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

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
WELLS ENTERPRISES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 09/01/1985

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)
WELLS ENTERPRISES, INC.

1 BLUE BUNNY DRIVE
PO BOX 1310
LE MARS, IA 51031-1310

2b Employer Identification Number (EIN) 42-1080796

2c Plan Sponsor's telephone number 800-942-3800

2d Business code (see instructions) 311500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	RENEE WELTE
	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

3a Plan administrator's name and address [X] 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**	4841
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)**	3991
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4077
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	1130
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	5207
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f Total. Add lines **6d** and **6e**	**6f**	5215
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	4926
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	141
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2R 2S 2T 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)	[X]	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)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
WELLS ENTERPRISES, INC. 401(K) PLAN	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
WELLS ENTERPRISES, INC.	42-1080796

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHN HANCOCK RETIREMENT PLAN SRVCS

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 37 62 64	RETAINED BY CLIENT	352701	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
WELLS ENTERPRISES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WELLS ENTERPRISES, INC.

D Employer Identification Number (EIN)
42-1080796

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2015 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-431	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2020 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-432	C	8798135

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2025 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-433	C	17035869

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2030 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-434	C	27528543

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-435	C	20406759

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-436	C	13678525

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2045 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-437	C	20426666

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2050 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-438	C	19527462

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2055 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-439	C	7670420

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2060 NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-424	C	4819828

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT NL SER M

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-440	C	3552232

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC

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)
04-3159710-202	C	32630928

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CENT US SC VAL EQ TIER 1

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
27-0573019-012	C	17362688

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
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b Name of plan sponsor	**c** EIN-PN
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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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
WELLS ENTERPRISES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WELLS ENTERPRISES, INC.

D Employer Identification Number (EIN)
42-1080796

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)	9206507	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6708824	7891001
(9) Value of interest in common/collective trusts	1c(9)	146514417	193438055
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	190215172	198167247
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3745199	4680142

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	356390119	404176445
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	356390119	404176445

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)	9601602	
	(B) Participants	2a(1)(B)	17287474	
	(C) Others (including rollovers)	2a(1)(C)	4171249	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		31060325
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	367091	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		367091
	(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)	2140343	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2140343
	(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)		16564321
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		30830496
c Other income	2c		934944
d Total income. Add all **income** amounts in column (b) and enter total	2d		81897520
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33794850	
(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)		33794850
f Corrective distributions (see instructions)	2f		0
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)	352701	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		352701
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34147551
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		47749969
l Transfers of assets:			
(1) To this plan	2l(1)		36357
(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) [X] 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) [X] 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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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?	**4e**	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c 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.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
WELLS ENTERPRISES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WELLS ENTERPRISES, INC.

D Employer Identification Number (EIN)
42-1080796

Part I Distributions

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

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

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

EIN(s): 80-0709115

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 _____

Financial Statements and Report of Independent Certified Public Accountants

Wells Enterprises, Inc. 401(k) Plan

December 31, 2021 and 2020

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	7
Statements of changes in net assets available for benefits	8
Notes to financial statements	9
Supplementary Information	
Schedule H, line 4(i) - schedule of assets (held at end of year)	16

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Wells Enterprises, Inc. 401(k) Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit for the 2021 financial statements
We have performed an audit of the financial statements of Wells Enterprises, Inc. 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 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 audit 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 year ended December 31, 2021, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the 2021 financial statements
In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- The amounts and disclosures in the accompanying 2021 financial statements, 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 accompanying 2021 financial statements 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).

Grant Thornton LLP is the U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

Basis for opinion on the 2021 financial statements
We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 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 audit. 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 2021 financial statements
Management is responsible for the preparation and fair presentation of the 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.

Auditor’s responsibilities for the audit of the 2021 financial statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 US GAAS 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 US GAAS, 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 audit 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 2021 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.

Other matters

2021 supplemental schedule required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 2021 supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the 2021 supplemental schedule 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 2021 supplemental schedule, we evaluated whether the 2021 supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 2021 supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 2021 supplemental schedule 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).

Auditor's report on the 2020 financial statements
We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 6, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grant Thornton LLP

Chicago, Illinois
October 14, 2022

Wells Enterprises, Inc. 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2021	2020
ASSETS		
Investments, at fair value	$ 396,285,444	$ 340,474,789
Receivables		
Notes receivable from participants	7,891,001	6,708,824
NET ASSETS AVAILABLE FOR BENEFITS	$ 404,176,445	$ 347,183,613

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

Wells Enterprises, Inc. 401(k) Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	$ 38,949,974	$ 44,139,132
Interest and dividends	11,520,130	7,639,091
Net investment income	50,470,104	51,778,223
Interest income on notes receivable from participants	367,091	421,114
Contributions		
Employer	9,601,602	8,256,116
Participant	17,287,474	15,052,350
Rollovers	4,171,249	2,412,944
Total contributions	31,060,325	25,721,410
Total additions	81,897,520	77,920,747
Deductions		
Benefits paid to participants	33,794,850	31,277,567
Administrative expenses	352,701	278,300
Total deductions	34,147,551	31,555,867
Net increase prior to transfer	47,749,969	46,364,880
Transfers to Plan	9,242,863	663,186
NET INCREASE	56,992,832	47,028,066
Net assets available for benefits		
Beginning of year	347,183,613	300,155,547
End of year	$ 404,176,445	$ 347,183,613

