

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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>	1b Three-digit plan number (PN) ▶	<u>001</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>		1c Effective date of plan <u>09/01/1999</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.	10/12/2020	MARK MANIGLIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2020	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 (2019)
v. 190130

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 1027
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) 846 6a(2) 849 6b 2 6c 168 6d 1019 6e 2 6f 1021 6g 935 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
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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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

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	240901	Yes ☒ No ☐	Yes ☒ No ☐	3675	Yes ☐ No ☒

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

PENSION FINANCIAL SERVICES INC

3700 CRESTWOOD PARKWAY 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	26110	Yes ☒ No ☐	Yes ☐ No ☒	45615	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	3674
(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 30096-7157	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	39008
(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 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	6606
(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
(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
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
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
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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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(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)	3815963	4087806
(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)	2549267	2967540
(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)	61034678	79869395
(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	67399908	86924741

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	67399908	86924741
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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)	2170506	
(B) Participants	2a(1)(B)	5880818	
(C) Others (including rollovers)	2a(1)(C)	994658	
(2) Noncash contributions	2a(2)	0	9045982
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			179375
(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)	179375	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		179375
(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)		15578770
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		24804127

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4836750	
(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)		4836750
f Corrective distributions (see instructions)	2f		300
g Certain deemed distributions of participant loans (see instructions)	2g		128987
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	26110	
(2) Contract administrator fees	2i(2)	240901	
(3) Investment advisory and management fees	2i(3)	46246	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		313257
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5279294

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19524833
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 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: **ABITOS, PLLC**

(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?	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?		X	
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.)	X		
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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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
---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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) 2019
v. 190130

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): _____

- 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 _____

TRACFONE WIRELESS, INC. INVESTMENT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

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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, 2019 and 2018, 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, 2019 and 2018, and for the years ended December 31, 2019 and 2018, 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, 2019 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.



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TRACFONE WIRELESS, INC. INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
Assets:		
Investments (at fair value)	\$ 83,957,201	\$ 64,850,641
Notes receivable from participants	<u>2,967,540</u>	<u>2,549,267</u>
Net assets available for benefits	<u>\$ 86,924,741</u>	<u>\$ 67,399,908</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, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
Additions to net assets attributed to:		
Net appreciation (depreciation) in fair value of investments	\$ 15,578,770	\$ (4,991,480)
Interest income on notes receivable from participants	179,375	149,634
Contributions:		
Participants	5,880,818	5,637,548
Employer	2,170,506	2,042,099
Rollovers	994,658	475,729
Total Contributions	9,045,982	8,155,376
Total additions	24,804,127	3,313,530
Deductions from net assets attributed to:		
Participant withdrawals	4,966,037	6,943,780
Administrative expenses	313,257	247,716
	5,279,294	7,191,496
Net increase (decrease)	19,524,833	(3,877,966)
Net assets available for benefits:		
Beginning of year	67,399,908	71,277,874
End of year	\$ 86,924,741	\$ 67,399,908

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

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

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 \$19,000 and \$18,500 for the years ending December 31, 2019 and 2018, 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, 2019 AND 2018

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 2019 and 2018, 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, 2019, or 2018. 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, 2019 and 2018 were \$57,566 and \$127,603, 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, 2019 AND 2018

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, 2019 AND 2018

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, 2019.

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, 2019 AND 2018

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 2016.

Note C - Investments

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

INVESTMENTS		
	<u>2019</u>	<u>2018</u>
NW Inv Dest Mod Svc	\$ 8,915,201	\$ 7,579,852
Vngrd 500 Index Fd AS	6,003,549	5,287,334
NW Gov Mny Mkt R6	*	3,815,963

