

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>TRACFONE INVESTMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/01/1999</u>					
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>TRACFONE WIRELESS, INC.</u> <u>9700 NW 112TH AVENUE</u> <u>MIAMI, FL 33178</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>65-0655753</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>305-715-6760</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>517000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>65-0655753</u>	2c Plan Sponsor's telephone number <u>305-715-6760</u>	2d Business code (see instructions) <u>517000</u>	
2b Employer Identification Number (EIN) <u>65-0655753</u>					
2c Plan Sponsor's telephone number <u>305-715-6760</u>					
2d Business code (see instructions) <u>517000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	MARK MANIGLIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	MARK MANIGLIA
	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1020
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 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) 844 6a(2) 833 6b 2 6c 183 6d 1018 6e 0 6f 1018 6g 942 6h 32
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan TRACFONE INVESTMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRACFONE WIRELESS, INC.	D Employer Identification Number (EIN) 65-0655753	

Part I	Service Provider Information (see instructions)
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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	
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 18 19 49 59 60 63 64 99	NONE	224556	Yes ☒ No ☐	Yes ☒ No ☐	3701	Yes ☐ No ☒

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

PENSION FINANCIAL SERVICES, INC.

3700 CRESTWOOD PKWY
SUITE 550
DULUTH, GA 30096-7157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17	NONE	23163	Yes ☒ No ☐	Yes ☐ No ☒	43694	Yes ☐ No ☒

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 64	3701
(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.
PENSION FINANCIAL SERVICES INC. 3700 CRESTWOOD PKWY SUITE 550 DULUTH, GA 30096		PER PARTICIPANT FEE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PENSION FINANCIAL SERVICES INC.	13 17	36292
(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215		ADMINISTRATIVE SERVICES FEE/OV
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PENSION FINANCIAL SERVICES INC.	13 17	7401
(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215		ADVISORY/SERVICE PROVIDER FEE

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan TRACFONE INVESTMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRACFONE WIRELESS, INC.	D Employer Identification Number (EIN) 65-0655753	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	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)	2951468	3815963
	(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)	2400813	2549267
	(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)	65925593	61034678
	(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)	0	
(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	71277874	67399908

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	71277874	67399908
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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)	2042099	
(B) Participants	2a(1)(B)	5637548	
(C) Others (including rollovers)	2a(1)(C)	475729	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8155376
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)	149634	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		149634
(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)		
(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)		-4991480
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3313530

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6795035	
(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)		6795035
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		148745
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	23163	
(2) Contract administrator fees.....	2i(2)	172745	
(3) Investment advisory and management fees.....	2i(3)	51808	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		247716
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7191496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3877966
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: LOPEZ LEVI & ASSOCIATES, P.A.

(2) EIN: 65-0846275

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>TRACFONE INVESTMENT 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>TRACFONE WIRELESS, INC.</u>	D Employer Identification Number (EIN) <u>65-0655753</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	<u>0</u>
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): <u>31-1592130</u>		
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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

TRACFONE WIRELESS, INC. INVESTMENT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
TracFone Wireless, Inc. Investment Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the TracFone Wireless, Inc. Investment Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, 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.

Management's Responsibility for the Financial Statements

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; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017, and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Assets Held for Investment Purposes as of December 31, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Miami, FL

October 15, 2019

TRACFONE WIRELESS, INC. INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
Assets:		
Investments (at fair value)	\$ 64,850,641	\$ 68,877,061
Notes receivable from participants	<u>2,549,267</u>	<u>2,400,813</u>
Net assets available for benefits	<u>\$ 67,399,908</u>	<u>\$ 71,277,874</u>

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

TRACFONE WIRELESS, INC. INVESTMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
Additions to net assets attributed to:		
Net (depreciation) appreciation in fair value of investments	\$ (4,991,480)	\$ 9,441,524
Interest income on notes receivable from participants	149,634	124,800
Contributions:		
Participants	5,637,548	5,311,126
Employer	2,042,099	1,987,374
Rollovers	475,729	132,187
Total Contributions	8,155,376	7,430,687
Total additions	3,313,530	16,997,011
Deductions from net assets attributed to:		
Participant withdrawals	6,943,780	2,138,352
Administrative expenses	247,716	211,157
	7,191,496	2,349,509
Net (decrease) increase	(3,877,966)	14,647,502
Net assets available for benefits:		
Beginning of year	71,277,874	56,630,372
End of year	<u>\$ 67,399,908</u>	<u>\$ 71,277,874</u>

