

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan): WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC
2b Employer Identification Number (EIN): 62-1482653
2c Plan Sponsor's telephone number: 865-453-9473
2d Business code (see instructions): 711100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ERISA 3(16) SERVICES TOMMY HORST P O BOX 24628 KNOXVILLE, TN 37933		3b Administrator's EIN 81-2035355	
		3c Administrator's telephone number 865-966-1225	
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	935	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	724	
6a(2) Total number of active participants at the end of the plan year	6a(2)	633	
b Retired or separated participants receiving benefits.....	6b	4	
c Other retired or separated participants entitled to future benefits	6c	218	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	855	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0	
f Total. Add lines 6d and 6e	6f	855	
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)	450	
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)	453	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	37	
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 2G 2J 2K 2F 3D

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)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>	(3) <input checked="" type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(5) <input type="checkbox"/> G (Financial Transaction Schedules)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC</p>	<p>D Employer Identification Number (EIN) 62-1482653</p>

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	935032-003	450	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---------------------------------------------	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	202853
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	7019531

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year **7b** 153190

c Additions: (1) Contributions deposited during the year	7c(1)	16367	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	4775	
(4) Transferred from separate account	7c(4)	16825	
(5) Other (specify below)..... ▶ FORFEITURE CREDITS	7c(5)	38295	

(6) Total additions **7c(6)** 76262

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 229452

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3248	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	2643	
(4) Other (specify below)..... ▶ FEES AND FORFEITURES	7e(4)	20708	

(5) Total deductions **7e(5)** 26599

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 202853

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC	D Employer Identification Number (EIN) 62-1482653	

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
15 37 52 62 64 67	RECORDKEEPER	46681	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LPL FINANCIAL CORPORATION

04-3046611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PL	11715	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERISA SERVICES, INC.

62-1200951

(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?
15 37 64	RECORDKEEPER	9079	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

OSAIC WEALTH, INC.

93-0987232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PL	4118	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RPA FINANCIAL, LLC

83-1143379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PL	2751	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WOODBURY FINANCIAL SERVICES

41-0944586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PLA	1361	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC</u>	D Employer Identification Number (EIN) <u>62-1482653</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET TRGT RTMENT 2025 CL V</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-498</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>364056</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET TRGT RTMENT 2030 CL V</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-492</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>532911</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET TRGT RTMENT 2035 CL V</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-499</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>2012564</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET TRGT RTMENT 2040 CL V</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-493</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>670378</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET TRGT RTMENT 2045 CL V</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>32-6528132-001</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>837069</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET TRGT RTMENT 2050 CL V</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>32-6528132-002</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>744483</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET TRGT RTMENT 2055 CL V</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>32-6528132-005</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>632387</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TRGT RTMENT 2060 CL V

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

c EIN-PN 32-6528132-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 431926
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TRGT RTMENT INCOM CL V

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

c EIN-PN 90-0337987-490	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114329
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TRGT RTMENT 2065 CL V

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

c EIN-PN 32-6528132-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49050
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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)
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC	D Employer Identification Number (EIN) 62-1482653

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	6380785
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	153190
(15) Other.....	1c(15)	7019531

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6533975	7222384
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6533975	7222384

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)	270471	
(B) Participants.....	2a(1)(B)	513351	
(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)		783822
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(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)		734314
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1518136

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	753979	
(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)		753979
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)		
(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)	75748	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		75748
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		829727

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		688409
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) 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: **PYA, P.C.**

(2) EIN: **62-1517792**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC</u>	D Employer Identification Number (EIN) <u>62-1482653</u>	

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

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

1		0
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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): 36-6071399

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	
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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.)
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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
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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.
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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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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 / 01 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704504A.



Financial Statements and Supplemental Schedule

***World Choice Investments, LLC and Great Choice
Investments, LLC 401(k) Plan***

Years Ended December 31, 2024 and 2023

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

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Years Ended December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of World Choice
Investments, LLC and Great Choice Investments, LLC 401(k) Plan:

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

We have performed an audit of the financial statements of the World Choice Investments, LLC and Great Choice Investments, LLC 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 statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements 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, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to maintain 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 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 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.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets at Year End as of December 31, 2024, 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 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 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 its form and content, are 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 agrees to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

PYA, P.C.

