

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>07/01/2001</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>WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC</u> <u>P.O. BOX 58</u> <u>PIGEON FORGE, TN 37868-0058</u>
2b	Employer Identification Number (EIN) <u>62-1482653</u>
2c	Plan Sponsor's telephone number <u>865-453-9473</u>
2d	Business code (see instructions) <u>711100</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.	07/28/2022	GAIL RULE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 (2021)
v. 210624

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	1051
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)	717
a(2) Total number of active participants at the end of the plan year		6a(2)	514
b Retired or separated participants receiving benefits.....		6b	11
c Other retired or separated participants entitled to future benefits		6c	351
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	876
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	876
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	615
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	63
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 2F 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (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) ☒ <u>1</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC	D Employer Identification Number (EIN) 62-1482653	

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

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	13019	709	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
15062	8745

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WOODBURY FINANCIAL, SE
P.O. BOX 600
BUFFALO, NY 14201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15062			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ERISA SERVICES, INC.
P.O. BOX 24628
KNOXVILLE, TN 37933

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	8745	FEE	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INTEREST**

b	Balance at the end of the previous year	7b	1119
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	7	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	7
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1126
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	1126	
	▶ CONTRACT FEES & TRANSFERS			

(5) Total deductions	7e(5)	1126
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC	D Employer Identification Number (EIN) 62-1482653	

Part I	Service Provider Information (see instructions)
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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
JOHN HANCOCK USA
01-0233346

(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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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 28 59 60 62 63 68	RECORDKEEPER	0	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 ☐

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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
(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO. USA

b Name of sponsor of entity listed in (a): WORLD CHOICE INVESTMENTS, LLC DBA DIXIE STAMPEDE, LLC

c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC	D Employer Identification Number (EIN) 62-1482653	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)		
(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)	0	6367130
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6323270	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1119	
(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	6324389	6367130

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	46	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	46	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6324343	6367130
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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)	119132	
(B) Participants	2a(1)(B)	356524	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		475656
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4225	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4225
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(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)		0

		(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)		786302
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1266183
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1208045	
(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)		1208045
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	15351	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15351
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1223396
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		42787
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: **HG&A ASSOCIATES**

(2) EIN: **62-1206753**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	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
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): 01-0233346 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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) 2021
v. 201209

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).....

14a

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).....

14b

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).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 _____

World Choice Investments, LLC and Great Choice Investments, LLC 401(K) Plan

Financial Statements

with Supplementary Information

Years Ended December 31, 2021 and 2020

and

Independent Auditors' Report

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

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HG&A Associates, P.C.

Certified Public Accountants

Independent Auditors' Report

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

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

We have performed audits of the accompanying financial statements of World Choice Investments, LLC and Great Choice Investments, LLC 401(K) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2021 and 2020, stating that the certified investment information, as described in Notes 3 and 13 to the financial statements, is complete and accurate.

Opinion

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

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

J. Wesley Edmondson • Tim Royster • Jenny C. Raines • Michelle Herrell • Jennifer M. Blackwood

P.O. Box 50846, Knoxville, TN 37950-0846 • Telephone (865) 691-8000 • FAX (865) 691-3064 • 6504 Deane Hill Drive, Knoxville, TN 37919



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Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of form 5500, schedule h, item 4i- schedule of assets held for investment purposes at year end and schedule h, item 4j - schedule of reportable transactions, as of and for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion-

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

H&A Associates, P.C.

Knoxville, Tennessee
July 25, 2022

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

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	\$ 6,367,130	-
Guaranteed interest accounts with an insurance company	-	1,119
Mutual funds	<u>-</u>	<u>6,323,270</u>
 Total assets	 6,367,130	 6,324,389
 LIABILITIES		
Accounts payable	<u>-</u>	<u>46</u>
Net assets available for benefits	<u>\$ 6,367,130</u>	<u>6,324,343</u>

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

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

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation		
in fair value of investments	\$ 786,302	911,351
Interest and dividends	<u>4,225</u>	<u>504</u>
	<u>790,527</u>	<u>911,855</u>
Contributions:		
Employer	119,132	81,578
Participants	<u>356,524</u>	<u>290,691</u>
	<u>475,656</u>	<u>372,269</u>
Total additions	<u>1,266,183</u>	<u>1,284,124</u>
Deductions:		
Deductions from net assets attributed to:		
Distributions to participants	(1,208,045)	(2,461,358)
Fees and other expenses	<u>(15,351)</u>	<u>(15,342)</u>
Total deductions	<u>(1,223,396)</u>	<u>(2,476,700)</u>
Net increase (decrease) in net assets	42,787	(1,192,576)
Net assets available for benefits - beginning of year	6,324,343	7,516,919
Net assets available for benefits - end of year	<u>\$ 6,367,130</u>	<u>6,324,343</u>