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

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

NOTE A - Description of the Plan

The following description of the TracFone Wireless, Inc. (the “Company”) Investment 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, as described in section 401(k) of the Internal Revenue Code, covering all employees of the Company who have attained age 18 and completed one month of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Employees are automatically enrolled on the first of the month after one month of service, at 3% of compensation, unless the employee opts out. Participants may contribute up to 90% of their pre-tax annual compensation, limited to \$18,500 and \$18,000 for the years ending December 31, 2018 and 2017, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also rollover amounts representing distributions from other qualified plans. The Company makes a matching contribution equivalent to 50% of the first 6% of each participant’s contributions. The Company has the right to terminate matching contributions at any time.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of the Company’s matching contribution, any rollovers into the Plan, the Company’s discretionary contribution, if any, and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately vested in their contributions, rollovers, and actual earnings thereon. Vesting in the Company’s matching contribution portion of their accounts plus actual earnings thereon is based on the following years of continuous service:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
2	50%
3	100%

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

Note A – Description of the Plan – continued

Investment Options

A participant may direct contributions to any of several investment options.

Notes receivable from participants

Participants may borrow, from their accounts, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans must be fully repaid within 5 years or up to 15 years for the purchase of a primary residence. Participant loans are collateralized by the participant's vested interest in the Plan and bear interest at a rate determined by the Plan administrator. During 2018 and 2017, the interest rates ranged from 4.25% to 7.5%. Principal and interest are paid ratably through payroll deductions. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018, or 2017. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits

Upon termination of service, death or disability, benefits of participants with a vested value in the Plan are distributed in a single lump-sum payment. If a participant's vested interest is between \$1,000 and \$5,000, it is distributed as a single lump-sum, or rolled over to an IRA.

In-service withdrawals are permitted for certain financial hardships.

Forfeitures

Upon termination of service, participants forfeit the unvested portion of their account balance to the extent not vested. Forfeitures are used to reduce future Company matching contributions. Forfeitures for the years ending December 31, 2018 and 2017 were \$127,603 and \$39,728, respectively.

Risks and Uncertainties

The Plan invests in various securities. Investment securities are exposed to various risks such as interest rates and market risks. Due to the level of risk associated with 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 Statements of Net Assets Available For Benefits.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

Note B – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates

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

Payment of Benefits and Withdrawals

Benefits to, and withdrawals made by, participants are recorded when paid.

Administrative Costs

Certain expenses incurred maintaining the Plan, which are immaterial, are paid directly by the Company and are excluded from these financial statements. Administrative expenses include fees related to the administration of notes receivable that are charged directly to the participant's account and certain recordkeeping and other fees paid by the Plan. Investment-related expenses are included in net appreciation of fair value of investments.

Subsequent Events

Subsequent events were evaluated through the date when the financial statements were available to be issued.

Investments

The Plan's investments are stated at fair value. Purchases and sales transactions are recorded on a trade date basis. Any gain or loss resulting from the sale of fund units is determined as the difference between the sales proceeds and the cost of the units sold.

Net appreciation (depreciation) in the fair value of investments consists of the realized gains or losses and the unrealized appreciation (depreciation) on investments.

Fair Value Measurements

The Financial Accounting Standards Board has established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

Note B – Summary of Significant Accounting Policies – continued

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

Level 2 Inputs to the valuation methodology include.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

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

All Plan's investments were Level 1 inputs.

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, participants will become 100% vested in their accounts.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

Note B – Summary of Significant Accounting Policies – continued

Tax Status

The plan obtained its latest determination letter on April 25, 2014, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified and that the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more-likely-than-not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is not subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2015.

Note C - Investments

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

	2018	2017
NW Inv Dest Mod Svc	\$ 7,579,852	\$ 8,637,245
Vngrd 500 Index Fd AS	5,287,334	*
NW Gov Mny Mkt R6	3,815,963	4,973,687

* Investment did not comprise 5% or more of the Plan's net assets available for benefits as of date indicated

Note D – Certified Financial Data

Financial information contained in the Statements of Net Assets Available for the Benefits and the Statements of Changes in Net Assets Available for Benefits regarding investments and investment income has been certified by Nationwide Financial Services, Inc., as complete and accurate in accordance with Regulation 2520-103.8 of the Department of Labor Rules Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

Note E – Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Nationwide Financial Services, Inc. Nationwide Financial Services, Inc. is the custodian and record keeper as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred and paid directly by the Plan for the investment management services were \$51,808 and \$42,817 for the years ended December 31, 2018 and 2017, respectively.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2018
PLAN NUMBER: 001, EIN: 65-0655753