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

NOTE A - PLAN DESCRIPTION

The following description of Wells Enterprises, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan sponsored by Wells Enterprises, Inc. (the "Plan Sponsor"), covering substantially all employees of the Plan Sponsor who have reached age 21. John Hancock Trust Company LLC serves as the trustee and recordkeeper of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was last amended in January 2021.

Contributions

Contributions to the Plan include (i) salary reduction contributions authorized by participants, (ii) matching contributions made by the Company, and (iii) participant rollovers from another qualified plan.

Participants may elect to contribute a percentage of their compensation to the Plan each year, subject to the limitations, as defined in the Plan document. Such contributions are excluded from the participant's taxable income for federal income tax purposes until received as a withdrawal or distribution from the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

The Company match, determined by the participant's hire date and whether or not they are subject to collective bargaining, is illustrated below:

Hire Date	Collective Bargaining	Employer Match of Participants' Contributions
Prior to September 1, 2012	Yes	50% up to 6% eligible compensation
September 1, 2012 and after	Yes	50% up to 4% of eligible compensation, then 100% of the next 2%
Any hire date	No	100% up to 6% of eligible compensation

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participant and matching contributions are subject to certain Internal Revenue Code ("IRC") limitations.

Participant Accounts

Individual accounts are maintained for each participant of the Plan. Each participant's account is credited with the participant's contribution, the Company's matching contribution, and allocations of Plan earnings, and charged with withdrawals and an allocation of Plan losses and administrative expenses that are paid by the Plan. Allocations are based on participant 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 vested account.

Investments

Participants may direct the investment of their contributions and/or account balances into various investment options offered by the Plan and may change investments and transfer amounts between funds

daily. The Plan offers mutual funds, collective trust funds, a stable value fund, and a participant-directed brokerage account feature. Participants may direct their investments through a custodian-sponsored brokerage account, which offers mutual funds and the option to invest in individual stocks.

Vesting

Participants are vested immediately in their contributions plus earnings (losses) thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is fully vested after one year of continuous service, as defined by the Plan.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to the lesser of $50,000 or 50% of their vested account balance. The notes receivable are secured by an assignment of a participant's vested interest in the Plan, and bear interest at the prime rate of interest at the time of notes receivable origination. Principal and interest are paid ratably through payroll deductions or as a lump sum for the outstanding notes receivable balance. Notes receivable terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence.

Payment of Benefits

Upon termination of service with the Company (including termination of service due to death, disability, or retirement), a participant may generally elect to receive a lump-sum installment or direct rollover equal to the value of the participant's vested interest in their account. Participants are also eligible to make hardship withdrawals from their deferred contributions in the event of certain financial hardships.

Forfeitures

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. The Plan document requires forfeited amounts to be retained in the Plan and used to pay Plan administration expenses or reduce Company matching contributions. There were $710 and $31,844 of forfeitures used during the years ended December 31, 2021 and 2020, respectively, to reduce Company matching contributions. Unallocated forfeitures were $360,675 and $264,483 at December 31, 2021 and 2020, respectively.

Plan Merger

Effective January 1, 2021, the balances of employees participating in the Fieldbrook Foods Savings and Investment Plan, totaling $9,242,863, were merged into the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides various investment options to its participants. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the value of the participants' account balances and the amounts reported in the financial statements.

Valuation of Investments and Income Recognition

The Plan's investments are stated 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. See Note D for a discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis.

Net Appreciation in Fair Value of Investments

Net appreciation in the fair value of investments represents the net realized gains or losses plus the net unrealized appreciation or depreciation on investments. Realized gains or losses are the difference between the proceeds and either the cost of investments sold, determined on an average cost basis, or fair value at the end of the previous year, whichever is applicable. Net unrealized appreciation is the change in the difference between fair market value and the cost of investments or the fair value at the end of the previous year, whichever is applicable.

Notes Receivable to Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent notes are reclassified as benefits paid to participants based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Administrative Expenses

Administrative expenses of the Plan, except for participant loan processing fees and a portion of investment management fees, are paid by the Company, as provided in the Plan document. All investment management and transaction fees directly related to the Plan investments are paid by the Plan.

Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Benefits Paid to Participants

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid as of December 31, 2021 and 2020.

Subsequent Events

The Plan has evaluated its December 31, 2021 financial statements for subsequent events through October 14, 2022, the date the financial statements were available to be issued.