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

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

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan

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

(a) General

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

(b) Participation

All employees of the Company, that are not considered an Excluded Employee, are eligible to participate in the Plan for the purposes of making contributions and receiving matching employer contributions. Employees are eligible to participate in the Plan if they have attained age 21 and have completed four consecutive months of employment. Employees that do not complete four consecutive months of employment from their first date of employment can satisfy the service requirement if credited with a year of service which is defined as 1,000 hours in twelve consecutive months. An Excluded Employee is defined as a seasonal employee. A seasonal employee is an employee who works for a specific time period during the year (i.e. Memorial to Labor Day) that does not meet the year of service requirement of 1,000 hours. Once the age and service requirements are met a participant begins in the plan on the next available entry date. Entry dates in a calendar year are April 1 or October 1.

(c) Contributions

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

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan (continued)

(c) Contributions (continued)

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

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

Participants may elect to defer a percentage of compensation each year that also applies to irregular pay (such as bonuses) unless a separate elective deferral election is made for irregular pay. Total deferrals in any taxable year may not exceed a dollar limit as set by law. The limit for 2021 and 2020 is \$19,500 and may be increased annually based on cost-of-living adjustments. Catch-up contributions are available for participants at least age 50 or will attain age 50 before the end of a calendar year. The maximum catch-up contribution that can be made in 2021 and 2020 is \$6,500, and may be increased for cost-of-living adjustments.

The Plan was amended in June of 2021 to reset the eligible employee entry dates as follows: January 1, 2016, or April 1st or October 1st. There is also a special entry date of July 1, 2021, for certain eligible participants. Each eligible participant that enters the Plan as of July 1, 2021, elects their contribution percentage to be made into the Plan from their eligible compensation. In addition, that amendment restarted the Plan Sponsor matching contributions date to be effective July 1, 2021. The reinstated employer matching contribution is calculated as follows: first 2% matched 100% and next 3% is matched at 50%. The amount of matching employer contributions made in 2021 totaled \$119,132.

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

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

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan (continued)

(c) Contributions (continued)

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

The following automatic deferral provisions were as follows:

- The amount to be automatically withheld from each participant's payroll period was equal to 6% of compensation.
- Participants could complete a salary deferral agreement to elect an alternative deferral amount or to elect not to defer under the Plan in accordance with the procedures of the Plan.
- For salary deferrals automatically suspended under terms of the Plan (e.g. to qualify for hardship distribution), the participant deferral agreement that was in place prior to the suspension would not continue in effect after the suspension and would require participant to be deemed to have elected not to defer under the Plan as of the date the suspension occurred unless the participant made a new salary deferral agreement.

For a limited time, a participant that entered the Plan due to the Company's automatic enrollment provision and, if that eligible participant did not wish to participate in the Plan, he or she could have elected to have the Plan distribute to them all of the participant's automatic deferral (adjusted for any earnings or losses). That election was to be made not later than 60 days after the automatic deferral is taken from compensation. Such withdrawal would be subject to income taxes, but would not be subject to the 10% premature distribution penalty.

This withdrawal would also cause the participant to forfeit any matching contributions related to those automatic deferrals.

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan (continued)

(c) Contributions (continued)

In order to maintain QACA safe harbor status, the Company would make a safe harbor matching contribution equal to 100% of participant salary deferrals that do not exceed 1% of participant compensation plus 50% of salary deferrals between 1% and 6% of compensation. This safe harbor matching contribution is subject to a vesting schedule. The amount of safe harbor matching contributions amounted to \$81,578 (prior to May 1, 2020) for the year ended December 31, 2020.

Forfeitures of terminated participants' non-vested accounts can be used to reduce matching employer contributions. There were no significant unused forfeitures available to reduce future employer contributions at December 31, 2021 and 2020. Forfeitures of non-vested accounts available to the Company were used to reduce safe harbor and discretionary matching contributions by \$11,077 and \$24,820 in 2021 and 2020, respectively.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's safe harbor or discretionary matching contributions (as noted above thru May 1, 2020 and then restarted in July 1, 2021), and an allocation of Plan earnings. Allocations are based on participant contributions, participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The participants have several investment options into which they may direct contributions.

