

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>WEST TEXAS OPPORTUNITIES, INC. PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WEST TEXAS OPPORTUNITIES, INC.</u></p> <p><u>603 N 4TH STREET</u> <u>LAMESA, TX 79331</u></p>	<p>1c Effective date of plan <u>01/01/1984</u></p> <p>2b Employer Identification Number (EIN) <u>75-1226644</u></p> <p>2c Plan Sponsor's telephone number <u>806-872-8354</u></p> <p>2d Business code (see instructions) <u>624200</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	JENNY GIBSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	JENNY GIBSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	201
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	176
	6a(2)	177
	6b	0
	6c	24
	6d	201
	6e	0
	6f	201
	6g(1)	195
	6g(2)	201
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:
3D 2E

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 type="checkbox"/> Insurance	(1) <input 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"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating 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 _____

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 WEST TEXAS OPPORTUNITIES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST TEXAS OPPORTUNITIES, INC.	D Employer Identification Number (EIN) 75-1226644	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EDWARD JONES INVESTMENTS

703 S 1ST ST
LAMESA, TX 79331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	N/A	37905	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)

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <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 WEST TEXAS OPPORTUNITIES, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST TEXAS OPPORTUNITIES, INC.	D Employer Identification Number (EIN) 75-1226644

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	7808	0
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)		
(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)	3981739	4509538
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	3989547	4509538
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	3989547	4509538

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)	337322	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		337322
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)	127276	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		127276
(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)		285449
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		750047

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	192151	
(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)		192151
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)	37905	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		37905
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		230056

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		519991
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: **D. WILLIAMS & CO, P.C.**

(2) EIN: **75-2512581**

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		60000
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.
--	---	---

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

A Name of plan <u>WEST TEXAS OPPORTUNITIES, INC. PROFIT SHARING 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>WEST TEXAS OPPORTUNITIES, INC.</u>	D Employer Identification Number (EIN) <u>75-1226644</u>	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 75-1226644

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703748A.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Financial Statements and
Supplemental Information

December 31, 2024 and 2023

(With Auditors' Report Thereon)



D. Williams & Co., Inc.
Certified Public Accountants

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

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Plan Administrator
West Texas Opportunities, Inc. Profit Sharing Plan
Lamesa, Texas

Independent Auditors' Report

Report on the Financial Statements

We have audited the accompanying financial statements of West Texas Opportunities, Inc. Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the West Texas Opportunities, Inc. Profit Sharing Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, plan 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgement 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets (Held at End of Year) (Schedule 1) and Reportable Transactions (Schedule 2), Statement of Net Assets Available for Benefits With Fund Information - 2024 (Schedule 3a), Statement of Net Assets Available for Benefits With Fund Information - 2023 (Schedule 3b), Statement of Changes in Net Assets Available for Benefits With Fund Information - 2024 (Schedule 4a), Statement of Changes in Net Assets Available for Benefits With Fund Information - 2023 (Schedule 4b), together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the financial statements, but Schedule 1 and Schedule 2 are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

D. Williams + Co., Inc.

October 15, 2025

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Statement of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Cash equivalents	\$ -	7,808
Investments - at fair value	<u>4,509,538</u>	<u>3,981,739</u>
Total assets	<u>4,509,538</u>	<u>3,989,547</u>
Liabilities:		
Distribution payable	<u>-</u>	<u>-</u>
Total liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 4,509,538</u>	<u>3,989,547</u>

The accompanying notes are an integral part of these financial statements.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 412,725	\$ 441,396
	412,725	441,396
Contributions:		
Participant	-	-
Employer	337,322	366,800
	337,322	366,800
Total additions	750,047	808,196
Deductions from net assets attributed to:		
Benefits paid to participants	192,151	291,425
Administrative expenses	37,905	-
	230,056	291,425
Total deductions	230,056	291,425
Net increase (decrease)	519,991	516,771
Net assets available for benefits:		
Beginning of year	3,989,547	3,472,776
End of year	\$ 4,509,538	\$ 3,989,547

The accompanying notes are an integral part of these financial statements.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of Plan

The following description of the West Texas Opportunities, Inc., Profit Sharing 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 covering the employees of West Texas Opportunities, Inc. (the "Organization"). The Plan is referred to as a "Profit Sharing Plan." The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was initiated on January 1, 1984. The executive director of the Organization is the trustee of the Plan.