The Plan is not aware of any subsequent events, which would require recognition or disclosure in the financial statements

NOTE C - TRUSTEE CERTIFICATIONS

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Trust Company LLC, the trustee of the Plan as of and for the years ended December 31, 2021 and 2020, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020;
- Investment income and interest income on notes receivable from participants, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020; and
- Schedule H, line 4(i) - schedule of assets (held at end of year) as of December 31, 2021.

NOTE D - FAIR VALUE MEASUREMENTS

Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques

Valuation methodologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021.

Mutual Funds - Shares of registered investment companies are valued at the net asset value ("NAV") of shares, based on active market prices, held by the Plan at year end.

Common Stocks (self-directed brokerage account only) - Valued at the closing price reported on the active market on which the individual securities are traded.

Collective Trust Funds - Valued at the NAV of units of a bank collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or

assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value.

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 215,336,232	$ -	$ -	$ 215,336,232
Self-directed brokerage account	4,680,142	-	-	4,680,142
Total assets in the fair value hierarchy	$ 220,016,374	$ -	$ -	220,016,374
Investments measured at NAV as a practical expedient [(a)]				176,269,070
Investments, at fair value				$ 396,285,444

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 190,215,171	$ -	$ -	$ 190,215,171
Self-directed brokerage account	3,745,199	-	-	3,745,199
Total assets in the fair value hierarchy	$ 193,960,370	$ -	$ -	193,960,370
Investments measured at NAV as a practical expedient [(a)]				146,514,419
Investments, at fair value				$ 340,474,789

[(a)] Redemption of the collective trust funds is generally permitted daily and there are no unfunded commitments.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2021 and 2020, there were no transfers between levels.

NOTE E - FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated October 16, 2016, that the Plan and related trust are designed in accordance with applicable regulations of the IRC. The Plan has been amended since receiving the determination letter; however, the Company and Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. There are no uncertain tax positions at December 31, 2021 and 2020. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE F - PLAN TERMINATION

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

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following reconciliation of changes in net assets per the financial statements for the year ended December 31, 2021 to the Form 5500:

Net increase in assets per the financial statements	$ 56,992,832
Transfers to the Plan	(9,242,863)
Total income per the Form 5500	$ 47,749,969

The following reconciliation of transfers to plan per the financial statements for the year ended December 31, 2021 to the Form 5500:

Transfers to plan per the financial statements	$ 9,242,863
Transfers recorded in Form 5500 in 2020	(9,206,506)
Total transfers per the Form 5500	$ 36,357

SUPPLEMENTARY INFORMATION

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
	Mutual funds:		
	Fidelity	Fidelity 500 Index Fd	$ 99,182,169
	T Rowe Price	T Rowe Price New Horizons I	36,054,657
	American	American EuroPacific Growth R6	20,018,836
	Fidelity	Fidelity US Bond Index Fd	15,978,305
	Eagle	MFS Mid Cap Value Fd R6	6,727,183
	T Rowe Price	T Rowe Price Intl Discovery I	6,970,484
	Amer Cent	Amer Cent US SC Val Eq Tier 1	17,362,688
	Vanguard	Vanguard Sm Cap Index Fd Adm	5,654,415
	Vanguard	Vanguard Mid Cap Index Adm	6,747,212
	JP Morgan	JP Morgan Small Cap Growth R6	640,283
			215,336,232
	Collective trust funds:		
	Putnam	Putnam Stable Value 15 BPS - A	32,630,928
	State Street Global Advisors	SSgA Target Ret Inc NL Ser M	3,552,232
	State Street Global Advisors	SSgA Target Ret 2020 NL Ser M	8,798,135
	State Street Global Advisors	SSgA Target Ret 2025 NL Ser M	17,035,869
	State Street Global Advisors	SSgA Target Ret 2030 NL Ser M	27,528,543
	State Street Global Advisors	SSgA Target Ret 2035 NL Ser M	20,406,760
	State Street Global Advisors	SSgA Target Ret 2040 NL Ser M	13,678,525
	State Street Global Advisors	SSgA Target Ret 2045 NL Ser M	20,426,666
	State Street Global Advisors	SSgA Target Ret 2050 NL Ser M	19,527,462
	State Street Global Advisors	SSgA Target Ret 2055 NL Ser M	7,670,420
	State Street Global Advisors	SSgA Target Ret 2060 NL Ser M	4,819,828
	State Street Global Advisors	SSGA TR 2065 NonLend M	193,702
			176,269,070
	Notes receivable from participants:		
*	Various participants	Participant Loans (maturing through 2026 at interest rates of 3.75% to 9.50%)	7,891,001
	Self-directed brokerage account		
	Warrants		
		OCCIDENTAL PETROLEUM CORP WARRANT	13
			13
	Mutual funds		
		. EP EMRGING MKTS SMALL COM CL A	19,564
		FIDELITY INVESTMENTS OTC RETAIL	20,710
		FIDELITY NASDAQ COMPOSITE INDEX RETAIL	42,446
		HARBOR FUNDS CAP APPRECIATION INVESTOR	47,554
		MORGAN STANLEY INSIGHT A	46,147
		MORGAN STANLEY INSTITUTIONAL FUNDS MID CAP GROWTH A	44,641
		SCHWAB FUNDS S& P 500 INDEX SELECT	700
		T. ROWE PRICE FUNDS RETIREMENT 2025 INVESTOR	173,245
		TRUST FOR ADVISED PORTFOLIOS ZEVENBERGEN GROWTH INV	27,842
		VANGUARD INTL GROWTH INVESTOR	28,479
			451,328
	Interest bearing cash		
		FDIC INSURED DEPOSIT ACCOUNT	794,041