(e) Vesting

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

A participant's vested percentage in Company contributions attributable to qualified safe harbor contributions is determined under the following schedule: Less than one year of service – 0%; one year of service – 50% vested; and two years of service – 100% vested. Employees will always be 100% vested when employed on or after Normal Retirement Age, which is defined under the Plan as 65 years of age.

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan (continued)

(f) Benefits and Withdrawals

Participants are eligible to receive their vested benefits upon normal retirement, death, disability, or termination of employment. Participant terminations other than for death, disability or retirement are entitled only to their vested account balance. Vested account balances that do not exceed \$5,000 will be distributed regardless of receipt of participant consent. Participants will become 100% vested in all accounts under the Plan once they reach normal retirement age of 65. However, actual payment of benefits generally will not begin until terminating employment. If remaining employed after normal retirement age, participants may defer receipt of benefits until actually terminating employment, but not later than age 70 ½. Payments due to disability will be made in a similar manner as if you had retired. Payments due to death will be made to participant beneficiary from their vested account balance in a lump-sum payment if it does not exceed \$5,000. For vested benefits that exceed \$5,000 the beneficiary may elect a lump-sum payment or partial withdrawals or installments that do not exceed the limitations on when the entire death benefit must be paid.

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

Hardship withdrawals may be requested of the participant's account balance. The only amounts that can be distributed to an employee on account of a hardship are from accounts that are 100% vested. The earnings on the salary deferrals and special employer contributions may not be distributed on account of hardship. A hardship distribution may only be made for expenses for medical care, burial/funeral expenses, costs related to purchase of a principal residence, repairs to damages to a personal residence that are considered as a casualty deduction per Internal Revenue Code definition, tuition and related expenses for twelve months of post-secondary education, or amounts necessary to prevent eviction from a principal residence or the foreclosure on the mortgage of a principal residence.

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(1) Description of the Plan (continued)

(f) Benefits and Withdrawals (continued)

During 2020, as part of the US Government's Coronavirus Aid, Relief and Economic Security Act ("CARES Act") enacted on March 27, 2020, the CARES Act provided temporary relief to participants in employer sponsored retirement plans thru additional distributions available thru December 31, 2020. The Plan Sponsor elected to participate in such distributions (the total amount of such distributions made under this act cannot exceed \$100,000) when any of the following circumstances existed in 2020:

- Participant is diagnosed with the COVID-19 by a CDC approved test
- Participant whose spouse or dependent is diagnosed with the virus
- Participant experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off or having worked hours reduced due to such virus/disease, being unable to work due to lack of child care due to such virus/disease, closing or reducing hours owned or operated by the individual due to such disease/virus, or other factors as determined by the IRS

When a participant meets such a circumstance, they can obtain such distributions. These distributions have specific rules that apply such as: (1) they cannot be rolled over to an IRA or other qualified plan, (2) they are not subject to 10% premature distributions excise tax, (3) the amount of such distribution will be included in participants income with the possibility of spreading ratably over three tax years, and (4) the distribution may be repaid to retirement plan or IRA within three years of the date of distribution in one or more payments if desired.

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

Notes to Financial Statements

December 31, 2021 and 2020

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present net assets available for benefits and changes in those net assets. Investments held by a defined contribution plan are required to be reported at fair value.

(b) Trust Fund Management

John Hancock Life Insurance Company (U.S.A.) (“John Hancock”) maintains all Plan assets as a third-party administrator. Under the terms of the trust agreement, the third-party administrator is responsible for the safekeeping of assets in the trust funds and the maintenance of records relating to receipts and disbursements from the trust funds. The third-party administrator invests funds and makes payments from the trust funds as directed by the Plan Administrator. All investment information in the accompanying financial statements, including investment income information, is based on data certified as complete and accurate by John Hancock. In addition, the Plan Administrator has an agreement with ERISA Services, Inc. to administer the accounting functions for the Plan including determining eligibility of participants, annual employee communications of their account activity, maintenance of required participants’ service and employment records and similar other accounting functions of the Plan’s activities.

(c) Valuation of Investments and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

(d) Use of Estimates

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

(e) Payment of Benefits

Benefits are recorded when paid.

