6	Mutual Funds	**	\$ 8,523,446.41
* FID FRDM BLD 2055 K6	Mutual Funds	**	\$ 16,276,876.28
* FID FRDM BLD 2050 K6	Mutual Funds	**	\$ 19,357,909.46
* FID FRDM BLD 2045 K6	Mutual Funds	**	\$ 25,637,804.97
* FID FRDM BLD 2040 K6	Mutual Funds	**	\$ 26,727,384.04
* FID FRDM BLD 2035 K6	Mutual Funds	**	\$ 29,880,814.23
* FID FRDM BLD 2030 K6	Mutual Funds	**	\$ 31,547,633.20
* FID FRDM BLD 2025 K6	Mutual Funds	**	\$ 23,129,307.40
* FID FRDM BLD 2020 K6	Mutual Funds	**	\$ 7,638,176.67
* FID FRDM BLD 2015 K6	Mutual Funds	**	\$ 710,880.72
* FID FRDM BLD 2010 K6	Mutual Funds	**	\$ 918,825.42
* FID FRDM BLD 2005 K6	Mutual Funds	**	\$ 636,145.20
* FID FRDM BLD INC K6	Mutual Funds	**	\$ 651,173.64
* FID FRDM BLD 2065 K6	Mutual Funds	**	\$ 2,490,110.43
* FID GROWTH CO K6	Mutual Funds	**	\$ 25,879,825.67
* FID INTL DISCOV K6	Mutual Funds	**	\$ 4,834,698.66
* FID FRDM INX INC Y	CCT	**	\$ 11,183.31
* FID FRDM INX 2005 Y	CCT	**	\$ 55,832.78
* FID FRDM INX 2010 Y	CCT	**	\$ 176,557.35
* FID FRDM INX 2015 Y	CCT	**	\$ 226,746.64
* FID FRDM INX 2020 Y	CCT	**	\$ 297,497.56
* FID FRDM INX 2025 Y	CCT	**	\$ 235,689.01
* FID FRDM INX 2030 Y	CCT	**	\$ 292,956.43
* FID FRDM INX 2035 Y	CCT	**	\$ 264,717.51
* FID FRDM INX 2040 Y	CCT	**	\$ 188,001.04
* FID FRDM INX 2045 Y	CCT	**	\$ 108,326.02
* FID FRDM INX 2050 Y	CCT	**	\$ 54,710.96
* FID FRDM INX 2055 Y	CCT	**	\$ 25,808.86
	Interest rates of 3.25% to 10.50% with various maturity dates		
* Loans to Participants		**	<u>\$ 22,612,240.57</u>
			<u><u>\$ 974,568,701.32</u></u>

* Party-in-interest transactions
 Cost omitted for participant-directed
 ** investments

7-Eleven, Inc. 401(k) Plan

EIN: 75-1085131 Plan Number: 101

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

December 31, 2023

{a}	{b}	{c}	{d}	{e}
Identity of Issue, Borrower, Lessor, or Similar Party Description of Investment		Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	GS STABLE VAL INST1	SVF	**	\$ 6,338,950.70
	SS TRGT RET INC W	CCT	**	\$ 97,945,183.24
	SS TRGT RET 2020 W	CCT	**	\$ 83,012,289.09
	SS TRGT RET 2025 W	CCT	**	\$ 109,165,169.42
	SS TRGT RET 2030 W	CCT	**	\$ 77,650,663.53
	SS TRGT RET 2035 W	CCT	**	\$ 52,017,887.55
	SS TRGT RET 2040 W	CCT	**	\$ 37,280,141.43
	SS TRGT RET 2045 W	CCT	**	\$ 30,448,309.44
	SS TRGT RET 2050 W	CCT	**	\$ 19,755,488.74
	SS TRGT RET 2055 W	CCT	**	\$ 12,180,063.39
	SS TRGT RET 2060 W	CCT	**	\$ 6,322,801.99
	SS TRGT RET 2065 W	CCT	**	\$ 1,170,769.35
	VANG RET SAV TR IV	SVF	**	\$ 22,129,496.08
	VANG TOT INTL STK IS	Mutual Funds	**	\$ 4,997,961.86
	PIM TOTAL RT INST	Mutual Funds	**	\$ 2,971,103.38
	VANGUARD INST INDEX	Mutual Funds	**	\$ 39,969,814.48
	VANG VAL INDEX INST	Mutual Funds	**	\$ 4,853,905.41
	JPM EMRG MKTS EQ R6	Mutual Funds	**	\$ 3,315,873.20
	BAIRD MID CAP INST	Mutual Funds	**	\$ 2,475,308.25
	VANG VALUE IDX ADM	Mutual Funds	**	\$ 7,861,165.79
	DODGE & COX INCOME X	Mutual Funds	**	\$ 5,336,193.97
	VANG SM CAP IDX ADM	Mutual Funds	**	\$ 3,781,797.86
	VANG EXT MKT IDX INS	Mutual Funds	**	\$ 13,312,021.26
	VANG INFL PROT ADM	Mutual Funds	**	\$ 3,586,529.79
	AF EUROPAC GROWTH R6	Mutual Funds	**	\$ 12.36
	AS SPL MID CP VAL R6	Mutual Funds	**	\$ 3,370,983.89
*	FIDELITY GOVT INCOME	Mutual Funds	**	\$ 2,371,681.06
*	FID GOVT MMKT	Mutual Funds	**	\$ 0.49
*	FID US BOND IDX	Mutual Funds	**	\$ 8,019,930.64
*	FID 500 INDEX	Mutual Funds	**	\$ 30,871,996.99
*	FID INTL INDEX	Mutual Funds	**	\$ 6,010,434.94