Date of management's review and subsequent events - Management has evaluated subsequent events through October 15, 2025, the date which the financial statements were available to be issued.

Eligibility - All employees who have completed three months or more of service and have attained the age of 18 are eligible to become participants on the first day of the plan year in which the Plan's eligibility requirements are satisfied.

Contributions

The Organization may elect to contribute an Employer contribution to the Plan up to the IRS allowed maximum of their adjusted compensation on a before-tax basis. This type of contribution is also known as a profit sharing contribution. The Employer will, at its discretion make a contribution to the Plan. Participants may not direct the investment of their contributions into various investment options offered by the plan. The Plan currently offers eleven mutual funds and one United States treasury bond as investment options. Plan trustees also limit the amount of contribution which can be made for highly-compensated employees. Each year, the Organization may make contributions to the Plan to a maximum of 25% of the participants salary deferral, however, only salary deferrals up to 4.90% in 2024 and 4.90% in 2023 of employee payroll compensation will be considered. As a non-integrated plan, the Organization's contribution shall be allocated to all Participant's eligible to share in the allocations in the same proportion that each Participant's compensation bears to the total compensation of all Participant's for such year. There is no provision for employee contributions to the plan.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

Participant accounts - Each participant's account is credited an allocation of (a) the Organization's contributions, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting - Participants vesting in their accounts is based on years of continuous service. A participant is 100% vested after seven years of credited service.

Payment of benefits - On termination of service, a participant will receive a lump-sum payment equal to the value of his or her account, without regard to amount. No allowance is made for periodic payments over the life of the participant and a designated beneficiary or a period not extending beyond the life expectancy of the participant and designated beneficiary.

Forfeited accounts - At December 31, 2024 and 2023 there was \$40,477 and \$23,836, respectively, in forfeited non-vested accounts within the Plan. According to Plan documents, forfeited non-vested accounts may be allocated to supplement future employer contributions. In 2024 and 2023, employer contributions were not reduced by any forfeited non-vested accounts per the plan document.

(2) Summary of Accounting Policies

Basis of accounting - The financial statements of the plan are prepared on the accrual basis of accounting.

Investments - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds and treasury bonds are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end. Individual investments that exceed 5% of net assets available for benefits are separately identified in the statement of net assets available for benefits with fund information. See note 8 for discussion of fair value measurements.

Net appreciation (depreciation) in fair value of investments - The Plan presents in the statement of changes in net assets the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income, if any, is recorded on the accrual basis. Dividends, if any, are recorded on the ex-dividend date.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

Use of estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of benefits - Benefits are recorded when paid.

Expenses - Certain expenses of maintaining the Plan are paid directly by the Organization and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

(3) Investments

The following presents investments that represent 5% (five percent) or more of the Plan's net assets.

	2024	2023
American Capital World Growth	\$ 404,408	363,187
American Global Balanced	-	399,697
American Investment Company	467,753	406,170
John Hancock Bond Fund	712,534	627,065
JP Morgan Core Plus Bond	537,370	353,039
Lord Abbett Bond Debenture	223,195	274,715
MFS International	263,150	240,975
Prudential Total Return Bond Fund	579,050	431,190
Capital Group Core Equity ETF	322,004	-
iShares Core S&P Mid Cap ETF	224,067	205,922
Vanguard S&P 500 ETF	554,435	478,296

All of the assets of the Plan are non-participant directed, as such, the entire statements of net assets available for benefits and the statements of changes in net assets available for benefits as of and for the years ended December 31, 2024 and 2023 would be considered as disclosure for non-participant directed activity.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