* 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, 2019 AND 2018

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 \$46,246 and \$51,808 for the years ended December 31, 2019 and 2018, respectively.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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	\$	28,068
	Aberdeen	Ab Hi Inc I		22,351
	Aberdeen	Ab Lgcap GR I		13,619
	Aberdeen	Abrden Gbl Eq A		4,306
	Aberdeen	Abrden Intl Eq A		13,317
	Alger	Alger Cap App Inst I		76,335
	Alger	Alger SmCap Focs I		23,490
	American Beacon	Ambcn Intl Eq Adv		658,493
	American Century	Amcent Focs Gbl R6		194
	American Century	AmCent Gr A		9,210
	American Century	AmCent Infl Adj Bd A		11,175
	American Century	AmCent Infl Adj Bd R5		721,620
	American Century	AmCent ShtDrInflPrtBd R5		2,330
	American Funds	Amfds Amcap R6		88,661
	American Funds	AmFds Gr Fd Am R3		2,427,994
	American Funds	AmFds New Prspct R6		18,880
	American Funds	Amfds New Wld R6		18,647
	Amana	Amana Gr Inst		189,476
	Amana	Amana Inc Inst		88,177
	Bnymel	Bnymel Natrl Rsrc A		239,573
	Baird	Baird Aggregate Bd Inst		728,809
	Baron Capital Group	Baron Disc Inst		3,796
	Baron Capital Group	Baron Gr		2,468,333
	BlackRock	BlkRk Advtg LgCap Val Inv A		12,673
	BlackRock	BlkRk Hi Yld Bd Inst		248,241
	BlackRock	BlkRk Hi Yld Bd Inv A		17,897
	BlackRock	BlkRk Hlth Scnc Oppr Inv A		72,626
	BlackRock	BlkRk LgCap Focs Gr Inv A		29,455
	BlackRock	BlkRk MdCap Gr Eq Inv A		30,837
	BlackRock	BlkRk Strat Inc Oppr Inv A		185,094
	BlackRock	BlkRk Ttl Rtn Inv A		107,467
	Buffalo	Buf Hi Yld Rtl		1,636
	Calvert	Clvrt Eq I		26,158
	Columbia	Col Sel LgCap Gr Inst2		486,649
	Columbia	Col Seligman Gbl Tech A		4,061
	Delaware	DE Smid Cap Gr A		24,439
	Dimensional Fund Advisors	DFA Emrg Mkt Cor Eq Inst		628,297
	Dimensional Fund Advisors	DFA Gbl RealEst Sec Inst		306,902
	Dimensional Fund Advisors	DFA Infl Prtct Sec Inst		56,882
	Dimensional Fund Advisors	DFA Infl Cor Eq Inst		8,077
	Dimensional Fund Advisors	DFA Intl Sm Co Inst		11,536
	Dimensional Fund Advisors	DFA Intl Vectr Eq Inst		8,119
	Dimensional Fund Advisors	DFA RealEst Sec		5,976

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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
	Dimensional Fund Advisors	DFA US Cor Eq I		21,769
	Dimensional Fund Advisors	DFA US LgCap Val Inst		706,438
	Dimensional Fund Advisors	DFA US Trgt Val Inst		308,670
	Dimensional Fund Advisors	DFA US Vectr Eq Inst		24,040
	Davis	Davis Ny Vntr A		21,159
	AMG Funds	Dbline Cor Fxd Inc I		20,628
	Eaton Vance	EV Emrg Mkt Local Inc A		172,974
	Emerald Bank	Emerald Bk Fin Inst		27,427
	Federated	Fed Kaufman A		12,060
	Federated	Fed Kaufman SmCap A		18,518
	Federated	Fed Prudnt Bear A		2,338
	Fidelity Investments	Fid 500 Indx		1,016,428
	Fidelity Investments	Fid Extd Mkt Indx		2,843
	Fidelity Investments	Fid Intl Indx		532,687
	Fidelity Investments	Fid Us Bd Indx		275,823
	Fidelity Investments	Fidadv Eq Gr A		5,145
	Fidelity Investments	Fidadv Gr Oppr A		137,330
	Fidelity Investments	Fidadv RealEst A		1,116,727
	Fidelity Investments	Fidadv Steat Divd Inc A		5,030
	Fidelity Investments	Fidadv Tech A		41,996
	Franklin Templeton	Fnkln Dynatech A		24,991
	Franklin Templeton	Fnkln Gold Prec Mtls Adv		112,049
	Franklin Templeton	FnklnTmp Gbl Bd A		2,132
	Franklin Templeton	FnklnTmp Gbl Bd Adv		19
	Franklin Templeton	FnklnTmp Gbl Bd R6		22,542
	First Eagle	Frstegle Gold R6		38,498
	Goldman Sachs	GdmnScs Emrg Mkt Db Inst		867
	Goldman Sachs	GdmnScs LgCap Val A		20,432
	Goldman Sachs	GdmnScs SmCap Val A		7,850
	Harbor	Harbor Intl Gr Inv		675,097
	Harbor	Harbor Intl Inst		5,280
	Invesco	Invesco Comstk A		1,126,726
	Invesco	Invesco Eq Inc A		1,004,396
	Invesco	Invesco Gr Inc A		845,853
	Invesco	Invesco Opp Devl Mkt A		854,084
	Invesco	Invesco Opp Gbl Oppr A		60,022
	Invesco	Invesco Opp Intl Bd A		14,237
	Invesco	Invesco Opp Intl Gr A		5,789
	Invesco	Invesco Opp Val A		4,008
	Invesco	Invesco RealEst A		148,795
	Ivy Funds	Ivy Hi Inc Y		752,315
	JPMorgan	JPM Eq Inc A		21,414
	JPMorgan	JPM Eq Inc R5		564,785