* FID EXTD MKT IDX	Mutual Funds	**	\$ 7,920,539.47
* FIMM GOVT INST	Mutual Funds	**	\$ 11,018,956.32
* FID CONTRAFUND K6	Mutual Funds	**	\$ 7,713,995.52
* FID FRDM BLD 2060 K6	Mutual Funds	**	\$ 8,523,446.41
* FID FRDM BLD 2055 K6	Mutual Funds	**	\$ 16,276,876.28
* FID FRDM BLD 2050 K6	Mutual Funds	**	\$ 19,357,909.46
* FID FRDM BLD 2045 K6	Mutual Funds	**	\$ 25,637,804.97
* FID FRDM BLD 2040 K6	Mutual Funds	**	\$ 26,727,384.04
* FID FRDM BLD 2035 K6	Mutual Funds	**	\$ 29,880,814.23
* FID FRDM BLD 2030 K6	Mutual Funds	**	\$ 31,547,633.20
* FID FRDM BLD 2025 K6	Mutual Funds	**	\$ 23,129,307.40
* FID FRDM BLD 2020 K6	Mutual Funds	**	\$ 7,638,176.67
* FID FRDM BLD 2015 K6	Mutual Funds	**	\$ 710,880.72
* FID FRDM BLD 2010 K6	Mutual Funds	**	\$ 918,825.42
* FID FRDM BLD 2005 K6	Mutual Funds	**	\$ 636,145.20
* FID FRDM BLD INC K6	Mutual Funds	**	\$ 651,173.64
* FID FRDM BLD 2065 K6	Mutual Funds	**	\$ 2,490,110.43
* FID GROWTH CO K6	Mutual Funds	**	\$ 25,879,825.67
* FID INTL DISCOV K6	Mutual Funds	**	\$ 4,834,698.66
* FID FRDM INX INC Y	CCT	**	\$ 11,183.31
* FID FRDM INX 2005 Y	CCT	**	\$ 55,832.78
* FID FRDM INX 2010 Y	CCT	**	\$ 176,557.35
* FID FRDM INX 2015 Y	CCT	**	\$ 226,746.64
* FID FRDM INX 2020 Y	CCT	**	\$ 297,497.56
* FID FRDM INX 2025 Y	CCT	**	\$ 235,689.01
* FID FRDM INX 2030 Y	CCT	**	\$ 292,956.43
* FID FRDM INX 2035 Y	CCT	**	\$ 264,717.51
* FID FRDM INX 2040 Y	CCT	**	\$ 188,001.04
* FID FRDM INX 2045 Y	CCT	**	\$ 108,326.02
* FID FRDM INX 2050 Y	CCT	**	\$ 54,710.96
* FID FRDM INX 2055 Y	CCT	**	\$ 25,808.86
	Interest rates of 3.25% to 10.50% with various maturity dates		
* Loans to Participants		**	<u>\$ 22,612,240.57</u>
			<u><u>\$ 974,568,701.32</u></u>

* Party-in-interest transactions
 Cost omitted for participant-directed
 ** investments