Knoxville, Tennessee
July 28, 2025

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2024</i>	<i>2023</i>
ASSETS		
Investments:		
Pooled separate accounts - fair value	\$ 7,019,531	\$ 6,380,785
General unallocated contracts with an insurance company - contract value	202,853	153,190
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,222,384</u>	<u>\$ 6,533,975</u>

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Statement of Changes in Net Assets Available for Benefits

	<i>Year Ended December 31, 2024</i>
ADDITIONS:	
Investment income:	
Net appreciation in fair value of investments	\$ 734,314
Contributions:	
Participants	513,351
Employer	270,471
	<u>783,822</u>
TOTAL ADDITIONS	<u>1,518,136</u>
DEDUCTIONS:	
Distributions to participants, including direct rollovers	753,979
Fees and commissions	75,748
	<u>829,727</u>
TOTAL DEDUCTIONS	<u>829,727</u>
NET INCREASE	688,409
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	<u>6,533,975</u>
END OF YEAR	<u>\$ 7,222,384</u>

WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE A--DESCRIPTION OF THE PLAN

The following description of the World Choice Investments, LLC and Great Choice Investments, LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan sponsored by World Choice Investments, LLC (a subsidiary of WCI Holdings, LLC) and its subsidiary Great Choice Investments, LLC (the Company). The Plan was established effective July 1, 2001, and since that date has been amended to conform the Plan to any new tax laws as necessary; amended on October 25, 2010, to change the name to World Choice Investments, LLC from Dixie Stampede, LLC to mirror the Plan Sponsor's name change that year; amended on August 18, 2013, to adopt a Roth component for the Plan; amended on November 30, 2015, to implement the Qualified Automatic Contribution Arrangement (QACA) safe harbor provisions beginning January 1, 2016; amended on September 1, 2019, to change the name to World Choice Investments, LLC and Great Choice Investments, LLC 401(k) Plan; amended effective May 1, 2020, primarily in regards to changes in (1) automatic deferrals, (2) safe harbor contributions, and (3) limits on employer matching contributions; amended on June 9, 2021, and effective July 1, 2021, for Plan entry dates and tiered employer matching percentages; and amended on June 22, 2021, as to individual trustees. The Plan was restated effective January 1, 2022, and at that time the Plan's third-party administrator also changed from John Hancock Life Insurance Company (U.S.A.) to Transamerica Financial Life Insurance Company (U.S.A.). The Plan is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation: All employees of the Company that are not considered an excluded employee are eligible to participate in the Plan for the purposes of making contributions and receiving matching employer contributions coincident with or following the date the eligibility requirements are met. Employees are eligible to participate in the Plan if they have attained age 21 and have completed four consecutive months of employment. Employees that do not complete four consecutive months of employment from their first date of employment can satisfy the service requirement if credited with a year of service which is defined as 1,000 hours in twelve consecutive months. An excluded employee is defined as a seasonal employee. A seasonal employee is an employee who works for a specific time period during the year (e.g., Memorial to Labor Day) that does not meet the year of service requirement of 1,000 hours. Once the age and service requirements are met, a participant begins in the plan on the next available entry date. Entry dates in a calendar year are April 1 or October 1 as of December 31, 2021. Due to the Plan restatement, effective January 1, 2022, the entry date was changed to the first day of the month for Plan quarterly months of January, April, July, or October. Participants may elect to stop an election to contribute at any time.

Contributions: Each active participant may elect to make tax deferred contributions by a specific percentage subject to IRS limitations set by law. There are two types of salary deferrals: Pre-Tax 401(k) deferrals and Roth 401(k) deferrals. Either method of deferral is counted as compensation for purposes of Social Security taxes.

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Notes to Financial Statements - Continued

Years Ended December 31, 2024 and 2023

Pre-Tax 401(k) Deferrals: These deferrals reduce a participant's taxable income by the deferral contribution. Later, when the Plan distributes the deferrals and earnings, the participant will pay taxes on those deferrals and the earnings.

Roth 401(k) Deferrals: These deferrals are subject to federal income tax in the year of deferral. However, the deferrals and, in most cases, the earnings on the deferrals, are not subject to federal income taxes when distributed.