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
	Aberdeen	AB Disc Gr I	\$	34,402
	Aberdeen	Ab Hi Inc I		16,568
	Aberdeen	Ab Lgcap GR I		6,205
	Aberdeen	Abrden Gbl Eq A		3,470
	Aberdeen	Abrden Intl Eq A		9,868
	Alger	Alger Cap App Inst I		57,418
	Alger	Alger SmCap Focs I		23,955
	American Beacon	Ambcn Intl Eq Adv		494,522
	American Century	AmCent Gr A		6,455
	American Century	AmCent Infl Adj Bd A		7,245
	American Century	AmCent Infl Adj Bd R5		297,867
	American Century	AmCent ShtDrInflPrtBd R5		2,186
	American Funds	Amfds Amcap R6		63,737
	American Funds	AmFds Gr Fd Am R3		2,173,041
	American Funds	AmFds New Econ R6		16,210
	American Funds	AmFds New Prspct R6		10,236
	American Funds	Amfds New Wld R6		48,670
	Amana	Amana Gr Inst		117,017
	Amana	Amana Inc Inst		57,287
	Baird	Baird Aggregate Bd Inst		496,817
	Baron Capital Group	Baron Disc Inst		3,107
	Baron Capital Group	Baron Gr		1,711,125
	BlackRock	BlkRk Advtg LgCap Val Inv A		9,036
	BlackRock	BlkRk Hi Yld Bd Inv A		14,686
	BlackRock	BlkRk Hlth Scnc Oppr Inv A		49,952
	BlackRock	BlkRk LgCap Focs Gr Inv A		21,205
	BlackRock	BlkRk MdCap Gr Eq Inv A		20,152
	BlackRock	BlkRk Strat Inc Oppr Inv		184,553
	BlackRock	BlkRk Ttl Rtn Inv A		97,119
	Columbia	Col Sel LgCap Gr Inst2		319,199
	Columbia	Col Seligman Gbl Tech A		2,310
	Delaware	DE Smid Cap Gr A		15,266
	Dimensional Fund Advisors	DFA Emrg Mkt Cor Eq Inst		612,645
	Dimensional Fund Advisors	DFA Gbl RealEst Sec Inst		11,314
	Dimensional Fund Advisors	DFA Infl Prtct Sec Inst		49,276
	Dimensional Fund Advisors	DFA Infl Cor Eq Inst		5,431
	Dimensional Fund Advisors	DFA Intl Sm Co Inst		7,809
	Dimensional Fund Advisors	DFA Intl Vectr Eq Inst		5,371
	Dimensional Fund Advisors	DFA RealEst Sec		4,841
	Dimensional Fund Advisors	DFA US Cor Eq I		14,577
	Dimensional Fund Advisors	DFA US LgCap Val Inst		631,810
	Dimensional Fund Advisors	DFA US Trgt Val Inst		256,854
	Dimensional Fund Advisors	DFA US Vectr Eq Inst		15,660
	AMG Funds	Dbline Cor Fxd Inc I		15,985
	Drey	Drey Natrl Rsrc A		293,048

TRACFONE WIRELESS, INC. INVESTMENT PLAN
ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2018
PLAN NUMBER: 001, EIN: 65-0655753

