

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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.	10/15/2021	MARK MANIGLIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	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 (2020)
v. 200204

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	1031
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.....		6a(1)	862
a(2) Total number of active participants at the end of the plan year		6a(2)	845
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	154
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1000
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1000
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	918
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	12
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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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 49 59 60 63 64 99	NONE	294077	Yes ☒ No ☐	Yes ☒ No ☐	3711	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	19628	Yes ☒ No ☐	Yes ☐ No ☒	51176	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	3711
(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	43568
(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	7606
(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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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			
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	
(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)	4087806	6508692
(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)	2967540	2746034
(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)	79869395	94264504
(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	86924741	103519230

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	86924741	103519230
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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)	2351513	
(B) Participants	2a(1)(B)	6442652	
(C) Others (including rollovers).....	2a(1)(C)	19910	
(2) Noncash contributions	2a(2)		8814075
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	195936	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		195936
(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)		13168343
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22178354

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5037306	
(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)		5037306
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		179606
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	19628	
(2) Contract administrator fees	2i(2)	294077	
(3) Investment advisory and management fees	2i(3)	53248	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		366953
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5583865

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16594489
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1592130		
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.)
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4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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, 2020 AND 2019

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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, 2020 and 2019, 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, 2020 and 2019, and for the years ended December 31, 2020 and 2019, 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, 2020 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 7, 2021

TRACFONE WIRELESS, INC. INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments (at fair value)	\$ 100,773,196	\$ 83,957,201
Notes receivable from participants	<u>2,746,034</u>	<u>2,967,540</u>
Net assets available for benefits	<u>\$ 103,519,230</u>	<u>\$ 86,924,741</u>

The accompanying notes are an integral part of these financial statements

TRACFONE WIRELESS, INC. INVESTMENT PLAN
STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ 13,168,343	\$ 15,578,770
Interest income on notes receivable from participants	195,936	179,375
Contributions:		
Participants	6,442,652	5,880,818
Employer	2,351,513	2,170,506
Rollovers	19,910	994,658
Total Contributions	8,814,075	9,045,982
Total additions	22,178,354	24,804,127
Deductions from net assets attributed to:		
Participant withdrawals	5,216,912	4,966,037
Administrative expenses	366,953	313,257
	5,583,865	5,279,294
Net increase	16,594,489	19,524,833
Net assets available for benefits:		
Beginning of year	86,924,741	67,399,908
End of year	<u>\$ 103,519,230</u>	<u>\$ 86,924,741</u>

The accompanying notes are an integral part of these financial statements

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

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 \$19,500 and \$19,000 for the years ending December 31, 2020 and 2019, 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, 2020 AND 2019

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 2020 and 2019, 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.

Effective August 21, 2020, the Plan adopted the loan provision of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that as signed into law on March 27, 2020. A CARES Act related loan allows the Plan's qualified participants to take a COVID-19 related loan up to \$100,000 from the Plan beginning on or after March 27, 2020 and before September 22, 2020.

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, 2020, or 2019. Delinquent participant loans are recorded as distributions based on 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.

Effective August 21, 2020, the Plan adopted the distributions provision of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that as signed into law on March 27, 2020. A CARES Act distribution allows the Plan's qualified participants to take a COVID-19 related distribution up to \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

A. Description of the Plan - continued

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, 2020 and 2019 were \$56,756 and \$57,566, 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.

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.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

B. Summary of Significant Accounting Policies – continued

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:

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.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

B. Summary of Significant Accounting Policies – continued

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, 2020.

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.

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.

TRACFONE WIRELESS, INC. INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

C. Investments

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

	<u>2020</u>	<u>2019</u>
NW Inv Dest Mod Svc	\$ 9,603,478	\$ 8,915,201
NW Gov Mny Mkt R6	6,508,692	-
Vngrd 500 Index Fd AS	5,497,680	6,003,549

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 the related 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.