Participants may elect to defer a percentage of compensation each year that also applies to irregular pay (such as bonuses) unless a separate elective deferral election is made for irregular pay. Total deferrals in any taxable year may not exceed a dollar limit as set by law. The limit for 2024 and 2023 is \$23,000 and \$22,500, respectively, and may be increased annually based on cost-of-living adjustments. Catch-up contributions are available for participants at least age 50 or will attain age 50 before the end of a calendar year. The maximum catch-up contribution that can be made in 2024 and 2023 is \$7,500 and may be increased for cost-of-living adjustments.

The Plan was amended in June 2021 to reset the eligible employee entry dates as follows: as in place prior to January 1, 2016, the entry dates again were April 1 or October 1. There was also a special entry date of July 1, 2021, for certain eligible participants. Each eligible participant that entered the Plan as of July 1, 2021, elects their contribution percentage to be made into the Plan from their eligible compensation. In addition, that amendment restarted the Plan Sponsor matching contributions date to be effective July 1, 2021. Beginning with the 2022 restatement, the Plan entry dates are now the first day of each quarter after qualifying for participation has been established. The reinstated employer matching contribution was calculated as follows: first 2% is matched at 100% and next 3% is matched at 50%.

Due to the economic uncertainties surrounding the pandemic in 2020, effective May 1, 2020, the Plan had been amended for the following areas related to Plan contributions:

- Automatic Deferrals – The Plan no longer included an automatic salary deferral feature. Accordingly, a participant must make a deferral election if they wish to make salary deferrals to the Plan.
- Safe Harbor Contributions – The Plan Sponsor ceased making “safe harbor” contributions to the Plan.
- Limit on Employer Matching Contributions – In applying the matching contribution, the participant salary deferrals for each year that exceed 5% of compensation for such period will not be considered for the match.

WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC 401(k) PLAN

Notes to Financial Statements - Continued

Years Ended December 31, 2024 and 2023

The restated plan effective January 1, 2022, did not reimplement any of these contribution terms. The restated plan did change the option for the maximum employer match percentage to be 4% and applies to all participants. However, the Plan Sponsor decided to leave the maximum percentage for its match at 3.5%. The amount of matching employer contributions made during the year ended December 31, 2024, totaled \$270,471.

Prior to the Plan amendment beginning May 1, 2020, the Plan was last amended in 2015 such that beginning January 1, 2016, the Plan included an automatic enrollment feature known as a qualified automatic contribution arrangement (QACA). Under the QACA provisions of the Plan, if a participant did not complete and return a salary deferral agreement, then the Company would automatically withhold a portion of eligible compensation from each pay period and contribute that amount to the Plan as a Pre-Tax 401(k) deferral. Participants that did not wish to defer any of their compensation or wish to defer an amount of compensation at a rate different from the automatic deferral amount must make an election to do so by submitting a salary deferral agreement to the Plan's administrator. The Participant's election under the salary deferral agreement would remain in effect unless or until it is changed by the participant or unless the deferral was automatically suspended under terms of the Plan, which did occur in May of 2020. The Plan maintains the necessary documentation to support participant contributions that were made under the QACA provisions.

Forfeitures of terminated participants' non-vested accounts can be used to offset future plan management costs or discretionary matching employer contributions. In 2024, the Company used \$18,726 of participant forfeitures to reduce discretionary employer matching contributions and pay certain Plan expenses. At December 31, 2024 and 2023, forfeitures of non-vested accounts of \$54,463 and \$33,552, respectively, are available to the Company for use in future Plan years.

Participant Accounts: Each participant's account is credited with the participant's contributions, the Company's safe harbor or discretionary matching contributions, and an allocation of Plan earnings. Allocations are based on participant contributions, participant's earnings, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The participants have several investment options into which they may direct contributions.

Vesting: Participants are immediately vested in their contributions as attributable to salary deferrals including Roth 401(k) deferrals and catch-up contributions, safe harbor contributions, and rollover contributions. Participant vesting percentage of Company contributions is based upon vesting years of service. A participant's vested percentage in their account attributable to matching/discretionary contributions becomes 20% vested after two years of service and increase their vested percentage by 20% each year of employment thereafter until they are fully vested after six years.