During the years ended December 31, 2024 and 2023 the Plan's investments - all of which are held in various mutual funds, a money market account, and a treasury bond - (including gains and losses on investments bought and sold, as well as held during each year) appreciated (depreciated) in value by \$374,820 and \$441,396, respectively; as follows:

	<u>2024</u>	<u>2023</u>
Money market	\$ 11,830	(23,416)
American Capital World Growth	51,208	62,955
American Developing World Growth	5,200	12,298
American Global Balanced	24,001	47,697
American Investment Company	97,971	93,162
John Hancock Bond Fund	15,191	40,499
JP Morgan Core Plus Bond	12,892	12,632
Lord Abbett Bond Debenture	17,486	16,938
Lord Abbett Short Duration	-	6,745
MFS International	2,681	27,480
Prudential Total Return Bond Fund	14,574	30,488
T. Rowe Price US Treasury Money	4,144	3,303
Capital Group Core Equity ETF	20,845	-
iShares Core S&P Mid Cap ETF	26,227	26,335
Vanguard S&P 500 ETF	108,475	84,280
	<u>\$ 412,725</u>	<u>441,396</u>

(4) Plan Termination

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

(5) Tax Status

The U.S. Treasury Department has advised that the Plan constitutes a qualified plan under the Internal Revenue Code and is, therefore, exempt from Federal income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; there is an examination of the Form 5500 for the tax period ended December 31, 2022 in progress as of October 15, 2025. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

(6) Risks and Uncertainties

The Plan invests in various investment securities. 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 the 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.

(7) Related Parties and Party-in Interest Transactions

Certain Plan investments are managed by Edward Jones. Edward Jones is the registered investment agent for the Plan and, therefore, these transactions qualify as party-in-interest transactions for the years ended December 31, 2024 and 2023. Revenue from investments is used to offset certain amounts owed to Edward Jones for its services to the Plan.

Payments to the third party administrator and other party-in-interest service providers for the Plan are not paid from plan assets and are excluded from these financial statements.

(8) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. 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 different fair value measurement at the reporting date.

Fair value measurements are defined as 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. Authoritative guidance establishes a three-level hierarchy, or framework, for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

Level 1

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

Level 2

Inputs to the valuation methodology include: (a.) quoted prices for similar assets or liabilities in active markets; (b.) quoted prices for identical or similar assets in inactive markets; (c.) inputs other than quoted market prices that are observable for the asset or liability; (d.) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

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

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following presents the financial instruments carried at fair value as defined above:

December 31, 2024	Level 1	Level 2	Total
Non-interest bearing cash	\$ -	-	-
Money market funds	-	-	-
Mutual funds	3,409,032	-	3,409,032
Exchange traded products	1,100,506	-	1,100,506
Investments and money market funds at December 31, 2024	\$ 4,509,538	-	4,509,538
December 31, 2023	Level 1	Level 2	Total
Non-interest bearing cash	\$ 7,808	-	7,808
Money market funds	2,874	-	2,874
Mutual funds	3,294,647	-	3,294,647
Exchange traded products	684,218	-	684,218
Investments and money market funds at December 31, 2023	\$ 3,989,547	-	3,989,547

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

Fair value of money market funds, considered a cash equivalent for financial statement purposes, is at the stated value based on the underlying guaranteed value, obtained from the fund manager.