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 \$53,248 and \$46,246 for the years ended December 31, 2020 and 2019, 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 Gbl Bd I		\$ 215,140
	Aberdeen	Ab Hi Inc I		26,728
	Alger	Alger Cap App Inst I		107,755
	American Beacon	Ambcn Intl Eq Adv		39,309
	American Century	Amcent Focs Gbl R6		122
	American Century	AmCent Infl Adj Bd A		16,456
	American Century	AmCent Infl Adj Bd R5		511,946
	American Century	AmCent ShtDrInflPrtBd R5		3,710
	American Funds	AmFds Amcap R6		116,661
	American Funds	AmFds Gr Fd Am R3		3,217,526
	American Funds	AmFds New Prspct R6		215,275
	American Funds	AmFds New Wld R6		27,086
	American Funds	AmFds US Govt Sec R6		6,672
	Amana	Amana Gr Inst		309,430
	Amana	Amana Inc Inst		99,200
	Bnymel	Bnymel Natrl Rsrc A		276,335
	Baird	Baird Aggregate Bd Inst		1,083,493
	Baron Capital Group	Baron Disc Inst		5,581
	Baron Capital Group	Baron Gr		3,119,124
	BlackRock	BlkRk Advtg LgCap Val Inv A		14,695
	BlackRock	BlkRk Gbl Alloc Inv A		63,533
	BlackRock	BlkRk Hi Yld Bd Inst		286,239
	BlackRock	BlkRk Hi Yld Bd Inv A		21,229
	BlackRock	BlkRk Hlth Scnc Oppr Inv A		941
	BlackRock	BlkRk LgCap Focs Gr Inv A		44,841
	BlackRock	BlkRk MdCap Gr Eq Inv A		380,425
	BlackRock	BlkRk Strat Inc Oppr Inv A		44,640
	BlackRock	BlkRk Ttl Rtn Inv A		138,623
	Buffalo	Buf Hi Yld Rtl		2,089
	Columbia	Col Sel LgCap Gr Inst2		608,767
	Columbia	Col Seligman Gbl Tech A		6,439
	Delaware	DE Smid Cap Gr A		47,643
	Dimensional Fund Advisors	DFA Emrg Mkt Cor Eq Inst		745,618
	Dimensional Fund Advisors	DFA Gbl RealEst Sec Inst		398,324
	Dimensional Fund Advisors	DFA Infl Prtct Sec Inst		69,647
	Dimensional Fund Advisors	DFA Infl Cor Eq Inst		10,021
	Dimensional Fund Advisors	DFA Intl Sm Co Inst		14,718
	Dimensional Fund Advisors	DFA Intl Sustnbl Cor 1		262,155

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
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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
	Dimensional Fund Advisors	DFA Intl Vectr Eq Inst		10,146
	Dimensional Fund Advisors	DFA Intmd Govt FxdInc Ins		116,750
	Dimensional Fund Advisors	DFA RealEst Sec		1,088,985
	Dimensional Fund Advisors	DFA US Cor Eq I		27,059
	Dimensional Fund Advisors	DFA US LgCap Val Inst		788,323
	Dimensional Fund Advisors	DFA US Trgt Val Inst		196,455
	Dimensional Fund Advisors	DFA US Vectr Eq Inst		31,910
	AMG Funds	Dblne Cor Fxd Inc I		25,261
	Diamond Hill	Diamond Hill MdCap I		322,982
	Dodge & Cox	DodgeCox Intl Stk		710,997
	Eaton Vance	EV Emrg Mkt Local Inc A		11,934
	Emerald Bank	Emerald Bk Fin Inst		14,515
	Federated	Fed Kaufman A		17,344
	Federated	Fed Kaufman SmCap A		30,121
	Federated	Fed Prudnt Bear A		1,799
	Fidelity Investments	Fid 500 Indx		1,175,303
	Fidelity Investments	Fid Extd Mkt Indx		1,747
	Fidelity Investments	Fid Intl Indx		612,333
	Fidelity Investments	Fid Us Bd Indx		421,473
	Fidelity Investments	Fidadv Eq Gr A		10,383
	Fidelity Investments	Fidadv Gr Oppr A		121,039
	Fidelity Investments	Fidadv RealEst A		30,132
	Fidelity Investments	Fidadv Steat Divd Inc A		6,517
	Fidelity Investments	Fidadv Tech A		104,822
	Franklin Templeton	FnklnTmp Gbl Bd A		3,258
	Franklin Templeton	FnklnTmp Gbl Bd Adv		8
	Franklin Templeton	FnklnTmp Gbl Bd R6		23,095
	First Eagle	Frstegle Gold R6		121,376
	Goldman Sachs	GdmnScs Emrg Mkt Db Inst		927
	Goldman Sachs	GdmnScs SmCap Val A		9,117
	Harbor	Harbor Intl Gr Inv		773,819
	Invesco	Invsco Cmstk Sel A		3,885
	Invesco	Invsco Comstk A		1,054,386
	Invesco	Invsco Devl Mkt A		885,497
	Invesco	Invsco Eq Inc A		1,026,229
	Invesco	Invsco Gbl Oppr A		87,170
	Invesco	Invsco Gr Inc A		675,241
	Invesco	Invsco Intl Bd A		16,926