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

Notes to Financial Statements

December 31, 2021 and 2020

(3) Fair Value Measurements

The following information has been derived from information furnished by and certified as accurate and complete by John Hancock. The funds are invested in assets with readily determinable market values, such as mutual funds, collective investment trusts, and ETF's that John Hancock obtains values for these investments from nationally recognized pricing services. A listing of plan investments and other assets managed by John Hancock at December 31, 2021 and 2020, is as follows:

	2021		2020	
	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>
<u>Cash and Cash Equivalents (Level 1 inputs):</u>				
John Hancock Cash Discontinuance Account	\$ 6,367,130	6,367,130	-	-
<u>Mutual Funds (Level 1 inputs):</u>				
John Hancock Total Stock Market Index Fund	-	-	99,185	49,806
John Hancock Small Cap Index Fund	-	-	42,843	19,790
John Hancock Lifestyle Balanced	-	-	483,209	313,833
American Balanced Funds	-	-	10,109	7,282
Select Asset Allocation Balanced	-	-	29,286	24,513
John Hancock Lifestyle Growth	-	-	1,454,672	736,823
John Hancock EuroPacific Growth Fund	-	-	10,071	7,242
Blue Chip Growth Fund	-	-	250,975	86,122
Invesco Small Cap Growth	-	-	10,653	4,757
Select Asset Allocation Growth	-	-	2,202	1,835
T. Rowe Price Spectrum Fund	-	-	13,548	10,480
AMG Fairpointe Mid Cap Fund	-	-	16,046	14,919
John Hancock Active Lifetime thru 2010	-	-	3,521	2,977
John Hancock Active Lifetime thru 2015	-	-	6,541	5,293
John Hancock Active Lifetime thru 2020	-	-	231,303	165,565
John Hancock Active Lifetime thru 2025	-	-	171,959	130,099
John Hancock Active Lifetime thru 2030	-	-	76,814	59,349
John Hancock Active Lifetime thru 2035	-	-	159,739	119,902
John Hancock Active Lifetime thru 2040	-	-	154,572	114,146
John Hancock Active Lifetime thru 2045	-	-	176,140	129,517
John Hancock Active Lifetime thru 2050	-	-	498,224	359,146
John Hancock Active Lifetime thru 2055	-	-	628,939	443,681
John Hancock Active Lifetime thru 2060	-	-	334,546	251,683
Select Asset Allocation Conservative	-	-	2,162	1,833
Select Asset Allocation Moderate	-	-	3,362	2,758
John Hancock Lifestyle Conservative	-	-	84,036	66,950
John Hancock Lifestyle Moderate	-	-	271,368	176,171
John Hancock Lifestyle Aggressive	-	-	529,226	296,391
Vanguard Short-Term Federal	-	-	24,324	24,251
Fidelity Advisor Total Bond	-	-	13,589	10,934
Mutual Global Discovery Fund	-	-	1,690	1,477
JP Morgan MidCap Value Fund	-	-	7,172	5,311
T. Rowe Price Small Cap Value Fund	-	-	9,992	5,929
American Century Heritage Fund	-	-	146,546	54,740
Oppenheimer Global Fund	-	-	37,750	16,585
T. Rowe Price Health Science Fund	-	-	226,568	69,211
Investment Company of America	-	-	371	285
Oppenheimer Developing Market Fund	-	-	6,346	3,929
John Hancock Money Market Fund	-	-	18,288	17,897
High Yield Fund	-	-	844	573
Real Estate Securities Fund	-	-	4,651	3,126
John Hancock Disciplined Value Fund	-	-	51,616	34,620
Utilities Fund	-	-	306	229
John Hancock Disciplined Value Intl Fund	-	-	17,965	15,293

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(3) Fair Value Measurements (continued)

	2021		2020	
	Fair Value	Cost	Fair Value	Cost
<u>Guaranteed interest accounts (Level 3 inputs):</u>				
3 year Comp	\$ -	-	1,120	1,120
5 year Comp	-	-	-	-
10 year Comp	-	-	-	-
Total investments	\$ <u>6,367,130</u>	<u>6,367,130</u>	<u>6,324,389</u>	<u>3,868,373</u>

As further described in this footnote, the Plan Sponsor changed its 3rd Party Administrator effective January 1, 2022. In order to accomplish the movement of funds from the current investment contract with John Hancock to the new 3rd Party Administrator (Transamerica), John Hancock liquidated all funds within its investment contract for the Plan and moved the funds into a cash discontinuance account on December 31, 2021. This action should not be construed as a plan liquidation but rather the means that was necessary to most efficiently move the Plan's funds to the new 3rd Party Administrator in January of 2022.

A summary of changes in net assets by investment option is included in Note 13.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted market prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 inputs were not available.