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
	Corporate stocks		
		3M COMPANY COM	$ 17,763
		ABBVIE INC COM	5,781
		ABERDEEN STNDARD PLATINUM ETF PHYSCL PLATM SHS ETF	2,248
		ADVANCED MICRO DEVICES INC COM	7,627
		AGEAGLE AERIAL SYSTEMS INC COM	170
		AGNICO EAGLE MINES LTD COM	10,309
		AIRBNB INC COM CL A	2,497
		ALAMOS GOLD INC COM CL A	4,499
		ALIBABA GROUP HOLDING LTD ADR SPONSORED	713
		ALPHABET INC COM CL C	5,787
		ALPS ETF TRUST ALERIAN MLP ETF	7,268
		ALTRIA GROUP INC COM	5,205
		AMAZON COM INC COM	86,693
		AMC ENTERTAINMENT HOLDINGS INC COM CL A	42,187
		AMERICAS GOLD & SILVER CORP COM	645
		APPLE INC COM	95,076
		ARCHER AVIATION INC COM CL A	54
		ARCIMOTO INC COM	195
		ARES CAPITAL CORP COM	7,604
		ARGO BLOCKCHAIN PLC ADR SPONSORED	158
		ASTRA SPACE INC COM CL A	762
		AT& T INC COM	2,952
		BACKBLAZE INC COM CL A	422
		BALLARD POWER SYSTEMS INC COM	1,256
		BANCO MACRO S. A. ADR SPONSORED	1,500
		BARRICK GOLD CORPORATION COM	2,641
		BERKSHIRE HATHAWAY INC COM CL B	181,792
		BLUE DIAMOND VENTURES INC COM	80
		BP PRUDHOE BAY ROYALTY COM	30,004
		BROOKFIELD RENEWABLE PARTNER S PARTNERSHIP UNITS	6,531
		BYRNA TECHNOLOGIES INC COM	1,335
		CAMECO CORP COM	14,041
		CANAAN INC ADR	155
		CARA THERAPEUTICS INC COM	4,080
		CARNIVAL CORP UNITS	1,006
		CASEY'S GENERAL STORES INC COM	4,934
		CEL- SCI CORP COM	1,420
		CHEVRON CORPORATION COM	5,656
		CITIGROUP INC COM	664
		CLIPPER REALTY INC COM USD0.01	9,265
		CNH INDUSTRIAL NV COM	1,749
		COINBASE GLOBAL INC COM CL A	6,309
		CONAGRA BRANDS INC COM	3,415
		CONOCOPHILLIPS COM	7,218
		COSTCO WHOLESALE CORP COM	8,919
		CROWDSTRIKE HOLDINGS INC COM CL A	20,475
		CUMMINS INC COM	10,907
		DEERE & CO COM	17,145
		DENISON MINES CORPORATION COM	83,256
		DICKS SPORTING GOODS INC COM	57,495
		DIREXION SHARES ETF TRUST CSI300 CHINA1X ETF	3,995
		DIREXION SHARES ETF TRUST DIREXION DLY GLD MIN IDX 2X	4,091
		DOUBLELINE INCOME SOLUTIONS FD COM	3,224
		DOW INC COM	4,821
		DSWISS INC COM	2
		DUPONT DE NEMOURS INC COM	6,866
		ELLINGTON FINANCIAL INC COM NPV	7,066
		ENBRIDGE INC COM	4,968
		ENERGY FUELS INC COM	20,845
		ENERGY TRANSFER LP COM UNITS REP LTD PTN INT	6,683