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Notes to Financial Statements - Continued

Years Ended December 31, 2024 and 2023

A participant's vested percentage in Company contributions attributable to prior qualified safe harbor contributions was determined under the following schedule: Less than one year of service – 0%; one year of service – 50% vested; and two years of service – 100% vested. Employees will always be 100% vested when employed on or after Normal Retirement Age, which was defined under the amended Plan as 59 ½ years of age.

Benefits and Withdrawals: Participants are eligible to receive their vested benefits upon normal retirement, death, disability, or termination of employment. Participant terminations other than for death, disability, or retirement are entitled only to their vested account balance. Vested account balances that do not exceed \$5,000 will be distributed regardless of receipt of participant consent. Participants will become 100% vested in all accounts under the Plan once they reach normal retirement age of 59 ½ as of January 1, 2022, and prior to that was 65. However, actual payment of benefits generally will not begin until terminating employment. If remaining employed after normal retirement age, participants may defer receipt of benefits until actually terminating employment, but no later than age 72. Payments due to disability will be made in a similar manner as if the participant had retired. Payments due to death will be made to participant beneficiary from their vested account balance in a lump-sum payment if it does not exceed \$5,000. For vested benefits that exceed \$5,000, the beneficiary may elect a lump-sum payment or partial withdrawals or installments that do not exceed the limitations on when the entire death benefit must be paid.

Participants that have attained age 59½ with account balances that are 100% vested may receive an in-service distribution. In-service distributions of Roth 401(k) deferrals and earnings can only occur after the expiration of a five-year participation period. For Roth 401(k) distributions that do not meet the classification as a qualified distribution, the distributed earnings from the Roth 401(k) account will be taxable to the participant at distribution and, in some cases, a 10% excise tax will be imposed on the earnings that are distributed. In-service distribution is not an addition to a participant's other benefits and will therefore reduce the value of their benefits at retirement. In-service withdrawals are allowed from rollover contributions at any time.

Effective January 1, 2022, the hardship withdrawals may be used from any participant sources except for after-tax money purchases, prevailing wage, and rollover after-tax contributions. Prior to 2022, hardship withdrawals could be requested of the participant's account balance. The only amounts that could be distributed to an employee on account of a hardship were from accounts that were 100% vested.

The earnings on the salary deferrals may be taken from earnings of elective deferrals for plan years 2019 and forward and special employer contributions may not be distributed on account of hardship. A hardship distribution may only be made for expenses for medical care, burial/funeral expenses, costs related to purchase of a principal residence, repairs to damages to a personal residence that are considered as a casualty deduction per Internal Revenue Code definition, tuition and related expenses for twelve months of post-secondary education, or amounts necessary to prevent eviction from a principal residence or the foreclosure on the mortgage of a principal

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Notes to Financial Statements - Continued

Years Ended December 31, 2024 and 2023

residence. Effective with the restatement at January 1, 2022, hardship criteria have been expanded to include the beneficiary of a plan participant. Roth Elective deferral account balances can be used as well as long as it applies to a qualified distribution.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting.

Trust Fund Management: Transamerica Financial Life Insurance Company (U.S.A.) (Transamerica) maintained all Plan assets as a third-party administrator. Under the terms of the trust agreement, the third-party administrator is responsible for the safekeeping of assets in the trust funds and the maintenance of records relating to receipts and disbursements from the trust funds. The third-party administrator invests funds and makes payments from the trust funds as directed by the Plan Administrator. As allowed by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, all investment information in the accompanying financial statements, including investment income information, is based on data certified as complete and accurate by Transamerica.

In addition, the Plan Administrator has an agreement with ERISA Services, Inc. to administer the accounting functions for the Plan including determining eligibility of participants, annual employee communications of their account activity, maintenance of required participants' service, and employment records and similar other accounting functions of the Plan's activities.

Valuation of Investments and Income Recognition: The Plan's investments are recorded at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan pooled separate accounts are valued daily based on the current fair market value. These separate accounts invest in either underlying mutual funds or in separate accounts of the service provider for the Plan. The service provider uses balance-forward accounting and reports income as investment return. Reinvested earnings on underlying investments are certified to the separate accounts through their net increases/decreases in value.

Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administrative expenses.

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Notes to Financial Statements - Continued

Years Ended December 31, 2024 and 2023

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. The net appreciation/depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year and also includes dividends recorded on the ex-dividend date.