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	Invesco	Invsco Opp Intl Gr A		667
	Invesco	Invsco RealEst A		107,638
	Ivy Funds	Ivy Hi Inc N		776,731
	Ivy Funds	Ivy Hi Inc Y		475
	JPMorgan	JPM Eq Inc A		23,835
	JPMorgan	JPM Eq Inc R5		675,116
	JPMorgan	JPM Govt Bd R6		4,435
	JPMorgan	JPM MdCap Val A		2,187,036
	JPMorgan	JPM SmCap Blnd A		10,184
	Janus	JnsHndrsn Bal N		3,036,501
	Janus	JnsHndrsn Frty S		2,810,326
	Janus	JnsHndrsn Gbl Lf Scnc I		117,774
	Janus	JnsHndrsn Gbltech Innov N		9,121
	Janus	JnsHndrsn SmCap Val N		57,016
	Legg Mason	LeggM WstrAs InfIndPlsBd I		10,871
	Lord Abbett	LrdAbt Shrt Dur Inc A		456,173
	MFS	MFS Emrg Mkt Db R4		11,369
	MFS	MFS Intl Intrinsic Val A		1,302
	MFS	MFS Intl New Disc A		1,691,812
	MFS	MFS Ttl Rtn Bd A		549,897
	MFS	MFS Val A		21,882
	Insight	Ms Insight I		183,513
	MSIF	Msif Disc I		272,424
	MSIF	Msif Gbl Oppr I		69,287
	MSIF	Msif Incptn I		57,139
	MSIF	Msif Inst Gr I		2,673,892
	Mainstay	MnSty Mckay Ttl Rtn Bd I		5,968
*	Nationwide	NW Bailard Tech Scnc A		63,575
*	Nationwide	NW Dest 2025 R6		189,805
*	Nationwide	NW Dest 2030 R6		711,922
*	Nationwide	NW Dest 2035 R6		903,716
*	Nationwide	NW Dest 2040 R6		1,381,092
*	Nationwide	NW Dest 2045 R6		1,309,299
*	Nationwide	NW Dest 2050 R6		965,332
*	Nationwide	NW Dest 2055 R6		228,557
*	Nationwide	NW Dest 2060 R6		74,661
*	Nationwide	NW Dest Rtrmt R6		160,355
*	Nationwide	NW Gov Mny Mkt R6		6,508,692

TRACFONE WIRELESS, INC. INVESTMENT PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (Held at End of Year)
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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
*	Nationwide	NW Inv Dest Aggr Svc		3,880,766
*	Nationwide	NW Inv Dest Cnsrv Svc		489,480
*	Nationwide	NW Inv Dest Mod Aggr Svc		3,561,935
*	Nationwide	NW Inv Dest Mod Cnsrv Svc		2,172,671
*	Nationwide	NW Inv Dest Mod Svc		9,603,478
*	Nationwide	NW Loomis Allcap Gr R6		611,920
*	Nationwide	NW MdCap Mkt Indx A		106,508
*	Nationwide	NW S P 500 Indx Svc		60,276
*	Nationwide	NW SmCap Indx A		19,013
*	Nationwide	NW SmCap Indx R6		34,340
	Natixis Funds	Natixis Loomis Gr A		50,425
	Natixis Funds	Natixis Loomis Strat Inc A		922,548
	Nuveen Symphony	Nuven Symph Cr Oppr A		41,550
	Oakmark	Okmrk Intl Li		1,324,236
	Prudential Investments	PGIM Gbl RealEst A		5,981
	Prudential Investments	PGIM Jnism Gr A		10,112
	Prudential Investments	PGIM Jnism Natrl Rsrc A		16,442
	Prudential Investments	PGIM Jnism Util A		1,219
	Prudential Investments	PGIM Ttl Rtn Bd A		3,945
	Prudential Investments	PGIM Ttl Rtn Bd R6		707,222
	PIMCO	PIMCO Inc Inst		35,750
	PIMCO	PIMCO LT US Gov Inst		8,454
	PIMCO	PIMCO Real Rtn Inst		1,022,888
	PIMCO	PIMCO StkPLUS Ttl Rtn Inst		85,540
	PIMCO	PIMCO Ttl Rtn Inst		18,445
	PRIME	PRIMECAP Odysy Gr		26,510
	Parnassus	Parnassus Cor Eq		77,637
	Parnassus	Parnassus Cor Eq Inv		1,862,736
	Pioneer Investments	Pionr Gbl Eq A		9,841
	Principal Funds	Prncpl LgCap Gr I A		22,816
	Principal Funds	Prncpl MdCap A		2,197,283
	Principal Funds	Prncpl RealEst Sec Inst		9,794
	Rydex Funds	RydexSGI Bio H		74,874
	Rydex Funds	RydexSGI Electrncs H		4,897
	TCW	TCW Ttl Rtn Bd N		8,789
	TIAA	Tiaacrf Realest Sec Inst		1,917
	T. Rowe Price	TRowePr Blue Chip Gr R		3,949,519
	T. Rowe Price	TRowePr Gr Stk		41,034