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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
	JPMorgan	JPM MdCap Val A		2,435,244
	JPMorgan	JPM SmCap Blnd A		7,458
	JPMorgan	JPM SmCap Val A		1,971
	Janus	JnsHndrsn Bal N		2,044,204
	Janus	JnsHndrsn Frty S		2,130,326
	Janus	JnsHndrsn Gbl Lf Scnc I		85,616
	Janus	JnsHndrsn Gbltech Innov N		5,348
	Legg Mason	LeggM WstrAs InfIndPlsBd I		9,068
	Lord Abbett	LrdAbt Devl Gr R4		22,747
	Lord Abbett	LrdAbt Shrt Dur Inc A		300,782
	MFS	MFS Emrg Mkt Db R4		9,654
	MFS	MFS Intl Intrinsic Val A		39,288
	MFS	MFS Intl New Disc A		1,656,242
	MFS	MFS Ttl Rtn Bd A		425,096
	MFS	MFS Val A		17,705
	Insight	Ms Insight I		23,190
	MSIF	Msif Disc I		22,958
	MSIF	Msif Gbl Oprr I		34,207
	MSIF	Msif Incptn I		23,198
	MSIF	Msif Inst Gr I		138,057
	Mainstay	MnSty Epoch Gbl Eq Yld A		9,223
	Mainstay	MnSty Mckay Ttl Rtn Bd I		3,702
*	Nationwide	NW Bailard Tech Scnc A		35,488
*	Nationwide	NW Dest 2020 R6		61,247
*	Nationwide	NW Dest 2025 R6		128,535
*	Nationwide	NW Dest 2030 R6		536,394
*	Nationwide	NW Dest 2035 R6		910,620
*	Nationwide	NW Dest 2040 A		7,669
*	Nationwide	NW Dest 2040 R6		1,093,454
*	Nationwide	NW Dest 2045 R6		1,055,204
*	Nationwide	NW Dest 2050 R6		733,518
*	Nationwide	NW Dest 2055 R6		289,462
*	Nationwide	NW Dest 2060 R6		106,991
*	Nationwide	NW Dest Rtrmt R6		75,853
*	Nationwide	NW Gov Mny Mkt R6		4,087,806
*	Nationwide	NW Inv Dest Aggr Svc		3,162,347
*	Nationwide	NW Inv Dest Cnsrv Svc		361,440
*	Nationwide	NW Inv Dest Mod Aggr Svc		4,115,142
*	Nationwide	NW Inv Dest Mod Cnsrv Svc		1,753,629
*	Nationwide	NW Inv Dest Mod Svc		8,915,201
*	Nationwide	NW Loomis Allcap Gr R6		513,915
*	Nationwide	NW MdCap Mkt Indx A		76,196
*	Nationwide	NW S P 500 Indx Svc		24,556