Use of Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Payment of Benefits: Benefits are recorded when paid. There were no significant amounts of benefits requested and approved for payment but not paid as of December 31, 2024.

**NOTE C--FINANCIAL INFORMATION CERTIFIED BY THE THIRD-PARTY
ADMINISTRATOR**

The Plan Administrator has elected the method of compliance permitted by 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 the Employee Retirement Income Security Act of 1974. Accordingly, the amounts for investment assets and transactions in those assets included in the accompanying financial statements and schedule as of December 31, 2024 and 2023, have been completed from statements certified as complete and accurate by the third-party administrator - Transamerica - in accordance with the DOL regulations. Investment information certified by the third-party administrator and not subjected to any auditing procedures performed by the Plan's independent public accountants included:

- The investments as shown in the accompanying Statements of Net Assets Available for Benefits of \$7,222,384 and \$6,533,975 as of December 31, 2024 and 2023, respectively.
- Net appreciation in fair value of investments of \$734,314.
- All investment related information in the accompanying supplemental schedule: Schedule H, Line 4i - Schedule of Assets at Year Ended December 31, 2024.

NOTE D--FAIR VALUE MEASUREMENT

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted market prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Notes to Financial Statements - Continued

Years Ended December 31, 2024 and 2023

appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available. There were no Level 3 inputs in this Plan. Plan investments in 2024 are valued as follows:

Level 1 Fair Value Investments: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Investments: Inputs to the valuation methodology include: quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or are corroborated by observable market data by correlation or other means.

Level 3 Fair Value Investments: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefit. The methods used to measure fair value may produce an amount 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 or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Investment at fair value as of December 31, 2024				
Pooled separate accounts	\$ -	\$ 7,019,531	\$ -	\$ 7,019,531
Investment at fair value as of December 31, 2023				
Pooled separate accounts	\$ -	\$ 6,380,785	\$ -	\$ 6,380,785

The Plan's policy for both 2024 and 2023 is to recognize transfers between Level 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that cause the transfer. For the years ended December 31, 2024 and 2023, there were no significant transfers between Levels 1 and 2 and no transfers into or out of a Level 3 classification.

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Notes to Financial Statements - Continued

Years Ended December 31, 2024 and 2023

NOTE E--INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a fully benefit-responsive investment contract with Transamerica. Transamerica maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There is no stated minimum or maximum guaranteed interest rate for the contract.

The Transamerica Stable Value Option investment is an annuity investment contract in which the value is derived from the contract provisions. The interest rate is declared at the beginning of the month and guaranteed until the end of the Plan year for contributions received that month. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for each month. Participant transfers from the account are permitted at any time with a 90-day delay for transfer to a competing fixed fund. Plan sponsor-directed transfers are considered a partial discontinuance and are subject to the discontinuance provisions of the contract. The contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The value of the contracts at December 31, 2024 and 2023, totaled \$202,853 and \$153,190, respectively.

NOTE F--INCOME TAXES

The original Plan received a favorable determination letter from Internal Revenue Service that it is qualified under the provisions of Section 401(a) of the Internal Revenue Code. Accordingly, the related trust is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Plan has not applied for a determination letter for all amendments. Management believes that the Plan, as amended, continues to be qualified under the provisions of Section 401(a).

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

NOTE G--PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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 or permanent discontinuance of contributions, participants would be 100% vested in their accounts.

**WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC
401(k) PLAN**

Notes to Financial Statements - Continued

Years Ended December 31, 2024 and 2023

NOTE H--PLAN EXPENSES

The Company pays the audit and administrative expenses for the Plan.

NOTE I--RISKS AND UNCERTAINTIES

The Plan's separately pooled group contracts invest in underlying mutual funds or in separate accounts. These underlying investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

NOTE J--RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan assets are units invested in separately pooled group contracts that are managed by Transamerica Financial Life Insurance Company (U.S.A.), who also serves as the third-party administrator of the Plan, and therefore, these transactions qualify as party-in-interest transactions. The Plan paid \$46,681 in administrative fees to them for the Plan year.

NOTE K--SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued. During this period, management made note of the following material recognizable subsequent event that required disclosure to the financial statements:

The Plan Sponsor purchased two additional entertainment attractions in 2024. As a result of that event, the Plan added assets from the employees of the acquired attractions totaling approximately \$1,442,000 as of January 1, 2025.

