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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                      |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                    | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>TOWER LOAN OF MISSISSIPPI, LLC 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>11/01/1973</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>11/01/1973</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                          | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>11/01/1973</u>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TOWER LOAN OF MISSISSIPPI, LLC</u><br><br><u>P. O. BOX 320001</u><br><u>FLOWOOD, MS 39232</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>45-5079659</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>601-992-0153</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>522291</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>45-5079659</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>601-992-0153</u> | <b>2d</b> Business code (see instructions)<br><u>522291</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>45-5079659</u>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>601-992-0153</u>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>522291</u>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2022 | LYNNE CARD                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2022 | LYNNE CARD                                                   |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                             |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 778                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 530<br><b>6a(2)</b> 432<br><b>6b</b> 19<br><b>6c</b> 198<br><b>6d</b> 649<br><b>6e</b> 0<br><b>6f</b> 649<br><b>6g</b> 615<br><b>6h</b> 56                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2H 2J 2K 2T 3D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>TOWER LOAN OF MISSISSIPPI, LLC 401(K) PROFIT SHARING PLAN                                                                                                                                  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TOWER LOAN OF MISSISSIPPI, LLC                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br>45-5079659                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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**(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)

MWG RETIREMENT PLAN SERVICES

72-1396518

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | RECORDKEEPER                                                                                      | 16182                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                            |            |
| <b>A</b> Name of plan<br><u>TOWER LOAN OF MISSISSIPPI, LLC 401(K) PROFIT SHARING PLAN</u>                | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TOWER LOAN OF MISSISSIPPI, LLC</u>   | <b>D</b> Employer Identification Number (EIN)<br><u>45-5079659</u>         |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 762448                | 963303          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 28883                 | 16617           |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 344                   |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 954943                | 929003          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 52540652              | 61162129        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 54287270 63071052 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             | 66942 38447       |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 7179 3980         |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 74121 42427       |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 54213149 63028625 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 956308    |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 2325374   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 24739     |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 3306421   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 0         |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 2150814   |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 2150814   |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (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) |            | 6330163   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 11787398  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 2888617    |           |
| (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)  |            | 2888617   |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 66942     |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 16318      |           |
| (4) Other.....                                                                                 | 2i(4)  | 45         |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 16363     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 2971922   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 8815476   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: CARR RIGGS & INGRAM

(2) EIN: 72-1396621

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> 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? .....                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> 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.) .....                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                                 |                                                             |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>TOWER LOAN OF MISSISSIPPI, LLC 401(K) PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ▶<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TOWER LOAN OF MISSISSIPPI, LLC | <b>D</b> Employer Identification Number (EIN)<br>45-5079659 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): 58-1428634 |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

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

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

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_



**Tower Loan of Mississippi, LLC  
401(k) Profit Sharing Plan**

**FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**



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*Note: Other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.*



# REPORT



## **INDEPENDENT AUDITORS' REPORT**

To the Tower Loan of Mississippi, LLC 401(k) Profit Sharing 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 Tower Loan of Mississippi, LLC 401(k) Profit Sharing 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.

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 3 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 Auditors' Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the 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 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).

### **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 (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the 2021 Financial Statements**

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

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

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

### **Auditors' Responsibilities for the Audit of the 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 auditors' 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 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 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.

### **2021 Supplemental Schedule Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

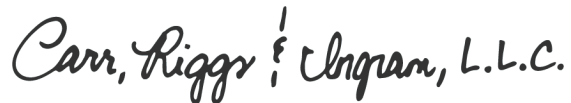
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedules 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 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).

#### **Auditors' Report on the 2020 Financial Statements**

We have audited the statement of net assets available for benefits of the Plan as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and in our report dated October 29, 2021, we expressed an unmodified opinion on those financial statements.

A handwritten signature in black ink that reads "Carr, Riggs & Ingram, L.L.C." in a cursive script.

CARR, RIGGS & INGRAM, LLC

Ridgeland, Mississippi

October 13, 2022



# FINANCIAL STATEMENTS



**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Statements of Net Assets Available for Benefits**

| <i>December 31,</i>               | <b>2021</b>   | 2020          |
|-----------------------------------|---------------|---------------|
| <b>Assets</b>                     |               |               |
| Investments                       |               |               |
| Investments, at fair value        | \$ 61,162,129 | \$ 52,540,652 |
| Investments, at contract value    | 929,003       | 954,943       |
| Total investments                 | 62,091,132    | 53,495,595    |
| Receivables:                      |               |               |
| Employer contributions            | 963,303       | 762,448       |
| Participant contributions         | 16,617        | 28,883        |
| Accrued investment income         | -             | 344           |
| Total receivables                 | 979,920       | 791,675       |
| Total assets                      | 63,071,052    | 54,287,270    |
| <b>Liabilities</b>                |               |               |
| Excess contributions payable      | 38,447        | 66,942        |
| Other liabilities                 | 3,980         | 7,179         |
| Net assets available for benefits | \$ 63,028,625 | \$ 54,213,149 |