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
	Eaton Vance	EV Emrg Mkt Local Inc A		100,048
	Eaton Vance	EV Shrt Dur Strat Inc A		4,849
	Emerald Bank	Emerald Bk Fin Inst		29,027
	Federated	Fed Kaufman A		8,987
	Federated	Fed Kaufman SmCap A		13,225
	Federated	Fed Prudnt Bear A		2,925
	Fidelity Investments	Fidadv Eq Gr A		2,280
	Fidelity Investments	Fidadv Gr Oppr A		78,149
	Fidelity Investments	FidAdv RealEst A		966,965
	Fidelity Investments	Fidadv Tech A		24,925
	Franklin Templeton	Fnkln Gold Prec Mtls Adv		1,651
	Franklin Templeton	FnklnTmp Gbl Bd A		2,067
	Franklin Templeton	FnklnTmp Gbl Bd Adv		20
	Franklin Templeton	FnklnTmp Gbl Bd R6		21,005
	Goldman Sachs	GdmnScs LgCap Val A		15,128
	Goldman Sachs	GdmnScs SmCap Val A		5,631
	Guggenheim Investments	Gughm Flotng Rt Strat A		9,654
	Harbor	Harbor Intl Gr Inv		502,462
	Harbor	Harbor Intl Inst		4,153
	Invesco	Invsco Comstk A		993,422
	Invesco	Invsco Eq Inc A		1,061,577
	Invesco	Invsco Gr Inc A		796,341
	Invesco	Invsco RealEst A		69,675
	Ivy Funds	Ivy Hi Inc Y		843,744
	JPMorgan	JPM Eq Inc A		17,077
	JPMorgan	JPM Eq Inc R5		375,630
	JPMorgan	JPM MdCap Val A		2,068,049
	JPMorgan	JPM SmCap Blnd A		5,177
	JPMorgan	JPM SmCap Gr R6		15,590
	JPMorgan	JPM SmCap Val A		1,594
	Janus	JnsHndrsn Bal N		1,033,674
	Janus	JnsHndrsn Frty N		546
	Janus	JnsHndrsn Frty S		1,444,039
	Janus	JnsHndrsn Gbl Lf Scnc I		136,346
	Legg Mason	LeggM WstrAs InfIndPlsBd		7,466
	Lord Abbett	LrdAbt Shrt Dur Inc A		22,997
	Lord Abbett	LrdAbt Flotng Rt R4		160,649
	Lord Abbett	LrdAbt Shrt Dur Inc A		136,626
	MFS	MFS Emrg Mkt Db R4		7,691
	MFS	MFS Intl New Disc A		1,406,892
	MFS	MFS Ttl Rtn Bd A		315,052
	MFS	MFS Val A		13,142
	MSIF	Msif Inst Gr I		64,999
	Mainstay	MnSty Epoch Gbl Eq Yld A		6,663
	Mainstay	MnSty Ttl Rtn Bd I		3,379

TRACFONE WIRELESS, INC. INVESTMENT PLAN
ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2018
PLAN NUMBER: 001, EIN: 65-0655753

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
*	Nationwide	NW Bailard Tech Scnc A		16,679
*	Nationwide	NW Dest 2015 R6		139,947
*	Nationwide	NW Dest 2020 R6		39,018
*	Nationwide	NW Dest 2025 R6		117,825
*	Nationwide	NW Dest 2030 R6		237,301
*	Nationwide	NW Dest 2035 R6		586,262
*	Nationwide	NW Dest 2040 R6		777,215
*	Nationwide	NW Dest 2045 R6		452,611
*	Nationwide	NW Dest 2050 R6		513,836
*	Nationwide	NW Dest 2055 R6		165,048
*	Nationwide	NW Dest 2060 R6		13,294
*	Nationwide	NW Gov Mny Mkt R6		3,815,963
*	Nationwide	NW Inv Dest Aggr Svc		2,025,911
*	Nationwide	NW Inv Dest Cnsrv Svc		307,080
*	Nationwide	NW Inv Dest Mod Aggr Svc		3,202,121
*	Nationwide	NW Inv Dest Mod Cnsrv Svc		1,205,396
*	Nationwide	NW Inv Dest Mod Svc		7,579,852
*	Nationwide	NW Loomis Allcap Gr R6		348,134
*	Nationwide	NW MdCap Mkt Indx A		59,177
*	Nationwide	NW MdCap Mkt Indx R6		10,977
*	Nationwide	NW S P 500 Indx Svc		9,033
*	Nationwide	NW SmCap Indx A		126,174
*	Nationwide	NW SmCap Indx R6		16,926
	Natixis Funds	Natixis Loomis Gr A		21,993
	Natixis Funds	Natixis Loomis Strat Inc A		805,696
	Neuberger Berman	NeuBer Hi Inc A		299
	Nuveen Symphony	Nuven Symph Cr Oppr A		31,831
	Oakmark	Okmrk Intl II		1,184,885
	Oppenheimer	Opp Devl Mkt A		610,057
	Oppenheimer	Opp Gbl Oppr A		45,240
	Oppenheimer	Opp Intl Bd A		11,765
	Oppenheimer	Opp Intl Gr A		4,393
	Oppenheimer	Opp Val A		2,932
	Prudential Investments	PGIM Gbl RealEst A		3,535
	Prudential Investments	PGIM Jnism Gr A		3,890
	Prudential Investments	PGIM Jnism Natrl Rsrc A		1
	Prudential Investments	PGIM Jnism Util A		2,218
	Prudential Investments	PGIM Ttl Rtn Bd A		2,241
	Prudential Investments	PGIM Ttl Rtn Bd Q		492,371
	PIMCO	PIMCO Inc Inst		19,420
	PIMCO	PIMCO InvmtGrdCorpBd Inst		11,611
	PIMCO	PIMCO Real Rtn Inst		593,935
	PIMCO	PIMCO StkPLUS Ttl Rtn Inst		54,657