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

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption and Notice Period</u>
American Capital World Growth	\$ 404,408	n/a	Daily
American Developing World Growth	132,605	n/a	Daily
American Investment Company	467,753	n/a	Daily
John Hancock Bond Fund	712,534	n/a	Daily
JP Morgan Core Plus Bond	537,370	n/a	Daily
Lord Abbett Bond Debenture	223,195	n/a	Daily
MFS International	263,150	n/a	Daily
Prudential Total Return Bond Fund	579,050	n/a	Daily
T. Rowe Price US Treasury Money	88,967	n/a	Daily
Capital Group Core Equity ETF	322,004	n/a	Daily
iShares Core S&P Mid Cap ETF	224,067	n/a	Daily
Vanguard S&P 500 ETF	554,435	n/a	Daily
	<u>\$ 4,509,538</u>		

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption and Notice Period</u>
American Capital World Growth	\$ 363,187	n/a	Daily
American Developing World Growth	120,341	n/a	Daily
American Global Balanced	399,697	n/a	Daily
American Investment Company	406,170	n/a	Daily
John Hancock Bond Fund	627,065	n/a	Daily
JP Morgan Core Plus Bond	353,039	n/a	Daily
Lord Abbett Bond Debenture	274,715	n/a	Daily
MFS International	240,975	n/a	Daily
Prudential Total Return Bond Fund	431,190	n/a	Daily
T. Rowe Price US Treasury Money	78,268	n/a	Daily
iShares Core S&P Mid Cap ETF	205,922	n/a	Daily
Vanguard S&P 500 ETF	478,296	n/a	Daily
	<u>\$ 3,978,865</u>		

SUPPLEMENTAL INFORMATION

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Schedule of Assets (Held at End of Year)

Years ended December 31, 2024 and 2023

	December 31, 2024		December 31, 2023	
	Current cost	Current value	Current cost	Current value
Mutual funds				
American Capital World Growth	\$ 337,709	404,408	310,541	363,187
American Developing World Growth	131,458	132,605	122,285	120,341
American Global Balanced	-	-	361,203	399,697
American Investment Company	346,019	467,753	328,154	406,170
John Hancock Bond Fund	819,295	712,534	719,790	627,065
JP Morgan Core Plus Bond	541,579	537,370	348,226	353,039
Lord Abbett Bond Debenture	246,154	223,195	307,291	274,715
MFS International	286,946	263,150	249,612	240,975
Prudential Total Return Bond Fund	655,302	579,050	498,292	431,190
T. Rowe Price US Treasury Money	88,967	88,967	78,268	78,268
	\$ <u>3,453,429</u>	<u>3,409,032</u>	<u>3,323,662</u>	<u>3,294,647</u>
Exchange traded and closed end funds				
Capital Group Core Equity ETF	301,159	322,004	-	-
iShares Core S&P Mid Cap ETF	147,468	224,067	142,835	205,922
Vanguard S&P 500 ETF	295,163	554,435	301,983	478,296
	\$ <u>743,790</u>	<u>1,100,506</u>	<u>444,818</u>	<u>684,218</u>
Total Investments	\$ <u>4,197,219</u>	<u>4,509,538</u>	<u>3,768,480</u>	<u>3,978,865</u>

See accompanying auditors' report.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Schedule of Reportable Transactions

Years ended December 31, 2024 and 2023

Description of asset	December 31, 2024		Cost of the asset	Fair value of the asset	Net gain or (loss)
	Purchase price	Selling price			
Money market funds					
None					

Description of asset	December 31, 2023		Cost of the asset	Fair value of the asset	Net gain or (loss)
	Purchase price	Selling price			
Money market funds					
None					

See accompanying auditors' report.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Statement of Net Assets Available for Benefits With Fund Information