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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 SmCap Indx A		9,235
*	Nationwide	NW SmCap Indx R6		24,807
	Natixis Funds	Natixis Loomis Gr A		36,280
	Natixis Funds	Natixis Loomis Strat Inc A		877,625
	Neuberger Berman	NeuBer Hi Inc A		339
	Nuveen Symphony	Nuvn Symph Cr Oppr A		38,300
	Oakmark	Okmrk Intl Ii		1,501,202
	Prudential Investments	PGIM Gbl RealEst A		4,257
	Prudential Investments	PGIM Jnism Gr A		4,923
	Prudential Investments	PGIM Jnism Natrl Rsrc A		1
	Prudential Investments	PGIM Jnism Util A		2,584
	Prudential Investments	PGIM Ttl Rtn Bd A		2,474
	Prudential Investments	PGIM Ttl Rtn Bd R6		558,366
	PIMCO	PIMCO Inc Inst		23,436
	PIMCO	PIMCO Real Rtn Inst		660,330
	PIMCO	PIMCO StkPLUS Ttl Rtn Inst		72,376
	PRIME	PRIMECAP Odysy Gr		13,501
	Parnassus	Parnassus Cor Eq		57,964
	Parnassus	Parnassus Cor Eq Inv		1,375,845
	Pioneer Investments	Pionr Gbl Eq A		7,654
	Principal Funds	Prncpl LgCap Gr I A		15,397
	Principal Funds	Prncpl MdCap A		1,890,999
	Principal Funds	Prncpl RealEst Sec Inst		22,842
	Rydex Funds	RydexSGI Bio H		49,149
	Rydex Funds	RydexSGI Electrncs H		3,135
	TCW	TCW Ttl Rtn Bd N		7,493
	TIAA	Tiaacrf Realest Sec Inst		39,928
	T. Rowe Price	TRowePr Blue Chip Gr R		3,422,978
	T. Rowe Price	TRowePr Cap App		30,741
	T. Rowe Price	TRowePr Divd Gr		32,476
	T. Rowe Price	TRowePr Gr Stk		27,054
	T. Rowe Price	TRowePr Hlth Scnc		155,654
	T. Rowe Price	TRowePr Intl Disc		12,480
	T. Rowe Price	TRowePr Intl Val Eq R		1,489
	Thornburg	Thrnbrg Intl Val I		1,539,908
	USAA	Usaa Intmdtrm BD R6		757
	Virtus	Virtus Crdex SmCpValEq I		1,778,855
	Vanguard	Vngrd 500 Index Fd AS		6,003,549
	Vanguard	Vngrd Bal Indx Adml		496,769
	Vanguard	Vngrd Devl Mkt Indx Adml		49,879
	Vanguard	Vngrd Divd App Indx Adml		9,148
	Vanguard	Vngrd Divd Gr Inv		133,050
	Vanguard	Vngrd Emrg Mkt StkIndxAdm		48,573