TRACFONE WIRELESS, INC. INVESTMENT PLAN
ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2018
PLAN NUMBER: 001, EIN: 65-0655753

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
	PRIME	PRIMECAP Odyssey Gr		11,800
	Parnassus	Parnassus Cor Eq		39,208
	Parnassus	Parnassus Cor Eq Inv		1,028,545
	Parnassus	Parnassus Endvr		32,834
	Pioneer Investments	Pionr Gbl Eq A		5,621
	Principal Funds	Prncpl LgCap Gr A		10,532
	Principal Funds	Prncpl MdCap A		1,395,141
	Principal Funds	Prncpl RealEst Sec Inst		118,928
	Rydex Funds	RydexSGI Bio H		28,780
	Rydex Funds	RydexSGI Elctrncs H		1,970
	TCW	TCW Ttl Rtn Bd N		6,374
	TIAA	Tiaacrf Realest Sec Inst		37,072
	T. Rowe Price	TRowePr Blue Chip Gr R		2,877,702
	T. Rowe Price	TRowePr Cap App		23,248
	T. Rowe Price	TRowePr Divd Gr		23,400
	T. Rowe Price	TRowePr Gr Stk		18,060
	T. Rowe Price	TRowePr Hlth Scnc		194,228
	T. Rowe Price	TRowePr Intl Disc		10,087
	T. Rowe Price	TRowePr Intl Val Eq R		1,134
	Thornburg	Thrnbrg Intl Val I		1,201,117
	Vic	Vic RS ScncTech Y		23,659
	Virtus	Virtus Crdex SmCpValEq I		1,602,002
	Vanguard	Vngrd 500 Index Fd AS		5,287,334
	Vanguard	Vngrd Bal Indx Adml		142,403
	Vanguard	Vngrd Devl Mkt Indx Adml		36,112
	Vanguard	Vngrd Divd App Indx Adml		5,172
	Vanguard	Vngrd Divd Gr Inv		24,780
	Vanguard	Vngrd Emrg Mkt StkIndxAdm		34,728
	Vanguard	Vngrd Enrgy Adml		38,971
	Vanguard	Vngrd Euro Stk Indx Adml		8,059
	Vanguard	Vngrd Explr Adml		227,632
	Vanguard	Vngrd Explr Inv		15,177
	Vanguard	Vngrd FTSE Soc Indx Inv		3,692
	Vanguard	Vngrd Gbl Eq Inv		7,969
	Vanguard	Vngrd Gr Indx Adml		32,345
	Vanguard	Vngrd Hi Yld Corp Adml		13,650
	Vanguard	Vngrd Hlth Care Adml		662
	Vanguard	Vngrd Hlth Care Inv		125,603
	Vanguard	Vngrd Intmd Trm Trsry Adml		8,557
	Vanguard	Vngrd LT Invmnt Grd Adml		6,133
	Vanguard	Vngrd MdCap Val Indx Adml		5,682
	Vanguard	Vngrd Mid-Cap Idx Fd AS		1,043,819
	Vanguard	Vngrd REIT Indx Adml		27,511

TRACFONE WIRELESS, INC. INVESTMENT PLAN
ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2018
PLAN NUMBER: 001, EIN: 65-0655753

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	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
	Vanguard	Vngrd ST Invmt Grd Adml		1,219
	Vanguard	Vngrd St Trsry Adml		18,184
	Vanguard	Vngrd Sm Cap Index Fd As		1,092,460
	Vanguard	Vngrd SmCap Gr Indx Adml		5,262
	Vanguard	Vngrd SmCap Val Indx Adml		5,686
	Vanguard	Vngrd Strat Eq Inv		2,565
	Vanguard	Vngrd Strat SmCap Eq Inv		17,137
	Vanguard	Vngrd Ttl Bnd Mkt ldx Adm		311,074
	Vanguard	Vngrd Ttl Intl Bnd ldx Adm		4,874
	Vanguard	Vngrd Ttl IntlStkIndx Adm		425,239
	Vanguard	Vngrd Ttl StMkt Indx Fd A		302,766
	Vanguard	Vngrd Val Indx Adml		11,541
	Vanguard	Vngrd Wsly Inc Adml		46,191
	Vanguard	Vngrd Wsly Inc Inv		6,142
	Wells Fargo Funds	WF Asia Pacfc A		16,459
	Wells Fargo Funds	WF Endvr Sel A		9,964
		Uninvested cash		1,000
		Notes receivable from participants		
*	Participants	Interest rates ranging from 4.25 - 7.5%		2,549,267
				<u>\$ 67,399,908</u>