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(3) Fair Value Measurements (continued)

Level 1 Fair Value Investments

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their activity net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Level 3 Fair Value Investments

The guaranteed interest accounts with an insurance company are not actively traded and significant other observable inputs are not available. Contributions to these guaranteed interest accounts are held in the John Hancock general account. These guaranteed interest accounts guarantee the return of principal plus compound interest earned over a defined 3-, 5- or 10-year term, less any applicable contract or participant-level recordkeeping charges, provided all contributions remain in the account until the end of the guarantee period. Interest rates are established on the first day of each calendar month and apply to any regular ongoing contributions made to the guaranteed account in that month. That is called the new money regular rate. At the end of each reporting year, a composite rate of interest is determined for each participant account, depending on the amount contributed and the rate in effect on the day it is allocated under the participant account. The composite rate is the effective annual rate earned by all contributions to that guaranteed account during that reporting year for that participant. Contributions continue to earn the calculated composite interest rate for the duration of the guarantee term. The average annual new money rates for each interest account were as follows:

	<u>2021</u>	<u>2020</u>
3-year account	0.15%	0.30%
5-year account	0.25%	0.40%
10-year account	0.35%	0.50%

Gains and losses included in changes in net assets for benefits for the years ended December 31, 2021 and 2020, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Level 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that cause the transfer. For the years ended December 31, 2021 and 2020, there were no significant transfers between Levels 1 and 2 and no transfers into or out of a Level 3 classification except for the following event: in 2021 the Plan Sponsor made the determination to change the 3rd Party Administrator from John Hancock Life Insurance Company to Transamerica Life Insurance Company effective January 1, 2022. In order to do that John Hancock had to transfer all investment balances at December 30, 2021, to a cash account on December 31, 2021, so that this transfer of investment responsibility could be efficiently transacted. See further information on this at Note #11.

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

Notes to Financial Statements

December 31, 2021 and 2020

(4) Income Taxes

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

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

(5) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination or permanent discontinuance of contributions, participants would be 100% vested in their accounts.

(6) Plan Expenses

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

(7) Financial Information Certified by the Third-Party Administrator

The Plan Administrator has elected the method of compliance permitted in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, the amounts for investment assets and transactions in those assets included in the accompanying financial statements and supplemental schedules as of December 31, 2021 and 2020, and for the years then ended, have been compiled from statements certified as complete and accurate by the third-party administrator in accordance with DOL regulations.

(8) Reportable Transactions

The Plan's third-party administrator has certified that there were no reportable transactions to recognize in the tax Form 5500, Schedule G, Line 27d for the Plan year ending December 31, 2021.

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

Notes to Financial Statements

December 31, 2021 and 2020

(9) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(10) Related Party Transactions

Certain Plan assets are invested in mutual funds managed by John Hancock Life Insurance Company (U.S.A.), who also serves as the third-party administrator of the Plan and therefore, these transactions qualify as party-in-interest transactions.

(11) Subsequent Events

Subsequent events were evaluated through July 25, 2022, which is the date the financial statements were available to be issued. Based on that evaluation the following items are disclosed:

- As noted previously in Note 3, the Plan Sponsor changed 3rd Party Administrators from John Hancock Life Insurance Company to Transamerica Life Insurance Company effective January 1, 2022. As a result of this change all assets in the Plan at December 31, 2021, were successfully transferred to the responsibility of Transamerica Life Insurance Company on January 3rd of 2022.
- As of the latest available Plan valuation date of June 30, 2022, due to a significant drop in the stock market the Plan has lost approximately \$965,000 or 15% of its Plan net asset value from that at December 31, 2021.

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

Notes to Financial Statements

December 31, 2021 and 2020

(12) Net Asset Summary

	Total John Hancock Contract Funds	Reclass for Form 5500	Report Total
Balances, January 1, 2020	\$ 7,516,919	-	7,516,919
Interest and dividends earned	-	504	504
Net depreciation in fair value	896,514	14,837	911,351
Contributions and transfers	397,024	(24,755)	372,269
Participant rollovers/transfers	220	(220)	-
Withdrawals/distributions	(2,461,468)	110	(2,461,358)
Forfeitures	(24,820)	24,820	-
Fees, other	-	(15,342)	(15,342)
Balances, December 31, 2020	6,324,389	(46)	6,324,343
Interest and dividends earned	-	4,225	4,225
Net appreciation in fair value	775,177	11,125	786,302
Contributions and transfers	486,994	(11,338)	475,656
Participant rollovers/transfers	-	-	-
Withdrawals/distributions **	(7,575,483)	6,367,438	(1,208,045)
Forfeitures	(11,077)	11,077	-
Fees, other	-	(15,351)	(15,351)
Balances, December 31, 2021	\$ <u>-</u>	<u>6,367,130</u>	<u>6,367,130</u>

** Included \$6,367,130 moved on December 31, 2021 to a John Hancock cash discontinuance account for moving funds to new 3rd Party Administrator in January of 2022. See footnote 3 for further explanation.