December 31, 2024

Fund	Cash equivalents	Receivables	Investments	Total assets	Liabilities	Net assets available for benefits
Non-interest bearing cash	\$ -	-	-	-	-	-
Money market	-	-	-	-	-	-
Employer contribution	-	-	-	-	-	-
Benefit claims payable	-	-	-	-	-	-
American Capital World Growth	-	-	404,408	404,408	-	404,408
American Developing World Growth	-	-	132,605	132,605	-	132,605
American Global Balanced	-	-	-	-	-	-
American Investment Company	-	-	467,753	467,753	-	467,753
John Hancock Bond Fund	-	-	712,534	712,534	-	712,534
JP Morgan Core Plus Bond	-	-	537,370	537,370	-	537,370
Lord Abbett Bond Debenture	-	-	223,195	223,195	-	223,195
MFS International	-	-	263,150	263,150	-	263,150
Prudential Total Return Bond Fund	-	-	579,050	579,050	-	579,050
T. Rowe Price US Treasury Money	-	-	88,967	88,967	-	88,967
Capital Group Core Equity ETF	-	-	322,004	322,004	-	322,004
iShares Core S&P Mid Cap ETF	-	-	224,067	224,067	-	224,067
Vanguard S&P 500 ETF	-	-	554,435	554,435	-	554,435
	\$ -	-	4,509,538	4,509,538	-	4,509,538

See accompanying auditors' report.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Statement of Net Assets Available for Benefits With Fund Information

December 31, 2023

Fund	Cash equivalents	Receivables	Investments	Total assets	Liabilities	Net assets available for benefits
Non-interest bearing cash	\$ 7,808	-	-	7,808	-	7,808
Money market	-	-	2,874	2,874	-	2,874
Employer contribution	-	-	-	-	-	-
Benefit claims payable	-	-	-	-	-	-
American Capital World Growth	-	-	363,187	363,187	-	363,187
American Developing World Growth	-	-	120,341	120,341	-	120,341
American Global Balanced	-	-	399,697	399,697	-	399,697
American Investment Company	-	-	406,170	406,170	-	406,170
John Hancock Bond Fund	-	-	627,065	627,065	-	627,065
JP Morgan Core Plus Bond	-	-	353,039	353,039	-	353,039
Lord Abbett Bond Debenture	-	-	274,715	274,715	-	274,715
MFS International	-	-	240,975	240,975	-	240,975
Prudential Total Return Bond Fund	-	-	431,190	431,190	-	431,190
T. Rowe Price US Treasury Money	-	-	78,268	78,268	-	78,268
Capital Group Core Equity ETF	-	-	-	-	-	-
iShares Core S&P Mid Cap ETF	-	-	205,922	205,922	-	205,922
Vanguard S&P 500 ETF	-	-	478,296	478,296	-	478,296
	<u>\$ 7,808</u>	<u>-</u>	<u>3,981,739</u>	<u>3,989,547</u>	<u>-</u>	<u>3,989,547</u>

See accompanying auditors' report.

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits With Fund Information

Year ended December 31, 2024

Fund	Investment Income			Additions			Total additions	
	Realized gains (losses)	Unrealized appr (depr) in FMV	Total	Participant	Employer	Total		
Edward Jones Funds	\$							
Non-interest bearing cash	-	-	-	-	-	-	-	
Money market	11,830	-	11,830	-	(740,121)	(740,121)	(728,291)	
Accounts Receivable	-	-	-	-	-	-	-	
Benefit claims payable	-	-	-	-	-	-	-	
American Capital World Growth	31,112	20,096	51,208	-	19,295	19,295	70,503	
American Developing World Growth	2,023	3,177	5,200	-	13,162	13,162	18,362	
American Global Balanced	4,405	19,596	24,001	-	3,720	3,720	27,721	
American Investment Company	41,619	56,352	97,971	-	10,926	10,926	108,897	
John Hancock Bond Fund	29,228	(14,037)	15,191	-	78,466	78,466	93,657	
JP Morgan Core Plus Bond	17,058	(4,166)	12,892	-	176,295	176,295	189,187	
Lord Abbett Bond Debenture	15,727	1,759	17,486	-	18,840	18,840	36,326	
MFS International	17,927	(15,246)	2,681	-	26,735	26,735	29,416	
Prudential Total Return Bond Fund	23,735	(9,161)	14,574	-	138,880	138,880	153,454	
T. Rowe Price US Treasury Money	4,144	-	4,144	-	252,114	252,114	256,258	
Capital Group Core Equity ETF	-	20,845	20,845	-	301,159	301,159	322,004	
iShares Core S&P Mid Cap ETF	-	26,227	26,227	-	22,231	22,231	48,458	
Vanguard S&P 500 ETF	-	108,475	108,475	-	15,620	15,620	124,095	
	\$	<u>198,808</u>	<u>213,917</u>	<u>412,725</u>	<u>-</u>	<u>337,322</u>	<u>337,322</u>	<u>750,047</u>

See accompanying auditors' report.