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
	T. Rowe Price	TRowePr Hlth Scnc		243,747
	T. Rowe Price	TRowePr Intl Disc		17,050
	T. Rowe Price	TRowePr Intl Val Eq R		1,503
	Thornburg	Thrnbrg Intl Val I		1,854,549
	USAA	Usaa Intmdtrm BD R6		1,114
	Virtus	Virtus Crdex SmCpValEq I		1,377,039
	Virtus	Virtus ZevbrgnInnovGrStk		71,545
	Vanguard	Vngrd 500 Index Fd AS		5,497,680
	Vanguard	Vngrd Bal Indx Adml		36,849
	Vanguard	Vngrd Comdty Strat Adml		12,588
	Vanguard	Vngrd Devl Mkt Indx Adml		61,606
	Vanguard	Vngrd Divd App Indx Adml		13,250
	Vanguard	Vngrd Divd Gr Inv		63,467
	Vanguard	Vngrd Emrg Mkt StkIndxAdm		63,748
	Vanguard	Vngrd Enrgy Adml		40,887
	Vanguard	Vngrd Eq Inc Adml		118,159
	Vanguard	Vngrd Euro Stk Indx Adml		15,268
	Vanguard	Vngrd Explr Adml		212,287
	Vanguard	Vngrd Gr Indx Adml		11,044
	Vanguard	Vngrd Hi Yld Corp Adml		19,892
	Vanguard	Vngrd Hlth Care Adml		1,094
	Vanguard	Vngrd Hlth Care Inv		63,970
	Vanguard	Vngrd Infl Protct Sec Adml		3,566
	Vanguard	Vngrd IntdTrmTrsInd Adml		6,618
	Vanguard	Vngrd Intl Gr Adml		712,496
	Vanguard	Vngrd Intl Val Inv		199,982
	Vanguard	Vngrd Intmd Trm Trsry Adml		110,962
	Vanguard	Vngrd Intmdtrminvtgrd Adml		1,427
	Vanguard	Vngrd LT Invmt Grd Adml		118,805
	Vanguard	Vngrd LT Trsry Adml		127,458
	Vanguard	Vngrd MdCap Val Indx Adml		40,205
	Vanguard	Vngrd Mid-Cap Idx Fd AS		1,656,805
	Vanguard	Vngrd Realest Indx Adml		14,011
	Vanguard	Vngrd ST Invmt Grd Adml		1,560
	Vanguard	Vngrd St Trsry Adml		31,022
	Vanguard	Vngrd Sm Cap Index Fd As		1,660,203
	Vanguard	Vngrd SmCap Gr Indx Adml		219,770
	Vanguard	Vngrd SmCap Val Indx Adml		8,544