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

Notes to Financial Statements

December 31, 2021 and 2020

(13) Net Assets Activity - John Hancock Contract Accounts

Money Type	Opening Balance January 1, 2021	Contribution	Net Gain/Loss	Forfeitures	Withdrawals	Transfers	Closing Balance December 31, 2021
RL 2010	\$ 3,521	1,914	255	-	(4,895)	(795)	-
RL 2015	6,541	2,414	541	-	(9,496)	-	-
RL 2020	231,303	5,400	4,725	-	(241,428)	-	-
RL 2025	171,959	16,650	18,661	(246)	(207,161)	137	-
RL 2030	76,814	25,070	10,038	(348)	(119,498)	7,924	-
RL 2035	159,739	35,933	22,785	(304)	(210,091)	(8,062)	-
RL 2040	154,572	16,379	19,839	(1,998)	(188,792)	-	-
RL 2045	176,140	57,838	27,536	(828)	(260,949)	263	-
RL 2050	498,224	57,652	75,187	(353)	(630,710)	-	-
RL 2055	628,939	67,571	96,117	(992)	(791,635)	-	-
RL 2060	334,546	49,203	49,733	(2,057)	(414,771)	(16,654)	-
RL 2065	-	14,464	2,095	(85)	(41,062)	24,588	-
LS-CONSERV	84,036	6,214	2,548	-	(80,955)	(11,843)	-
LS-MODERATE	271,368	6,068	11,442	-	(290,323)	1,445	-
LS-BALANCE	483,209	24,504	44,693	(3,204)	(547,757)	(1,445)	-
LS-GROWTH	1,454,672	32,012	145,377	(415)	(1,247,930)	(383,716)	-
LS-AGGRESS	529,226	37,819	86,277	-	(621,962)	(31,360)	-
SELECT CON	2,162	168	57	-	(2,387)	-	-
SELECT MOD	3,362	252	238	-	(3,852)	-	-
SELECT BAL	29,286	1,235	2,593	-	(33,114)	-	-
SELECT GRW	2,202	169	265	-	(2,636)	-	-
3 YR COMP **	1,120	-	3	-	(1,123)	-	-
SHORT TERM	24,324	-	(99)	(30)	(24,195)	-	-
MONEY	18,288	-	(608)	-	(404,431)	386,751	-
SPECTRUM I	13,548	-	263	-	(13,811)	-	-
VS HIYLD	844	-	57	-	(2,664)	1,763	-
FID TOTAL	13,589	-	(93)	(217)	(13,279)	-	-
VS UTILITY	306	133	45	-	(347)	(137)	-
AF AM BAL	10,109	507	1,604	-	(13,983)	1,763	-
IDX TOTAL	99,185	2,191	23,921	-	(126,923)	1,626	-
INV CO AM	371	200	99	-	(462)	(208)	-
DISCIPVAL	51,616	1,741	15,388	-	(68,745)	-	-
GLOBAL	37,750	2,291	5,729	-	(45,770)	-	-
DISCOVERY	1,690	333	411	-	(3,771)	1,337	-
SMALL VALUE	9,992	-	2,472	-	(12,464)	-	-
HEALTH SCI	226,568	6,200	29,109	-	(275,912)	14,035	-
IDX SMALL	42,843	2,131	6,040	-	(51,014)	-	-
VS RESTS	4,651	1,612	2,501	-	(7,335)	(1,429)	-
JPM MCVALU	7,172	-	2,103	-	(9,275)	-	-
VS IT CO	17,965	1,626	2,271	-	(21,862)	-	-

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(13) Net Assets Activity - John Hancock Contract Accounts (continued)

Money Type	Opening Balance January 1, 2021	Contribution	Net Gain/Loss	Forfeitures	Withdrawals	Transfers	Closing Balance December 31, 2021
SMALL GRTH \$	10,653	771	793	-	(19,155)	6,938	-
DEVELP MKT	6,346	-	(492)	-	(5,854)	-	-
EUROPAC	10,071	253	202	-	(10,526)	-	-
VS BLUCP	250,975	2,986	41,461	-	(304,041)	8,619	-
ASTMIDCAP	16,046	1,746	5,403	-	(21,655)	(1,540)	-
HERITAGE	146,546	3,344	15,592	-	(165,482)	-	-
GRP TOTAL \$	<u>6,324,389</u>	<u>486,994</u>	<u>775,177</u>	<u>(11,077)</u>	<u>(7,575,483)</u>	<u>-</u>	<u>-</u>