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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 Enrgy Adml		43,916
	Vanguard	Vngrd Enrgy Inv		180
	Vanguard	Vngrd Eq Inc Adml		1,437
	Vanguard	Vngrd Euro Stk Indx Adml		11,377
	Vanguard	Vngrd Explr Adml		291,087
	Vanguard	Vngrd FTSE Soc Indx Inv		4,916
	Vanguard	Vngrd Gbl Eq Inv		10,902
	Vanguard	Vngrd Gr Indx Adml		43,416
	Vanguard	Vngrd Hi Yld Corp Adml		18,049
	Vanguard	Vngrd Hlth Care Adml		9,926
	Vanguard	Vngrd Hlth Care Inv		61,067
	Vanguard	Vngrd Intl Gr Adml		33,710
	Vanguard	Vngrd Intmd Trm Trsry Adml		13,759
	Vanguard	Vngrd Intmdtrminvtgrd Adml		6,753
	Vanguard	Vngrd LT Invmt Grd Adml		9,315
	Vanguard	Vngrd LT Trsry Adml		10,226
	Vanguard	Vngrd MdCap Val Indx Adml		19,774
	Vanguard	Vngrd Mid-Cap Idx Fd AS		1,471,538
	Vanguard	Vngrd Realest Indx Adml		19,599
	Vanguard	Vngrd ST Invmt Grd Adml		1,387
	Vanguard	Vngrd St Trsry Adml		24,402
	Vanguard	Vngrd Sm Cap Index Fd As		1,418,919
	Vanguard	Vngrd SmCap Gr Indx Adml		9,499
	Vanguard	Vngrd SmCap Val Indx Adml		7,491
	Vanguard	Vngrd Strat Eq Inv		3,234
	Vanguard	Vngrd Strat SmCap Eq Inv		25,205
	Vanguard	Vngrd Ttl Bnd Mkt Idx Adm		114,010
	Vanguard	Vngrd Ttl Intl Bnd Idx Adm		5,646
	Vanguard	Vngrd Ttl IntlStkIndx Adm		98,062
	Vanguard	Vngrd Ttl StMkt Indx Fd As		652,922
	Vanguard	Vngrd Us Gr Adml		16,109
	Vanguard	Vngrd Us Val Inv		1,419
	Vanguard	Vngrd Val Indx Adml		16,369
	Wells Fargo Funds	Wf Emrg Mkt Eq Inc A		21,195
	Wells Fargo Funds	WF Endvr Sel A		14,545
		Notes receivable from participants		
*	Participants	Interest rates ranging from 4.25 - 7.5%		2,967,540
				<u>\$ 86,924,741</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
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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	\$	28,068
	Aberdeen	Ab Hi Inc I		22,351
	Aberdeen	Ab Lgcap GR I		13,619
	Aberdeen	Abrden Gbl Eq A		4,306
	Aberdeen	Abrden Intl Eq A		13,317
	Alger	Alger Cap App Inst I		76,335
	Alger	Alger SmCap Focs I		23,490
	American Beacon	Ambcn Intl Eq Adv		658,493
	American Century	Amcent Focs Gbl R6		194
	American Century	AmCent Gr A		9,210
	American Century	AmCent Infl Adj Bd A		11,175
	American Century	AmCent Infl Adj Bd R5		721,620
	American Century	AmCent ShtDrInflPrtBd R5		2,330
	American Funds	Amfds Amcap R6		88,661
	American Funds	AmFds Gr Fd Am R3		2,427,994
	American Funds	AmFds New Prspct R6		18,880
	American Funds	Amfds New Wld R6		18,647
	Amana	Amana Gr Inst		189,476
	Amana	Amana Inc Inst		88,177
	Bnymel	Bnymel Natrl Rsrc A		239,573
	Baird	Baird Aggregate Bd Inst		728,809
	Baron Capital Group	Baron Disc Inst		3,796
	Baron Capital Group	Baron Gr		2,468,333
	BlackRock	BlkRk Advtg LgCap Val Inv A		12,673
	BlackRock	BlkRk Hi Yld Bd Inst		248,241
	BlackRock	BlkRk Hi Yld Bd Inv A		17,897
	BlackRock	BlkRk Hlth Scnc Oppr Inv A		72,626
	BlackRock	BlkRk LgCap Focs Gr Inv A		29,455
	BlackRock	BlkRk MdCap Gr Eq Inv A		30,837
	BlackRock	BlkRk Strat Inc Oppr Inv A		185,094
	BlackRock	BlkRk Ttl Rtn Inv A		107,467
	Buffalo	Buf Hi Yld Rtl		1,636
	Calvert	Clvrt Eq I		26,158
	Columbia	Col Sel LgCap Gr Inst2		486,649
	Columbia	Col Seligman Gbl Tech A		4,061
	Delaware	DE Smid Cap Gr A		24,439
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	Dimensional Fund Advisors	DFA Gbl RealEst Sec Inst		306,902
	Dimensional Fund Advisors	DFA Infl Prtct Sec Inst		56,882
	Dimensional Fund Advisors	DFA Infl Cor Eq Inst		8,077
	Dimensional Fund Advisors	DFA Intl Sm Co Inst		11,536
	Dimensional Fund Advisors	DFA Intl Vectr Eq Inst		8,119
	Dimensional Fund Advisors	DFA RealEst Sec		5,976

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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
	Dimensional Fund Advisors	DFA US Cor Eq I		21,769
	Dimensional Fund Advisors	DFA US LgCap Val Inst		706,438
	Dimensional Fund Advisors	DFA US Trgt Val Inst		308,670
	Dimensional Fund Advisors	DFA US Vectr Eq Inst		24,040
	Davis	Davis Ny Vntr A		21,159
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	Eaton Vance	EV Emrg Mkt Local Inc A		172,974
	Emerald Bank	Emerald Bk Fin Inst		27,427
	Federated	Fed Kaufman A		12,060
	Federated	Fed Kaufman SmCap A		18,518
	Federated	Fed Prudnt Bear A		2,338
	Fidelity Investments	Fid 500 Indx		1,016,428
	Fidelity Investments	Fid Extd Mkt Indx		2,843
	Fidelity Investments	Fid Intl Indx		532,687
	Fidelity Investments	Fid Us Bd Indx		275,823
	Fidelity Investments	Fidadv Eq Gr A		5,145
	Fidelity Investments	Fidadv Gr Oppr A		137,330
	Fidelity Investments	Fidadv RealEst A		1,116,727
	Fidelity Investments	Fidadv Steat Divd Inc A		5,030
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	Franklin Templeton	Fnkln Gold Prec Mtls Adv		112,049
	Franklin Templeton	FnklnTmp Gbl Bd A		2,132
	Franklin Templeton	FnklnTmp Gbl Bd Adv		19
	Franklin Templeton	FnklnTmp Gbl Bd R6		22,542
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	Goldman Sachs	GdmnScs SmCap Val A		7,850
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	Harbor	Harbor Intl Inst		5,280
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	Invesco	Invesco Eq Inc A		1,004,396
	Invesco	Invesco Gr Inc A		845,853
	Invesco	Invesco Opp Devl Mkt A		854,084
	Invesco	Invesco Opp Gbl Oppr A		60,022
	Invesco	Invesco Opp Intl Bd A		14,237
	Invesco	Invesco Opp Intl Gr A		5,789
	Invesco	Invesco Opp Val A		4,008
	Invesco	Invesco RealEst A		148,795
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	JPMorgan	JPM Eq Inc A		21,414
	JPMorgan	JPM Eq Inc R5		564,785