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
		ENLINK MIDSTREAM LLC COM UNIT REPSTG LTD LIABILI	$ 2,653
		ENTERPRISE PRODS PARTNERS L P COM UNITS REP LIM PART INT	7,247
		EQUINOX GOLD CORP COM	45,150
		ETF MANAGERS TRUST PRIME JUNIOR SILVER MINERS ETF	41,243
		FASTENAL COM	9,609
		FEDEX CORP COM	5,173
		FIRST MAJESTIC SILVER CORP COM	14,765
		FORD MOTOR CO COM	37,207
		FORTUNA SILVER MINES INC COM	2,106
		FUELCELL ENERGY INC COM	572
		GAMESTOP CORPORATION COM CL A	47,188
		GAN LTD COM	64
		GATOS SILVER INC COM	6,062
		GENERAL ELECTRIC CO COM	14,076
		GENERAL MOTORS CO COM	117
		GENIUS BRANDS INTL INC COM	40,635
		GLADSTONE CAPITAL CORP COM	5,089
		GLADSTONE LAND CORP COM USD0.001	7,347
		GLOBAL X FDS MSCI CHINA RE ETF	1,070
		GLOBAL X FDS REIT ETF	7,278
		GOLD ROYALTY CORP COM	9,938
		HORMEL FOODS CORP COM	4,881
		HYLIION HOLDINGS CORP COM	186
		HYZON MOTORS INC COM CL A	844
		IMMUNOCELLULAR THERAPEUTICS LT COM	35
		INTEL CORP COM	12,875
		INTERNATIONAL BUS MACH CORP COM	4,010
		INVESCO QQQ TRUST UNIT SER 1 ETF	151,635
		ISHARES SILVER TRUST ISHARES ETF	27,232
		ISHARES TRUST MSCI EMG MKT ETF	50,291
		JOBY AVIATION INC COM	730
		JP MORGAN CHASE & CO COM	12,864
		KINDER MORGAN INC COM	3,172
		KINROSS GOLD CORP COM	2,818
		KIRKLAND LAKE GOLD COM	4,195
		KRAFT HEINZ CO COM	1,795
		KRANESHARES TR GLOBAL CARBON STRATEGY ETF	86,530
		KYNDRYL HLDGS INC COM	109
		LOCKHEED MARTIN CORP COM	3,249
		LORDSTOWN MOTORS CORP COM CL A	690
		MANULIFE FINANCIAL CORP COM	5,106
		MARRIOTT INTERNATIONAL INC COM CL A	661
		MCDONALD'S CORPORATION COM	34,313
		MEDICAL PROPERTIES TRUST INC COM USD0.001	5,782
		MEDTRONIC PLC COM	2,737
		META PLATFORMS INC COM CL A	9,081
		METALLA ROYALTY & STREAMING L COM	20,083
		MICROSTRATEGY COM CL A	544
		MOBILE TELESYSTEMS PUB JT STK ADR	7,513
		NEW FOUND GOLD CORP COM	8,980
		NEW YORK MORTGAGE TRUST INC COM	5,554
		NEWMONT CORPORATION COM	2,481
		NEXGEN ENERGY LTD COM	10,768
		NIKE INC COM CL B	3,177
		NIKOLA CORPORATION COM	3,455
		NIO INC ADR	475
		NOMAD FOODS LIMITED COM	2,539
		NORWEGIAN CRUISE LINE HLDGS LT COM	2,074
		NU HLDGS LTD COM	28,140
		NVIDIA CORP COM	14,706
		OCCIDENTAL PETROLEUM CORP COM	12,032

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
		OFFICE PROPERTIES INCOME TRUST COM USD0.01 SHS OF BEN INT	$ 1,317
		ORION OFFICE REIT INC COM USD0.01	131
		PAN AMERICAN SILVER CORP COM	25,896
		PETROS PHARMACEUTICALS INC COM	19,980
		PFD APARTMENT COMMUNITIES INC COM USD0.01	8,862
		PINNACLE WEST CAPITAL CORP COM	4,742
		PLUG POWER INC COM	3,642
		PROCTER & GAMBLE CO COM	16,358
		PROSHARES TRUST BITCOIN STRATEGY ETF	202
		PROSHARES TRUST II ULTRA SILVER NEW ETF	17,370
		PROSHARES TRUST SHORT S& P 500 NE ETF	5,495
		PROSHARES TRUST ULTSHT RUSS2000 ETF	78
		QUALCOMM INC COM	25,602
		REALTY INCOME CORP COM	5,090
		RIOT BLOCKCHAIN INC COM	8,061
		RIVIAN AUTOMOTIVE INC COM CL A	6,947
		ROBINHOOD MARKETS INC COM CL A	1,776
		ROCKET LAB USA INC COM	246
		ROYAL CARIBBEAN GROUP COM	7,690
		SALESFORCE. COM INC COM	26,175
		SANDSTORM GOLD LIMITED COM	23,163
		SCHWAB STRATEGIC TR US DIVIDEND EQ ETF	21,123
		SEA LIMITED ADR	2,237
		SELECT SECTOR SPDR TRUST TECHNOLOGY ETF	17,387
		SHERWIN- WILLIAMS CO COM	3,207
		SIBANYE STILLWATER LTD ADR SPONSORED	35,225
		SILVERCREST METALS INC COM	28,872
		SNAP INC COM CL A	658
		SNOWFLAKE INC COM CL A	23,713
		SONOS INC COM	2,980
		SPDR DOW JONES IND UT SER 1 ETF	18,510
		SPDR GOLD TRUST GOLD SHS ETF	52,314
		SPDR INDEX SHARES FUNDS ASIA PACIF ETF	6,076
		SPDR S& P500 ETF TRUST TR UNIT ETF	997
		SPROTT PHYSICAL SILVER TRUST TR UNIT	137,206
		STAG INDUSTRIAL INC COM USD0.01	5,765
		STAR GROUP LP COM	4,827
		STELLUS CAP INVEST CORP COM	5,056
		STURM RUGER & CO INC COM	1,701
		SUNDIAL GROWERS INC COM	3,557
		SUNOCO LP COM UNIT REPSTG LTD PARTNER	53,161
		TARGET CORP COM	9,258
		TESLA INC COM	599,194
		TEUCRIUM COMMODITY TRUST SUGAR FD ETF	92,920
		TEVA PHARMACEUTICAL INDUSTRIES ADR SPONSORED	5,607
		TEXAS INSTRUMENTS INC COM	30,344
		TILRAY INC COM	2,953
		TORRID HOLDINGS INC COM	1,778
		TREEHOUSE FOODS INC COM	8,106
		UNION PACIFIC CORP COM	12,597
		UNITED AIRLINES HOLDINGS COM	1,051
		UNUM GROUP COM	3,956
		URANIUM ENERGY CORP COM	11,809
		VANECK ETF TRUST VANECK GOLD MINERS ETF	3,203
		VANECK ETF TRUST VANECK JUNIOR GOLD MINERS ETF	4,193
		VANGUARD FTSE DEV MKT ETF	1,921
		VANGUARD FTSE EMR MKT ETF	1,106
		VANGUARD MCAP VL IDXVIP ETF	612
		VANGUARD SM CP VAL ETF	547
		VANGUARD STK MKT ETF	2,678
		VANGUARD VALUE ETF	749