** - Guaranteed interest account

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(13) Net Assets Activity - John Hancock Contract Accounts (continued)

Money Type	Opening Balance January 1, 2020	Contribution	Net Gain/Loss	Forfeitures	Withdrawals	Transfers	Closing Balance December 31, 2020
RL 2010	\$ 3,660	234	305	-	(422)	(256)	3,521
RL 2015	8,033	552	755	(107)	(2,692)	-	6,541
RL 2020	210,791	6,341	26,934	(465)	(12,298)	-	231,303
RL 2025	146,194	13,144	23,100	(360)	(10,119)	-	171,959
RL 2030	191,613	22,142	(13,348)	(1,273)	(122,320)	-	76,814
RL 2035	173,494	32,490	29,746	(886)	(75,105)	-	159,739
RL 2040	167,818	26,553	26,595	(2,857)	(63,649)	112	154,572
RL 2045	184,992	41,188	26,948	(1,837)	(75,260)	109	176,140
RL 2050	440,346	40,624	77,532	(3,853)	(56,425)	-	498,224
RL 2055	615,833	53,570	91,120	(4,314)	(127,270)	-	628,939
RL 2060	350,344	39,358	47,931	(4,602)	(98,741)	256	334,546
LS-CONSERV	85,947	7,319	7,243	(170)	(16,303)	-	84,036
LS-MODERATE	411,217	8,719	30,750	(147)	(180,577)	1,406	271,368
LS-BALANCE	519,871	15,092	58,633	(170)	(108,912)	(1,305)	483,209
LS-GROWTH	1,475,874	35,867	202,719	(3,297)	(256,491)	-	1,454,672
LS-AGGRESS	563,026	26,787	71,609	(482)	(131,033)	(681)	529,226
SELECT CON	11,644	47	(415)	-	(9,114)	-	2,162
SELECT MOD	13,085	71	(813)	-	(8,981)	-	3,362
SELECT BAL	37,198	1,724	(778)	-	(8,858)	-	29,286
SELECT GRW	5,589	48	(562)	-	(2,873)	-	2,202
10 YR COMP **	22,630	376	97	-	(23,104)	-	-
5 YR COMP **	8,850	-	103	-	(8,952)	-	-
3 YR COMP **	17,234	451	180	-	(16,745)	-	1,120
SHORT TERM	11,750	-	86	-	(11,743)	24,231	24,324
MONEY	555,182	5,552	537	-	(546,049)	3,066	18,288
SPECTRUM I	12,855	-	693	-	-	-	13,548
VS HIYLD	800	-	44	-	-	-	844
FID TOTAL	74,543	297	2,797	-	(64,810)	762	13,589
VS UTILITY	19,081	446	(1,689)	-	(18,714)	1,182	306
AF AM BAL	28,822	749	(536)	-	(19,115)	189	10,109
IDX TOTAL	188,506	1,821	26,940	-	(118,082)	-	99,185
INV CO AM	326	-	45	-	-	-	371
DISCIPVAL	61,339	1,252	(1,592)	-	(9,126)	(258)	51,616
GLOBAL	28,784	904	8,062	-	-	-	37,750
DISCOVERY	45,898	609	(7,729)	-	(37,089)	-	1,690
VS IT VL	16,842	332	(2,084)	-	-	(15,090)	-
SMALL VALUE	44,622	234	(2,634)	-	(32,230)	-	9,992
HEALTH SCI	205,036	4,695	48,093	-	(27,430)	(3,827)	226,568
IDX SMALL	35,144	846	6,853	-	-	-	42,843
VS RESTS	27,651	529	(2,902)	-	(21,580)	953	4,651
JPM MCVALU	49,455	610	(6,403)	-	(36,490)	-	7,172
VS IT CO	-	210	2,666	-	-	15,089	17,965

(continued)

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

Notes to Financial Statements

December 31, 2021 and 2020

(13) Net Assets Activity - John Hancock Contract Accounts (continued)

Money Type	Opening Balance January 1, 2020	Contribution	Net Gain/Loss	Forfeitures	Withdrawals	Transfers	Closing Balance December 31, 2020
SMALL GRTH \$	41,339	1,027	1,917	-	(32,686)	(944)	10,653
DEVELP MKT	36,055	399	(150)	-	(29,413)	(545)	6,346
EUROPAC	7,943	152	1,976	-	-	-	10,071
VS BLUCP	238,336	2,287	71,758	-	(37,177)	(24,229)	250,975
ASTMIDCAP	19,422	-	116	-	(3,492)	-	16,046
HERITAGE	101,905	1,375	43,266	-	-	-	146,546
GRP TOTAL \$	<u>7,516,919</u>	<u>397,024</u>	<u>896,514</u>	<u>(24,820)</u>	<u>(2,461,468)</u>	<u>220</u>	<u>6,324,389</u>