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
PLAN NUMBER: 001, EIN: 65-0655753

(a)	(b)	(c)	(d)	(e)
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	JPMorgan	JPM MdCap Val A		2,435,244
	JPMorgan	JPM SmCap Blnd A		7,458
	JPMorgan	JPM SmCap Val A		1,971
	Janus	JnsHndrsn Bal N		2,044,204
	Janus	JnsHndrsn Frty S		2,130,326
	Janus	JnsHndrsn Gbl Lf Scnc I		85,616
	Janus	JnsHndrsn Gbltech Innov N		5,348
	Legg Mason	LeggM WstrAs InfIndPlsBd I		9,068
	Lord Abbett	LrdAbt Devl Gr R4		22,747
	Lord Abbett	LrdAbt Shrt Dur Inc A		300,782
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	MFS	MFS Intl New Disc A		1,656,242
	MFS	MFS Ttl Rtn Bd A		425,096
	MFS	MFS Val A		17,705
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	MSIF	Msif Gbl Oprr I		34,207
	MSIF	Msif Incptn I		23,198
	MSIF	Msif Inst Gr I		138,057
	Mainstay	MnSty Epoch Gbl Eq Yld A		9,223
	Mainstay	MnSty Mckay Ttl Rtn Bd I		3,702
*	Nationwide	NW Bailard Tech Scnc A		35,488
*	Nationwide	NW Dest 2020 R6		61,247
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*	Nationwide	NW Dest 2030 R6		536,394
*	Nationwide	NW Dest 2035 R6		910,620
*	Nationwide	NW Dest 2040 A		7,669
*	Nationwide	NW Dest 2040 R6		1,093,454
*	Nationwide	NW Dest 2045 R6		1,055,204
*	Nationwide	NW Dest 2050 R6		733,518
*	Nationwide	NW Dest 2055 R6		289,462
*	Nationwide	NW Dest 2060 R6		106,991
*	Nationwide	NW Dest Rtrmt R6		75,853
*	Nationwide	NW Gov Mny Mkt R6		4,087,806
*	Nationwide	NW Inv Dest Aggr Svc		3,162,347
*	Nationwide	NW Inv Dest Cnsrv Svc		361,440
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*	Nationwide	NW Inv Dest Mod Cnsrv Svc		1,753,629
*	Nationwide	NW Inv Dest Mod Svc		8,915,201
*	Nationwide	NW Loomis Allcap Gr R6		513,915
*	Nationwide	NW MdCap Mkt Indx A		76,196
*	Nationwide	NW S P 500 Indx Svc		24,556