* Designates party-in-Interest

** All investments are participant directed; therefore, cost information has not been presented.
The above information has been certified by Nationwide Financial Services, Inc., the custodian,
to be complete and accurate.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2018
PLAN NUMBER: 001, EIN: 65-0655753

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	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
	Aberdeen	AB Disc Gr I	\$	34,402
	Aberdeen	Ab Hi Inc I		16,568
	Aberdeen	Ab Lgcap GR I		6,205
	Aberdeen	Abrden Glbl Eq A		3,470
	Aberdeen	Abrden Intl Eq A		9,868
	Alger	Alger Cap App Inst I		57,418
	Alger	Alger SmCap Focs I		23,955
	American Beacon	Ambcn Intl Eq Adv		494,522
	American Century	AmCent Gr A		6,455
	American Century	AmCent Infl Adj Bd A		7,245
	American Century	AmCent Infl Adj Bd R5		297,867
	American Century	AmCent ShtDrInflPrtBd R5		2,186
	American Funds	Amfds Amcap R6		63,737
	American Funds	AmFds Gr Fd Am R3		2,173,041
	American Funds	AmFds New Econ R6		16,210
	American Funds	AmFds New Prspct R6		10,236
	American Funds	Amfds New Wld R6		48,670
	Amana	Amana Gr Inst		117,017
	Amana	Amana Inc Inst		57,287
	Baird	Baird Aggregate Bd Inst		496,817
	Baron Capital Group	Baron Disc Inst		3,107
	Baron Capital Group	Baron Gr		1,711,125
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	BlackRock	BlkRk Hi Yld Bd Inv A		14,686
	BlackRock	BlkRk Hlth Scnc Oppr Inv A		49,952
	BlackRock	BlkRk LgCap Focs Gr Inv A		21,205
	BlackRock	BlkRk MdCap Gr Eq Inv A		20,152
	BlackRock	BlkRk Strat Inc Oppr Inv		184,553
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	Columbia	Col Sel LgCap Gr Inst2		319,199
	Columbia	Col Seligman Glbl Tech A		2,310
	Delaware	DE Smid Cap Gr A		15,266
	Dimensional Fund Advisors	DFA Emrg Mkt Cor Eq Inst		612,645
	Dimensional Fund Advisors	DFA Gbl RealEst Sec Inst		11,314
	Dimensional Fund Advisors	DFA Infl Prtct Sec Inst		49,276
	Dimensional Fund Advisors	DFA Infl Cor Eq Inst		5,431
	Dimensional Fund Advisors	DFA Intl Sm Co Inst		7,809
	Dimensional Fund Advisors	DFA Intl Vectr Eq Inst		5,371
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	Dimensional Fund Advisors	DFA US Cor Eq I		14,577
	Dimensional Fund Advisors	DFA US LgCap Val Inst		631,810
	Dimensional Fund Advisors	DFA US Trgt Val Inst		256,854
	Dimensional Fund Advisors	DFA US Vectr Eq Inst		15,660
	AMG Funds	Dbline Cor Fxd Inc I		15,985
	Drey	Drey Natrl Rsrc A		293,048