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 Strat Eq Inv		3,547
	Vanguard	Vngrd Strat SmCap Eq Inv		7,269
	Vanguard	Vngrd Ttl Bnd Mkt ldx Adm		101,931
	Vanguard	Vngrd Ttl Intl Bnd ldx Adm		6,300
	Vanguard	Vngrd Ttl IntlStkIndx Adm		118,849
	Vanguard	Vngrd Ttl StMkt Indx Fd As		1,195,837
	Vanguard	Vngrd Us Gr Adml		45,607
	Vanguard	Vngrd Val Indx Adml		17,046
	Wells Fargo Funds	Wf Emrg Mkt Eq Inc A		24,707
	Wells Fargo Funds	WF Endvr Sel A		20,752
		Notes receivable from participants		
*	Participants	Interest rates ranging from 4.25 - 7.5%		2,746,034
				<u>\$ 103,519,230</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
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	Aberdeen	Ab Hi Inc I		26,728
	Alger	Alger Cap App Inst I		107,755
	American Beacon	Ambcn Intl Eq Adv		39,309
	American Century	Amcent Focs Gbl R6		122
	American Century	AmCent Infl Adj Bd A		16,456
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	American Funds	AmFds New Wld R6		27,086
	American Funds	AmFds US Govt Sec R6		6,672
	Amana	Amana Gr Inst		309,430
	Amana	Amana Inc Inst		99,200
	Bnymel	Bnymel Natrl Rsrc A		276,335
	Baird	Baird Aggregate Bd Inst		1,083,493
	Baron Capital Group	Baron Disc Inst		5,581
	Baron Capital Group	Baron Gr		3,119,124
	BlackRock	BlkRk Advtg LgCap Val Inv A		14,695
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	BlackRock	BlkRk Strat Inc Oppr Inv A		44,640
	BlackRock	BlkRk Ttl Rtn Inv A		138,623
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	Dimensional Fund Advisors	DFA Intmd Govt FxdInc Ins		116,750
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	Dimensional Fund Advisors	DFA US LgCap Val Inst		788,323
	Dimensional Fund Advisors	DFA US Trgt Val Inst		196,455
	Dimensional Fund Advisors	DFA US Vectr Eq Inst		31,910
	AMG Funds	Dblne Cor Fxd Inc I		25,261
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	Dodge & Cox	DodgeCox Intl Stk		710,997
	Eaton Vance	EV Emrg Mkt Local Inc A		11,934
	Emerald Bank	Emerald Bk Fin Inst		14,515
	Federated	Fed Kaufman A		17,344
	Federated	Fed Kaufman SmCap A		30,121
	Federated	Fed Prudnt Bear A		1,799
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	Fidelity Investments	Fid Extd Mkt Indx		1,747
	Fidelity Investments	Fid Intl Indx		612,333
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	Franklin Templeton	FnklnTmp Gbl Bd R6		23,095
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	Goldman Sachs	GdmnScs Emrg Mkt Db Inst		927
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*	Nationwide	NW Inv Dest Mod Svc		9,603,478
*	Nationwide	NW Loomis Allcap Gr R6		611,920
*	Nationwide	NW MdCap Mkt Indx A		106,508
*	Nationwide	NW S P 500 Indx Svc		60,276
*	Nationwide	NW SmCap Indx A		19,013
*	Nationwide	NW SmCap Indx R6		34,340
	Natixis Funds	Natixis Loomis Gr A		50,425
	Natixis Funds	Natixis Loomis Strat Inc A		922,548
	Nuveen Symphony	Nuven Symph Cr Oppr A		41,550
	Oakmark	Okmrk Intl Li		1,324,236
	Prudential Investments	PGIM Gbl RealEst A		5,981
	Prudential Investments	PGIM Jnism Gr A		10,112
	Prudential Investments	PGIM Jnism Natrl Rsrc A		16,442
	Prudential Investments	PGIM Jnism Util A		1,219
	Prudential Investments	PGIM Ttl Rtn Bd A		3,945
	Prudential Investments	PGIM Ttl Rtn Bd R6		707,222
	PIMCO	PIMCO Inc Inst		35,750
	PIMCO	PIMCO LT US Gov Inst		8,454
	PIMCO	PIMCO Real Rtn Inst		1,022,888
	PIMCO	PIMCO StkPLUS Ttl Rtn Inst		85,540
	PIMCO	PIMCO Ttl Rtn Inst		18,445
	PRIME	PRIMECAP Odysy Gr		26,510
	Parnassus	Parnassus Cor Eq		77,637
	Parnassus	Parnassus Cor Eq Inv		1,862,736
	Pioneer Investments	Pionr Gbl Eq A		9,841
	Principal Funds	Prncpl LgCap Gr I A		22,816
	Principal Funds	Prncpl MdCap A		2,197,283
	Principal Funds	Prncpl RealEst Sec Inst		9,794
	Rydex Funds	RydexSGI Bio H		74,874
	Rydex Funds	RydexSGI Electrncs H		4,897
	TCW	TCW Ttl Rtn Bd N		8,789
	TIAA	Tiaacrf Realest Sec Inst		1,917
	T. Rowe Price	TRowePr Blue Chip Gr R		3,949,519
	T. Rowe Price	TRowePr Gr Stk		41,034