Deductions			Increase before transfers	Participant transfers & interfund transfers	Net increase (decrease) in current year	Net Assets Available for Benefits	
Benefits paid	Administrative expenses	Total deductions				Beginning of year	End of year
7,808	-	7,808	(7,808)	-	(7,808)	7,808	-
184,343	37,905	222,248	(950,539)	947,665	(2,874)	2,874	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	70,503	(29,282)	41,221	363,187	404,408
-	-	-	18,362	(6,098)	12,264	120,341	132,605
-	-	-	27,721	(427,418)	(399,697)	399,697	-
-	-	-	108,897	(47,314)	61,583	406,170	467,753
-	-	-	93,657	(8,188)	85,469	627,065	712,534
-	-	-	189,187	(4,856)	184,331	353,039	537,370
-	-	-	36,326	(87,846)	(51,520)	274,715	223,195
-	-	-	29,416	(7,241)	22,175	240,975	263,150
-	-	-	153,454	(5,594)	147,860	431,190	579,050
-	-	-	256,258	(245,559)	10,699	78,268	88,967
-	-	-	322,004	-	322,004	-	322,004
-	-	-	48,458	(30,313)	18,145	205,922	224,067
-	-	-	124,095	(47,956)	76,139	478,296	554,435
<u>192,151</u>	<u>37,905</u>	<u>230,056</u>	<u>519,991</u>	<u>-</u>	<u>519,991</u>	<u>3,989,547</u>	<u>4,509,538</u>

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits With Fund Information

Year ended December 31, 2023

Fund	Investment Income			Additions			Total additions
	Realized gains (losses)	Unrealized appr (depr) in FMV	Total	Participant	Employer	Total	
Edward Jones Funds	\$						
Non-interest bearing cash	-	-	-	-	-	-	-
Money market	(23,417)	-	(23,417)	-	(97,770)	(97,770)	(121,187)
Accounts Receivable	-	-	-	-	-	-	-
Benefit claims payable	-	-	-	-	-	-	-
American Capital World Growth	13,224	49,730	62,954	-	17,039	17,039	79,993
American Developing World Growth	2,344	9,955	12,299	-	10,798	10,798	23,097
American Global Balanced	7,359	40,338	47,697	-	27,343	27,343	75,040
American Investment Company	20,574	72,588	93,162	-	9,354	9,354	102,516
John Hancock Bond Fund	25,964	14,535	40,499	-	93,920	93,920	134,419
JP Morgan Core Plus Bond	7,819	4,813	12,632	-	22,349	22,349	34,981
Lord Abbett Bond Debenture	13,458	3,480	16,938	-	37,092	37,092	54,030
Lord Abbett Short Duration	8,358	(1,613)	6,745	-	29,530	29,530	36,275
MFS International	9,726	17,755	27,481	-	19,168	19,168	46,649
Prudential Total Return Bond Fund	18,633	11,855	30,488	-	65,218	65,218	95,706
T. Rowe Price US Treasury Money	3,303	-	3,303	-	42,397	42,397	45,700
Capital Group Core Equity ETF	-	-	-	-	-	-	-
iShares Core S&P Mid Cap ETF	-	26,335	26,335	-	20,512	20,512	46,847
Vanguard S&P 500 ETF	-	84,280	84,280	-	69,850	69,850	154,130
	\$						
	<u>107,345</u>	<u>334,051</u>	<u>441,396</u>	<u>-</u>	<u>366,800</u>	<u>366,800</u>	<u>808,196</u>

See accompanying auditors' report.