TRACFONE WIRELESS, INC. INVESTMENT PLAN
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	Eaton Vance	EV Shrt Dur Strat Inc A		4,849
	Emerald Bank	Emerald Bk Fin Inst		29,027
	Federated	Fed Kaufman A		8,987
	Federated	Fed Kaufman SmCap A		13,225
	Federated	Fed Prudnt Bear A		2,925
	Fidelity Investments	Fidadv Eq Gr A		2,280
	Fidelity Investments	Fidadv Gr Oppr A		78,149
	Fidelity Investments	FidAdv RealEst A		966,965
	Fidelity Investments	Fidadv Tech A		24,925
	Franklin Templeton	Fnkln Gold Prec Mtls Adv		1,651
	Franklin Templeton	FnklnTmp Gbl Bd A		2,067
	Franklin Templeton	FnklnTmp Gbl Bd Adv		20
	Franklin Templeton	FnklnTmp Gbl Bd R6		21,005
	Goldman Sachs	GdmnScs LgCap Val A		15,128
	Goldman Sachs	GdmnScs SmCap Val A		5,631
	Guggenheim Investments	Gughm Flotng Rt Strat A		9,654
	Harbor	Harbor Intl Gr Inv		502,462
	Harbor	Harbor Intl Inst		4,153
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	Invesco	Invsco Eq Inc A		1,061,577
	Invesco	Invsco Gr Inc A		796,341
	Invesco	Invsco RealEst A		69,675
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	JPMorgan	JPM Eq Inc R5		375,630
	JPMorgan	JPM MdCap Val A		2,068,049
	JPMorgan	JPM SmCap Blind A		5,177
	JPMorgan	JPM SmCap Gr R6		15,590
	JPMorgan	JPM SmCap Val A		1,594
	Janus	JnsHndrsn Bal N		1,033,674
	Janus	JnsHndrsn Frty N		546
	Janus	JnsHndrsn Frty S		1,444,039
	Janus	JnsHndrsn Gbl Lf Scnc I		136,346
	Legg Mason	LeggM WstrAs InfIndPlsBd		7,466
	Lord Abbett	LrdAbt Shrt Dur Inc A		22,997
	Lord Abbett	LrdAbt Flotng Rt R4		160,649
	Lord Abbett	LrdAbt Shrt Dur Inc A		136,626
	MFS	MFS Emrg Mkt Db R4		7,691
	MFS	MFS Intl New Disc A		1,406,892
	MFS	MFS Ttl Rtn Bd A		315,052
	MFS	MFS Val A		13,142
	MSIF	Msif Inst Gr I		64,999
	Mainstay	MnSty Epoch Gbl Eq Yld A		6,663
	Mainstay	MnSty Ttl Rtn Bd I		3,379

TRACFONE WIRELESS, INC. INVESTMENT PLAN
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*	Nationwide	NW Dest 2015 R6		139,947
*	Nationwide	NW Dest 2020 R6		39,018
*	Nationwide	NW Dest 2025 R6		117,825
*	Nationwide	NW Dest 2030 R6		237,301
*	Nationwide	NW Dest 2035 R6		586,262
*	Nationwide	NW Dest 2040 R6		777,215
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*	Nationwide	NW Dest 2060 R6		13,294
*	Nationwide	NW Gov Mny Mkt R6		3,815,963
*	Nationwide	NW Inv Dest Aggr Svc		2,025,911
*	Nationwide	NW Inv Dest Cnsrv Svc		307,080
*	Nationwide	NW Inv Dest Mod Aggr Svc		3,202,121
*	Nationwide	NW Inv Dest Mod Cnsrv Svc		1,205,396
*	Nationwide	NW Inv Dest Mod Svc		7,579,852
*	Nationwide	NW Loomis Allcap Gr R6		348,134
*	Nationwide	NW MdCap Mkt Indx A		59,177
*	Nationwide	NW MdCap Mkt Indx R6		10,977
*	Nationwide	NW S P 500 Indx Svc		9,033
*	Nationwide	NW SmCap Indx A		126,174
*	Nationwide	NW SmCap Indx R6		16,926
	Natixis Funds	Natixis Loomis Gr A		21,993
	Natixis Funds	Natixis Loomis Strat Inc A		805,696
	Neuberger Berman	NeuBer Hi Inc A		299
	Nuveen Symphony	Nuven Symph Cr Oppr A		31,831
	Oakmark	Okmrk Intl II		1,184,885
	Oppenheimer	Opp Devl Mkt A		610,057
	Oppenheimer	Opp Gbl Oppr A		45,240
	Oppenheimer	Opp Intl Bd A		11,765
	Oppenheimer	Opp Intl Gr A		4,393
	Oppenheimer	Opp Val A		2,932
	Prudential Investments	PGIM Gbl RealEst A		3,535
	Prudential Investments	PGIM Jnism Gr A		3,890
	Prudential Investments	PGIM Jnism Natrl Rsrc A		1
	Prudential Investments	PGIM Jnism Util A		2,218
	Prudential Investments	PGIM Ttl Rtn Bd A		2,241
	Prudential Investments	PGIM Ttl Rtn Bd Q		492,371
	PIMCO	PIMCO Inc Inst		19,420
	PIMCO	PIMCO InvmtGrdCorpBd Inst		11,611
	PIMCO	PIMCO Real Rtn Inst		593,935
	PIMCO	PIMCO StkPLUS Ttl Rtn Inst		54,657