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
	T. Rowe Price	TRowePr Hlth Scnc		243,747
	T. Rowe Price	TRowePr Intl Disc		17,050
	T. Rowe Price	TRowePr Intl Val Eq R		1,503
	Thornburg	Thrnbrg Intl Val I		1,854,549
	USAA	Usaa Intmdtrm BD R6		1,114
	Virtus	Virtus Crdex SmCpValEq I		1,377,039
	Virtus	Virtus ZevbrgnInnovGrStk		71,545
	Vanguard	Vngrd 500 Index Fd AS		5,497,680
	Vanguard	Vngrd Bal Indx Adml		36,849
	Vanguard	Vngrd Comdty Strat Adml		12,588
	Vanguard	Vngrd Devl Mkt Indx Adml		61,606
	Vanguard	Vngrd Divd App Indx Adml		13,250
	Vanguard	Vngrd Divd Gr Inv		63,467
	Vanguard	Vngrd Emrg Mkt StkIndxAdm		63,748
	Vanguard	Vngrd Enrgy Adml		40,887
	Vanguard	Vngrd Eq Inc Adml		118,159
	Vanguard	Vngrd Euro Stk Indx Adml		15,268
	Vanguard	Vngrd Explr Adml		212,287
	Vanguard	Vngrd Gr Indx Adml		11,044
	Vanguard	Vngrd Hi Yld Corp Adml		19,892
	Vanguard	Vngrd Hlth Care Adml		1,094
	Vanguard	Vngrd Hlth Care Inv		63,970
	Vanguard	Vngrd Infl Protct Sec Adml		3,566
	Vanguard	Vngrd IntdTrmTrsInd Adml		6,618
	Vanguard	Vngrd Intl Gr Adml		712,496
	Vanguard	Vngrd Intl Val Inv		199,982
	Vanguard	Vngrd Intmd Trm Trsry Adml		110,962
	Vanguard	Vngrd Intmdtrminvtgrd Adml		1,427
	Vanguard	Vngrd LT Invmt Grd Adml		118,805
	Vanguard	Vngrd LT Trsry Adml		127,458
	Vanguard	Vngrd MdCap Val Indx Adml		40,205
	Vanguard	Vngrd Mid-Cap Idx Fd AS		1,656,805
	Vanguard	Vngrd Realest Indx Adml		14,011
	Vanguard	Vngrd ST Invmt Grd Adml		1,560
	Vanguard	Vngrd St Trsry Adml		31,022
	Vanguard	Vngrd Sm Cap Index Fd As		1,660,203
	Vanguard	Vngrd SmCap Gr Indx Adml		219,770
	Vanguard	Vngrd SmCap Val Indx Adml		8,544

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 Strat Eq Inv		3,547
	Vanguard	Vngrd Strat SmCap Eq Inv		7,269
	Vanguard	Vngrd Ttl Bnd Mkt ldx Adm		101,931
	Vanguard	Vngrd Ttl Intl Bnd ldx Adm		6,300
	Vanguard	Vngrd Ttl IntlStkIndx Adm		118,849
	Vanguard	Vngrd Ttl StMkt Indx Fd As		1,195,837
	Vanguard	Vngrd Us Gr Adml		45,607
	Vanguard	Vngrd Val Indx Adml		17,046
	Wells Fargo Funds	Wf Emrg Mkt Eq Inc A		24,707
	Wells Fargo Funds	WF Endvr Sel A		20,752
		Notes receivable from participants		
*	Participants	Interest rates ranging from 4.25 - 7.5%		2,746,034
				<u>\$ 103,519,230</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.