** - Guaranteed interest account

SUPPLEMENTARY INFORMATION

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

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at Year End
December 31, 2021

Plan Sponsor Employer Identification Number: 62-1482653

Plan Number: 001

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
	Cash equivalents:			
*		John Hancock Cash Discontinuance Accounts	\$ 6,367,130	6,367,130
	Mutual Funds:			
		None	-	-
			-	-
			\$ 6,367,130	6,367,130

* Party-in-interest to the Plan

The above data is based on information which has been certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.), the Plan third-party administrator.

WORLD CHOICE INVESTMENTS, LLC 401(K) PROFIT SHARING PLAN
Form 5500, Schedule H, Item 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2021

Plan Sponsor Employer Identification Number: 62-1482653

Plan Number: 001

Beginning net assets available for plan benefits \$ 6,324,343

5% of beginning net assets available for plan benefits \$ 316,217

Single transactions over 5% of beginning net assets:

<u>(a) Identity</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
NO REPORTABLE TRANSACTIONS						

Series of transactions with the same party over 5% of beginning net assets:

<u>(a) Identity</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
NO REPORTABLE TRANSACTIONS						

The above data is based on information which has been certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.), the Plan third-party administrator.

WORLD CHOICE INVESTMENTS, LLC 401(K) PROFIT SHARING PLAN
Form 5500, Schedule H, Item 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2021

Plan Sponsor Employer Identification Number: 62-1482653

Plan Number: 001

Beginning net assets available for plan benefits \$ 6,324,343

5% of beginning net assets available for plan benefits \$ 316,217

Single transactions over 5% of beginning net assets:

<u>(a) Identity</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
NO REPORTABLE TRANSACTIONS						

Series of transactions with the same party over 5% of beginning net assets:

<u>(a) Identity</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
NO REPORTABLE TRANSACTIONS						

The above data is based on information which has been certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.), the Plan third-party administrator.

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

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at Year End
December 31, 2021

Plan Sponsor Employer Identification Number: 62-1482653

Plan Number: 001

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
	Cash equivalents:			
*		John Hancock Cash Discontinuance Accounts	\$ 6,367,130	6,367,130
	Mutual Funds:			
		None	-	-
			-	-
			\$ 6,367,130	6,367,130

* Party-in-interest to the Plan

The above data is based on information which has been certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.), the Plan third-party administrator.

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2021 or fiscal plan year beginning		01/01/2021	and ending
		12/31/2021	
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)	
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐		

Part II Basic Plan Information—enter all requested information			
1a	Name of plan WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC 401(K) PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 07/01/2001
2a	Plan sponsor's name (employer, if for a single-employer plan) 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) WORLD CHOICE INVESTMENTS, LLC & GREAT CHOICE INVESTMENTS, LLC P.O. BOX 58 PIGEON FORGE TN 37868-0058	2b	Employer Identification Number (EIN) 62-1482653
		2c	Plan Sponsor's telephone number (865) 453-9473
		2d	Business code (see instructions) 711100

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

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

SIGN HERE	<i>Gail Rule</i>	07.28.2022	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 (2021)
v. 210624

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 1,051										
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> <tr> <td>6a(1) Total number of active participants at the beginning of the plan year.....</td> </tr> <tr> <td>6a(2) Total number of active participants at the end of the plan year</td> </tr> <tr> <td>b Retired or separated participants receiving benefits.....</td> </tr> <tr> <td>c Other retired or separated participants entitled to future benefits</td> </tr> <tr> <td>d Subtotal. Add lines 6a(2), 6b, and 6c.....</td> </tr> <tr> <td>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> </tr> <tr> <td>f Total. Add lines 6d and 6e.....</td> </tr> <tr> <td>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> </tr> <tr> <td>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> </tr> </table>		6a(1) Total number of active participants at the beginning of the plan year.....	6a(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) Total number of active participants at the beginning of the plan year.....												
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b Retired or separated participants receiving benefits.....												
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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												
		717										
		514										
		11										
		351										
		876										
		0										
		876										
		615										
		63										
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7										
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 2F 3D												
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:												
9a Plan funding arrangement (check all that apply) (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) ☒ <u>1</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____