TRACFONE WIRELESS, INC. INVESTMENT PLAN
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	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
	PRIME	PRIMECAP Odyssey Gr		11,800
	Parnassus	Parnassus Cor Eq		39,208
	Parnassus	Parnassus Cor Eq Inv		1,028,545
	Parnassus	Parnassus Endvr		32,834
	Pioneer Investments	Pionr Gbl Eq A		5,621
	Principal Funds	Prncpl LgCap Gr A		10,532
	Principal Funds	Prncpl MdCap A		1,395,141
	Principal Funds	Prncpl RealEst Sec Inst		118,928
	Rydex Funds	RydexSGI Bio H		28,780
	Rydex Funds	RydexSGI Elctrnics H		1,970
	TCW	TCW Ttl Rtn Bd N		6,374
	TIAA	Tiaacrf Realest Sec Inst		37,072
	T. Rowe Price	TRowePr Blue Chip Gr R		2,877,702
	T. Rowe Price	TRowePr Cap App		23,248
	T. Rowe Price	TRowePr Divd Gr		23,400
	T. Rowe Price	TRowePr Gr Stk		18,060
	T. Rowe Price	TRowePr Hlth Scnc		194,228
	T. Rowe Price	TRowePr Intl Disc		10,087
	T. Rowe Price	TRowePr Intl Val Eq R		1,134
	Thornburg	Thrnbrg Intl Val I		1,201,117
	Vic	Vic RS ScncTech Y		23,659
	Virtus	Virtus Crdex SmCpValEq I		1,602,002
	Vanguard	Vngrd 500 Index Fd AS		5,287,334
	Vanguard	Vngrd Bal Indx Adml		142,403
	Vanguard	Vngrd Devl Mkt Indx Adml		36,112
	Vanguard	Vngrd Divd App Indx Adml		5,172
	Vanguard	Vngrd Divd Gr Inv		24,780
	Vanguard	Vngrd Emrg Mkt StkIndxAdm		34,728
	Vanguard	Vngrd Enrgy Adml		38,971
	Vanguard	Vngrd Euro Stk Indx Adml		8,059
	Vanguard	Vngrd Explr Adml		227,632
	Vanguard	Vngrd Explr Inv		15,177
	Vanguard	Vngrd FTSE Soc Indx Inv		3,692
	Vanguard	Vngrd Gbl Eq Inv		7,969
	Vanguard	Vngrd Gr Indx Adml		32,345
	Vanguard	Vngrd Hi Yld Corp Adml		13,650
	Vanguard	Vngrd Hlth Care Adml		662
	Vanguard	Vngrd Hlth Care Inv		125,603
	Vanguard	Vngrd Intmd Trm Trsry Adml		8,557
	Vanguard	Vngrd LT Invmnt Grd Adml		6,133
	Vanguard	Vngrd MdCap Val Indx Adml		5,682
	Vanguard	Vngrd Mid-Cap Idx Fd AS		1,043,819
	Vanguard	Vngrd REIT Indx Adml		27,511

TRACFONE WIRELESS, INC. INVESTMENT PLAN
ASSETS HELD FOR INVESTMENT PURPOSES AS OF DECEMBER 31, 2018
PLAN NUMBER: 001, EIN: 65-0655753

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
	Vanguard	Vngrd ST Invmt Grd Adml		1,219
	Vanguard	Vngrd St Trsry Adml		18,184
	Vanguard	Vngrd Sm Cap Index Fd As		1,092,460
	Vanguard	Vngrd SmCap Gr Indx Adml		5,262
	Vanguard	Vngrd SmCap Val Indx Adml		5,686
	Vanguard	Vngrd Strat Eq Inv		2,565
	Vanguard	Vngrd Strat SmCap Eq Inv		17,137
	Vanguard	Vngrd Ttl Bnd Mkt ldx Adm		311,074
	Vanguard	Vngrd Ttl Intl Bnd ldx Adm		4,874
	Vanguard	Vngrd Ttl IntlStkIndx Adm		425,239
	Vanguard	Vngrd Ttl StMkt Indx Fd A		302,766
	Vanguard	Vngrd Val Indx Adml		11,541
	Vanguard	Vngrd Wsly Inc Adml		46,191
	Vanguard	Vngrd Wsly Inc Inv		6,142
	Wells Fargo Funds	WF Asia Pacfc A		16,459
	Wells Fargo Funds	WF Endvr Sel A		9,964
		Uninvested cash		1,000
		Notes receivable from participants		
*	Participants	Interest rates ranging from 4.25 - 7.5%		2,549,267
				<u>\$ 67,399,908</u>

* Designates party-in-Interest

** All investments are participant directed; therefore, cost information has not been presented.
The above information has been certified by Nationwide Financial Services, Inc., the custodian,
to be complete and accurate.