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
		VERIZON COMMUNICATIONS COM	$ 5,196
		VIRGIN GALACTIC HLDGS INC COM	1,204
		VISA INC COM CL A	54,173
		VODAFONE GROUP ADR SPONSORED	2,986
		WALMART INC COM	31,976
		WALT DISNEY COMPANY (THE) COM	18,742
		WELLS FARGO & COMPANY COM	9,596
		WESTERN COPPER & GOLD CORP COM	5,460
		WESTLAKE CHEMICAL PARTNERS LP COM UNIT REPSTG LTD PARTNER	5,131
		WHEATON PRECIOUS METALS CORP COM	3,992
		WISDOMTREE TRUST GLB EX US RL EST ETF	2,438
		WP CAREY INC COM USD0.001	5,156
		XERIS BIOPHARMA HLDGS INC COM	29,326
			3,308,708
	Non-interest-bearing cash		126,052
	Self-directed brokerage account		4,680,142
			$ 404,176,445

* Represents a party-in-interest to the Plan.

** Cost information omitted as investments are fully participant-directed.

SUPPLEMENTARY INFORMATION

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
	Mutual funds:		
	Fidelity	Fidelity 500 Index Fd	$ 99,182,169
	T Rowe Price	T Rowe Price New Horizons I	36,054,657
	American	American EuroPacific Growth R6	20,018,836
	Fidelity	Fidelity US Bond Index Fd	15,978,305
	Eagle	MFS Mid Cap Value Fd R6	6,727,183
	T Rowe Price	T Rowe Price Intl Discovery I	6,970,484
	Amer Cent	Amer Cent US SC Val Eq Tier 1	17,362,688
	Vanguard	Vanguard Sm Cap Index Fd Adm	5,654,415
	Vanguard	Vanguard Mid Cap Index Adm	6,747,212
	JP Morgan	JP Morgan Small Cap Growth R6	640,283
			215,336,232
	Collective trust funds:		
	Putnam	Putnam Stable Value 15 BPS - A	32,630,928
	State Street Global Advisors	SSgA Target Ret Inc NL Ser M	3,552,232
	State Street Global Advisors	SSgA Target Ret 2020 NL Ser M	8,798,135
	State Street Global Advisors	SSgA Target Ret 2025 NL Ser M	17,035,869
	State Street Global Advisors	SSgA Target Ret 2030 NL Ser M	27,528,543
	State Street Global Advisors	SSgA Target Ret 2035 NL Ser M	20,406,760
	State Street Global Advisors	SSgA Target Ret 2040 NL Ser M	13,678,525
	State Street Global Advisors	SSgA Target Ret 2045 NL Ser M	20,426,666
	State Street Global Advisors	SSgA Target Ret 2050 NL Ser M	19,527,462
	State Street Global Advisors	SSgA Target Ret 2055 NL Ser M	7,670,420
	State Street Global Advisors	SSgA Target Ret 2060 NL Ser M	4,819,828
	State Street Global Advisors	SSGA TR 2065 NonLend M	193,702
			176,269,070
	Notes receivable from participants:		
*	Various participants	Participant Loans (maturing through 2026 at interest rates of 3.75% to 9.50%)	7,891,001
	Self-directed brokerage account		
	Warrants		
		OCCIDENTAL PETROLEUM CORP WARRANT	13
			13
	Mutual funds		
		. EP EMRGING MKTS SMALL COM CL A	19,564
		FIDELITY INVESTMENTS OTC RETAIL	20,710
		FIDELITY NASDAQ COMPOSITE INDEX RETAIL	42,446
		HARBOR FUNDS CAP APPRECIATION INVESTOR	47,554
		MORGAN STANLEY INSIGHT A	46,147
		MORGAN STANLEY INSTITUTIONAL FUNDS MID CAP GROWTH A	44,641
		SCHWAB FUNDS S& P 500 INDEX SELECT	700
		T. ROWE PRICE FUNDS RETIREMENT 2025 INVESTOR	173,245
		TRUST FOR ADVISED PORTFOLIOS ZEVENBERGEN GROWTH INV	27,842
		VANGUARD INTL GROWTH INVESTOR	28,479
			451,328
	Interest bearing cash		
		FDIC INSURED DEPOSIT ACCOUNT	794,041