Deductions			Increase before transfers	Participant transfers & interfund transfers	Net increase (decrease) in current year	Net Assets Available for Benefits	
Benefits paid	Administrative expenses	Total deductions				Beginning of year	End of year
(7,808)	-	(7,808)	7,808	-	7,808	-	7,808
(124,051)	-	(124,051)	2,864	-	2,864	10	2,874
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
35,861	-	35,861	44,132	-	44,132	319,055	363,187
12,253	-	12,253	10,844	-	10,844	109,497	120,341
26,681	-	26,681	48,359	-	48,359	351,338	399,697
38,666	-	38,666	63,850	-	63,850	342,320	406,170
125,600	-	125,600	8,819	-	8,819	618,246	627,065
-	-	-	34,981	318,058	353,039	-	353,039
20,175	-	20,175	33,855	-	33,855	240,860	274,715
32,429	-	32,429	3,846	(318,058)	(314,212)	314,212	-
27,231	-	27,231	19,418	-	19,418	221,557	240,975
42,553	-	42,553	53,153	-	53,153	378,037	431,190
37,021	-	37,021	8,679	-	8,679	69,589	78,268
-	-	-	-	-	-	-	-
7,829	-	7,829	39,018	-	39,018	166,904	205,922
16,985	-	16,985	137,145	-	137,145	341,151	478,296
291,425	-	291,425	516,771	-	516,771	3,472,776	3,989,547

WEST TEXAS OPPORTUNITIES, INC.
PROFIT SHARING PLAN

Schedule of Assets (Held at End of Year)

Years ended December 31, 2024 and 2023

	December 31, 2024		December 31, 2023	
	Current cost	Current value	Current cost	Current value
Mutual funds				
American Capital World Growth	\$ 337,709	404,408	310,541	363,187
American Developing World Growth	131,458	132,605	122,285	120,341
American Global Balanced	-	-	361,203	399,697
American Investment Company	346,019	467,753	328,154	406,170
John Hancock Bond Fund	819,295	712,534	719,790	627,065
JP Morgan Core Plus Bond	541,579	537,370	348,226	353,039
Lord Abbett Bond Debenture	246,154	223,195	307,291	274,715
MFS International	286,946	263,150	249,612	240,975
Prudential Total Return Bond Fund	655,302	579,050	498,292	431,190
T. Rowe Price US Treasury Money	88,967	88,967	78,268	78,268
	<u>\$ 3,453,429</u>	<u>3,409,032</u>	<u>3,323,662</u>	<u>3,294,647</u>
Exchange traded and closed end funds				
Capital Group Core Equity ETF	301,159	322,004	-	-
iShares Core S&P Mid Cap ETF	147,468	224,067	142,835	205,922
Vanguard S&P 500 ETF	295,163	554,435	301,983	478,296
	<u>\$ 743,790</u>	<u>1,100,506</u>	<u>444,818</u>	<u>684,218</u>
Total Investments	<u>\$ 4,197,219</u>	<u>4,509,538</u>	<u>3,768,480</u>	<u>3,978,865</u>

See accompanying auditors' report.

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan West Texas Opportunities, Inc. Profit Sharing Plan</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) West Texas Opportunities, Inc.</p> <p>603 N 4th Street Lamesa TX 79331</p>	<p>1c Effective date of plan 01/01/1984</p> <p>2b Employer Identification Number (EIN) 75-1226644</p> <p>2c Plan Sponsor's telephone number (806) 872-8354</p> <p>2d Business code (see instructions) 624200</p>

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

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

SIGN HERE		<u>10/7/25</u>	Jenny Gibson
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/7/25</u>	Jenny Gibson
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	201
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	176
	6a(2)	177
	6b	0
	6c	24
	6d	201
	6e	0
	6f	201
	6g(1)	195
	6g(2)	201
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:

3D 2E

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 type="checkbox"/> Insurance	(1) <input 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

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

b General Schedules

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