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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
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*	Nationwide	NW SmCap Indx R6		24,807
	Natixis Funds	Natixis Loomis Gr A		36,280
	Natixis Funds	Natixis Loomis Strat Inc A		877,625
	Neuberger Berman	NeuBer Hi Inc A		339
	Nuveen Symphony	Nuvn Symph Cr Oppr A		38,300
	Oakmark	Okmrk Intl Ii		1,501,202
	Prudential Investments	PGIM Gbl RealEst A		4,257
	Prudential Investments	PGIM Jnism Gr A		4,923
	Prudential Investments	PGIM Jnism Natrl Rsrc A		1
	Prudential Investments	PGIM Jnism Util A		2,584
	Prudential Investments	PGIM Ttl Rtn Bd A		2,474
	Prudential Investments	PGIM Ttl Rtn Bd R6		558,366
	PIMCO	PIMCO Inc Inst		23,436
	PIMCO	PIMCO Real Rtn Inst		660,330
	PIMCO	PIMCO StkPLUS Ttl Rtn Inst		72,376
	PRIME	PRIMECAP Odysy Gr		13,501
	Parnassus	Parnassus Cor Eq		57,964
	Parnassus	Parnassus Cor Eq Inv		1,375,845
	Pioneer Investments	Pionr Gbl Eq A		7,654
	Principal Funds	Prncpl LgCap Gr I A		15,397
	Principal Funds	Prncpl MdCap A		1,890,999
	Principal Funds	Prncpl RealEst Sec Inst		22,842
	Rydex Funds	RydexSGI Bio H		49,149
	Rydex Funds	RydexSGI Electrncs H		3,135
	TCW	TCW Ttl Rtn Bd N		7,493
	TIAA	Tiaacrf Realest Sec Inst		39,928
	T. Rowe Price	TRowePr Blue Chip Gr R		3,422,978
	T. Rowe Price	TRowePr Cap App		30,741
	T. Rowe Price	TRowePr Divd Gr		32,476
	T. Rowe Price	TRowePr Gr Stk		27,054
	T. Rowe Price	TRowePr Hlth Scnc		155,654
	T. Rowe Price	TRowePr Intl Disc		12,480
	T. Rowe Price	TRowePr Intl Val Eq R		1,489
	Thornburg	Thrnbrg Intl Val I		1,539,908
	USAA	Usaa Intmdtrm BD R6		757
	Virtus	Virtus Crdex SmCpValEq I		1,778,855
	Vanguard	Vngrd 500 Index Fd AS		6,003,549
	Vanguard	Vngrd Bal Indx Adml		496,769
	Vanguard	Vngrd Devl Mkt Indx Adml		49,879
	Vanguard	Vngrd Divd App Indx Adml		9,148
	Vanguard	Vngrd Divd Gr Inv		133,050
	Vanguard	Vngrd Emrg Mkt StkIndxAdm		48,573

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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 Enrgy Adml		43,916
	Vanguard	Vngrd Enrgy Inv		180
	Vanguard	Vngrd Eq Inc Adml		1,437
	Vanguard	Vngrd Euro Stk Indx Adml		11,377
	Vanguard	Vngrd Explr Adml		291,087
	Vanguard	Vngrd FTSE Soc Indx Inv		4,916
	Vanguard	Vngrd Gbl Eq Inv		10,902
	Vanguard	Vngrd Gr Indx Adml		43,416
	Vanguard	Vngrd Hi Yld Corp Adml		18,049
	Vanguard	Vngrd Hlth Care Adml		9,926
	Vanguard	Vngrd Hlth Care Inv		61,067
	Vanguard	Vngrd Intl Gr Adml		33,710
	Vanguard	Vngrd Intmd Trm Trsry Adml		13,759
	Vanguard	Vngrd Intmdtrminvtgrd Adml		6,753
	Vanguard	Vngrd LT Invmt Grd Adml		9,315
	Vanguard	Vngrd LT Trsry Adml		10,226
	Vanguard	Vngrd MdCap Val Indx Adml		19,774
	Vanguard	Vngrd Mid-Cap Idx Fd AS		1,471,538
	Vanguard	Vngrd Realest Indx Adml		19,599
	Vanguard	Vngrd ST Invmt Grd Adml		1,387
	Vanguard	Vngrd St Trsry Adml		24,402
	Vanguard	Vngrd Sm Cap Index Fd As		1,418,919
	Vanguard	Vngrd SmCap Gr Indx Adml		9,499
	Vanguard	Vngrd SmCap Val Indx Adml		7,491
	Vanguard	Vngrd Strat Eq Inv		3,234
	Vanguard	Vngrd Strat SmCap Eq Inv		25,205
	Vanguard	Vngrd Ttl Bnd Mkt Idx Adm		114,010
	Vanguard	Vngrd Ttl Intl Bnd Idx Adm		5,646
	Vanguard	Vngrd Ttl IntlStkIndx Adm		98,062
	Vanguard	Vngrd Ttl StMkt Indx Fd As		652,922
	Vanguard	Vngrd Us Gr Adml		16,109
	Vanguard	Vngrd Us Val Inv		1,419
	Vanguard	Vngrd Val Indx Adml		16,369
	Wells Fargo Funds	Wf Emrg Mkt Eq Inc A		21,195
	Wells Fargo Funds	WF Endvr Sel A		14,545
		Notes receivable from participants		
*	Participants	Interest rates ranging from 4.25 - 7.5%		2,967,540
				<u>\$ 86,924,741</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.