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
	Corporate stocks		
		3M COMPANY COM	$ 17,763
		ABBVIE INC COM	5,781
		ABERDEEN STNDARD PLATINUM ETF PHYSCL PLATM SHS ETF	2,248
		ADVANCED MICRO DEVICES INC COM	7,627
		AGEAGLE AERIAL SYSTEMS INC COM	170
		AGNICO EAGLE MINES LTD COM	10,309
		AIRBNB INC COM CL A	2,497
		ALAMOS GOLD INC COM CL A	4,499
		ALIBABA GROUP HOLDING LTD ADR SPONSORED	713
		ALPHABET INC COM CL C	5,787
		ALPS ETF TRUST ALERIAN MLP ETF	7,268
		ALTRIA GROUP INC COM	5,205
		AMAZON COM INC COM	86,693
		AMC ENTERTAINMENT HOLDINGS INC COM CL A	42,187
		AMERICAS GOLD & SILVER CORP COM	645
		APPLE INC COM	95,076
		ARCHER AVIATION INC COM CL A	54
		ARCIMOTO INC COM	195
		ARES CAPITAL CORP COM	7,604
		ARGO BLOCKCHAIN PLC ADR SPONSORED	158
		ASTRA SPACE INC COM CL A	762
		AT& T INC COM	2,952
		BACKBLAZE INC COM CL A	422
		BALLARD POWER SYSTEMS INC COM	1,256
		BANCO MACRO S. A. ADR SPONSORED	1,500
		BARRICK GOLD CORPORATION COM	2,641
		BERKSHIRE HATHAWAY INC COM CL B	181,792
		BLUE DIAMOND VENTURES INC COM	80
		BP PRUDHOE BAY ROYALTY COM	30,004
		BROOKFIELD RENEWABLE PARTNER S PARTNERSHIP UNITS	6,531
		BYRNA TECHNOLOGIES INC COM	1,335
		CAMECO CORP COM	14,041
		CANAAN INC ADR	155
		CARA THERAPEUTICS INC COM	4,080
		CARNIVAL CORP UNITS	1,006
		CASEY'S GENERAL STORES INC COM	4,934
		CEL- SCI CORP COM	1,420
		CHEVRON CORPORATION COM	5,656
		CITIGROUP INC COM	664
		CLIPPER REALTY INC COM USD0.01	9,265
		CNH INDUSTRIAL NV COM	1,749
		COINBASE GLOBAL INC COM CL A	6,309
		CONAGRA BRANDS INC COM	3,415
		CONOCOPHILLIPS COM	7,218
		COSTCO WHOLESALE CORP COM	8,919
		CROWDSTRIKE HOLDINGS INC COM CL A	20,475
		CUMMINS INC COM	10,907
		DEERE & CO COM	17,145
		DENISON MINES CORPORATION COM	83,256
		DICKS SPORTING GOODS INC COM	57,495
		DIREXION SHARES ETF TRUST CSI300 CHINA1X ETF	3,995
		DIREXION SHARES ETF TRUST DIREXION DLY GLD MIN IDX 2X	4,091
		DOUBLELINE INCOME SOLUTIONS FD COM	3,224
		DOW INC COM	4,821
		DSWISS INC COM	2
		DUPONT DE NEMOURS INC COM	6,866
		ELLINGTON FINANCIAL INC COM NPV	7,066
		ENBRIDGE INC COM	4,968
		ENERGY FUELS INC COM	20,845
		ENERGY TRANSFER LP COM UNITS REP LTD PTN INT	6,683