Supplemental Schedule

WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC 401(k) PLAN

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

EIN: 62-1482653

PN: 001

December 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
General Unallocated Contracts:				
*	Transamerica Financial Life Insurance Company	Transamerica Stable Value Strategy A/C - 15,323.31 units	\$ -	\$ 202,853
Pooled Separate Accounts:				
*	Transamerica Financial Life Insurance Company	Fidelity US Bond Index - 6,433.13 units	-	65,746
*	Transamerica Financial Life Insurance Company	PIMCO Income Institutional - 19.85 units	-	209
*	Transamerica Financial Life Insurance Company	American Funds Bond Fund of America - 8.61 units	-	97
*	Transamerica Financial Life Insurance Company	Fidelity Total International Index - 3,435.38 units	-	46,137
*	Transamerica Financial Life Insurance Company	MFS International Diversification R6 - 2,719.14 units	-	62,132
*	Transamerica Financial Life Insurance Company	Fidelity Small Cap Index - 936.19 units	-	25,914
*	Transamerica Financial Life Insurance Company	Fidelity Mid Cap Index - 1,443.49 units	-	48,747
*	Transamerica Financial Life Insurance Company	Vanguard Lifestrategy Conservative Gr Inv - 6.97 units	-	143
*	Transamerica Financial Life Insurance Company	Vanguard Lifestrategy Moderate Gr Inv - 18.36 units	-	575
*	Transamerica Financial Life Insurance Company	Vanguard Lifestrategy Growth Inv - 503.22 units	-	22,227
*	Transamerica Financial Life Insurance Company	Vanguard Equity-Income Adm - 191.94 units	-	16,924
*	Transamerica Financial Life Insurance Company	Vanguard Explorer Adm - 134.04 units	-	14,322
*	Transamerica Financial Life Insurance Company	DFA US Targeted Value I - 77.64 units	-	2,669
*	Transamerica Financial Life Insurance Company	JP Morgan Large Cap Growth R6 - 693.56 units	-	58,078
*	Transamerica Financial Life Insurance Company	Fidelity 500 Index - 1,304.95 units	-	266,458
State Street Target Retirement:				
*	Transamerica Financial Life Insurance Company	Income class - 8,142.54 units		114,329
*	Transamerica Financial Life Insurance Company	2025 Class V - 22,813.41 units	-	364,056
*	Transamerica Financial Life Insurance Company	2030 Class V - 31,540.64 units	-	532,911
*	Transamerica Financial Life Insurance Company	2035 Class V - 115,551.72 units	-	2,012,564

WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC 401(k) PLAN

Schedule H, Line 4i - Schedule of Assets at Year End - Continued

EIN: 62-1482653

PN: 001

December 31, 2024

<i>(a)</i>	<i>(b)</i> <i>Identity of Issuer</i>	<i>(c)</i> <i>Description of Investment</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current Value</i>
*	Transamerica Financial Life Insurance Company	2040 Class V - 37,365.71 units	-	670,378
*	Transamerica Financial Life Insurance Company	2045 Class V - 45,492.90 units	-	837,069
*	Transamerica Financial Life Insurance Company	2050 Class V - 39,748.14 units	-	744,483
*	Transamerica Financial Life Insurance Company	2055 Class V - 33,716.51 units	-	632,387
*	Transamerica Financial Life Insurance Company	2060 Class V - 23,027.46 units	-	431,926
*	Transamerica Financial Life Insurance Company	2065 Class V - 2,584.02 units	-	49,050
			-	7,019,531
			\$	\$ 7,222,384

*Denotes party in interest.

NOTE: The pooled separate accounts are made up solely of participant-directed, separately pooled group annuity contracts. Thus, cost per account is not available for disclosure.

WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC 401(k) PLAN

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

EIN: 62-1482653

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December 31, 2024

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WORLD CHOICE INVESTMENTS, LLC AND GREAT CHOICE INVESTMENTS, LLC 401(k) PLAN

Schedule H, Line 4i - Schedule of Assets at Year End - Continued

EIN: 62-1482653

PN: 001

December 31, 2024

<i>(a)</i>	<i>(b)</i> <i>Identity of Issuer</i>	<i>(c)</i> <i>Description of Investment</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current Value</i>
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