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
		ENLINK MIDSTREAM LLC COM UNIT REPSTG LTD LIABILI	$ 2,653
		ENTERPRISE PRODS PARTNERS L P COM UNITS REP LIM PART INT	7,247
		EQUINOX GOLD CORP COM	45,150
		ETF MANAGERS TRUST PRIME JUNIOR SILVER MINERS ETF	41,243
		FASTENAL COM	9,609
		FEDEX CORP COM	5,173
		FIRST MAJESTIC SILVER CORP COM	14,765
		FORD MOTOR CO COM	37,207
		FORTUNA SILVER MINES INC COM	2,106
		FUELCELL ENERGY INC COM	572
		GAMESTOP CORPORATION COM CL A	47,188
		GAN LTD COM	64
		GATOS SILVER INC COM	6,062
		GENERAL ELECTRIC CO COM	14,076
		GENERAL MOTORS CO COM	117
		GENIUS BRANDS INTL INC COM	40,635
		GLADSTONE CAPITAL CORP COM	5,089
		GLADSTONE LAND CORP COM USD0.001	7,347
		GLOBAL X FDS MSCI CHINA RE ETF	1,070
		GLOBAL X FDS REIT ETF	7,278
		GOLD ROYALTY CORP COM	9,938
		HORMEL FOODS CORP COM	4,881
		HYLIION HOLDINGS CORP COM	186
		HYZON MOTORS INC COM CL A	844
		IMMUNOCELLULAR THERAPEUTICS LT COM	35
		INTEL CORP COM	12,875
		INTERNATIONAL BUS MACH CORP COM	4,010
		INVESCO QQQ TRUST UNIT SER 1 ETF	151,635
		ISHARES SILVER TRUST ISHARES ETF	27,232
		ISHARES TRUST MSCI EMG MKT ETF	50,291
		JOBY AVIATION INC COM	730
		JP MORGAN CHASE & CO COM	12,864
		KINDER MORGAN INC COM	3,172
		KINROSS GOLD CORP COM	2,818
		KIRKLAND LAKE GOLD COM	4,195
		KRAFT HEINZ CO COM	1,795
		KRANESHARES TR GLOBAL CARBON STRATEGY ETF	86,530
		KYNDRYL HLDGS INC COM	109
		LOCKHEED MARTIN CORP COM	3,249
		LORDSTOWN MOTORS CORP COM CL A	690
		MANULIFE FINANCIAL CORP COM	5,106
		MARRIOTT INTERNATIONAL INC COM CL A	661
		MCDONALD'S CORPORATION COM	34,313
		MEDICAL PROPERTIES TRUST INC COM USD0.001	5,782
		MEDTRONIC PLC COM	2,737
		META PLATFORMS INC COM CL A	9,081
		METALLA ROYALTY & STREAMING L COM	20,083
		MICROSTRATEGY COM CL A	544
		MOBILE TELESYSTEMS PUB JT STK ADR	7,513
		NEW FOUND GOLD CORP COM	8,980
		NEW YORK MORTGAGE TRUST INC COM	5,554
		NEWMONT CORPORATION COM	2,481
		NEXGEN ENERGY LTD COM	10,768
		NIKE INC COM CL B	3,177
		NIKOLA CORPORATION COM	3,455
		NIO INC ADR	475
		NOMAD FOODS LIMITED COM	2,539
		NORWEGIAN CRUISE LINE HLDGS LT COM	2,074
		NU HLDGS LTD COM	28,140
		NVIDIA CORP COM	14,706
		OCCIDENTAL PETROLEUM CORP COM	12,032

Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2021

EMPLOYER ID NO: 42-1080796, PLAN #: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
		OFFICE PROPERTIES INCOME TRUST COM USD0.01 SHS OF BEN INT	$ 1,317
		ORION OFFICE REIT INC COM USD0.01	131
		PAN AMERICAN SILVER CORP COM	25,896
		PETROS PHARMACEUTICALS INC COM	19,980
		PFD APARTMENT COMMUNITIES INC COM USD0.01	8,862
		PINNACLE WEST CAPITAL CORP COM	4,742
		PLUG POWER INC COM	3,642
		PROCTER & GAMBLE CO COM	16,358
		PROSHARES TRUST BITCOIN STRATEGY ETF	202
		PROSHARES TRUST II ULTRA SILVER NEW ETF	17,370
		PROSHARES TRUST SHORT S& P 500 NE ETF	5,495
		PROSHARES TRUST ULTSHT RUSS2000 ETF	78
		QUALCOMM INC COM	25,602
		REALTY INCOME CORP COM	5,090
		RIOT BLOCKCHAIN INC COM	8,061
		RIVIAN AUTOMOTIVE INC COM CL A	6,947
		ROBINHOOD MARKETS INC COM CL A	1,776
		ROCKET LAB USA INC COM	246
		ROYAL CARIBBEAN GROUP COM	7,690
		SALESFORCE. COM INC COM	26,175
		SANDSTORM GOLD LIMITED COM	23,163
		SCHWAB STRATEGIC TR US DIVIDEND EQ ETF	21,123
		SEA LIMITED ADR	2,237
		SELECT SECTOR SPDR TRUST TECHNOLOGY ETF	17,387
		SHERWIN- WILLIAMS CO COM	3,207
		SIBANYE STILLWATER LTD ADR SPONSORED	35,225
		SILVERCREST METALS INC COM	28,872
		SNAP INC COM CL A	658
		SNOWFLAKE INC COM CL A	23,713
		SONOS INC COM	2,980
		SPDR DOW JONES IND UT SER 1 ETF	18,510
		SPDR GOLD TRUST GOLD SHS ETF	52,314
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Wells Enterprises, Inc. 401(k) Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

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