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

**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Statement of Changes in Net Assets Available for Benefits**

| <i>Years ended December 31,</i>               | <b>2021</b>   | <b>2020</b>   |
|-----------------------------------------------|---------------|---------------|
| <b>Additions</b>                              |               |               |
| Investment income (net):                      |               |               |
| Net appreciation in value of investments      | \$ 6,330,163  | \$ 3,242,520  |
| Interest and dividends                        | 2,150,814     | 1,160,741     |
| Total investment income                       | 8,480,977     | 4,403,261     |
| Contributions:                                |               |               |
| Employer contributions                        | 956,308       | 736,893       |
| Participant contributions                     | 2,325,374     | 1,908,538     |
| Rollover and other contributions              | 24,739        | -             |
| Total contributions                           | 3,306,421     | 2,645,431     |
| Total additions                               | 11,787,398    | 7,048,692     |
| <b>Deductions</b>                             |               |               |
| Benefits paid to participants                 | 2,955,559     | 2,721,708     |
| Administrative expenses                       | 16,363        | 9,661         |
| Total deductions                              | 2,971,922     | 2,731,369     |
| Net increase                                  | 8,815,476     | 4,317,323     |
| <b>Net Assets Available for Plan Benefits</b> |               |               |
| Beginning of year                             | 54,213,149    | 49,895,826    |
| End of year                                   | \$ 63,028,625 | \$ 54,213,149 |

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

## **Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan Notes to Financial Statements**

### **Note 1: DESCRIPTION OF THE PLAN**

The following brief description of The Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### ***General***

The Plan is a participant and nonparticipant directed, defined contribution plan covering full-time employees of Tower Loan of Mississippi, LLC ("Tower" or the "Company") meeting the service requirements of the Plan. The Company is a wholly-owned subsidiary of First Tower, LLC. In addition to the Company, First Tower, LLC's other wholly-owned subsidiaries have adopted the Plan as affiliated employers and their full-time employees are also covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Reliance Trust Company is the Trustee for the Plan. Morgan White Group Retirement Plan Services (RPS) acts as the third-party administrator and general recordkeeper for the Plan, which performs certain plan administration and annual ERISA compliance testing. Plan assets are managed by Fidelity and Charles Schwab, which invests contributions and Plan earnings, makes investment transactions as directed by the Investment Committee and provides certain recordkeeping services.

#### ***Eligibility***

Employees may become a participant of the Plan when they have reached one year of service and are age twenty-one or older. An eligible employee may enter the Plan on the next semi-annual entry date after all entry requirements have been met.

#### ***Contributions***

Each year, participants may contribute up to 20 percent (%) of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (i.e. rollover contributions). Participants direct the investment of employee contributions into various investment options offered by the Plan. All employer contributions are invested in a portfolio of investments as directed by the Company. 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 4% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The Company matches 50% of the first 6% of base compensation that a participant contributes to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's board of directors.

During the years ended December 31, 2021 and 2020, the Company made matching contributions of \$980,792 and \$736,893, respectively. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan Notes to Financial Statements

### Note 1: DESCRIPTION OF THE PLAN (Continued)

#### ***Participant Accounts***

Each participant's account is credited with the participant's contributions and Company's matching contributions, as well as allocations of the Company's profit sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### ***Vesting***

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. Vesting in the remainder of the account is based on years of continuous service. A participant is 100 percent vested after six years of credited service. Participants under two years of service are 0% vested, increasing in 20% increments from two to six years of service.

| <u>Years of Service</u> | <u>Vesting Percentage</u> |
|-------------------------|---------------------------|
| Less than 2 years       | 0%                        |
| 2 years                 | 20%                       |
| 3 years                 | 40%                       |
| 4 years                 | 60%                       |
| 5 years                 | 80%                       |
| 6 or more years         | 100%                      |

#### ***Benefit Payments***

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

#### ***Forfeitures***

During the year ended December 31, 2021 and 2020, forfeited nonvested accounts totaled \$36,378 and \$25,927, respectively. These accounts will be used to reduce future employer contributions. Also, in 2021 and 2020, employer contributions were reduced by \$36,521 and \$20,541, respectively, from forfeited nonvested accounts.

### Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### ***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

## **Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan Notes to Financial Statements**

### **Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

#### ***Use of Estimates***

The preparation of U.S. GAAP financial statements requires management 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.

#### ***Investment Valuation and Income Recognition***

Investments generally are reported at fair value, but may also be reported at contract value or net asset value (NAV). 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 Notes 4 and 5 for further discussion of fair value measurements and contract value.

The Company's Management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### ***Excess Contribution Payable***

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2021 and 2020 excess contributions to the applicable participants before March 15, 2022 and March 15, 2021, respectively.

#### ***Payment of Benefits***

Distributions to participants are recorded when paid.

#### ***Expenses***

Expenses attributable to the general Plan administration were paid by the Plan and allocated among the accounts of all participants, in proportion to their account balances, unless paid by the Employer. During the year ended December 31, 2021 and 2020, expenses of \$16,363 and \$9,661, respectively, were paid by the Plan and allocated to participant accounts.

#### ***Risks and Uncertainties***

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

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

##### *Subsequent Events*

Management has evaluated subsequent events through the date the financial statements were available to be issued, October 13, 2022, and determined that no events occurred which required disclosure. No subsequent events that occurred after this date have been evaluated for inclusion in these financial statements.

#### Note 3: INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

For the audit of the 2021 financial statements, the Plan administrator has elected the method of compliance, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the trustee under such regulation:

- a) Total investments, at fair value and contract value, included in the statement of net assets available for benefits at December 31, 2021.
- b) Investment income information included in the statement of changes in net assets available for benefits for the year ended December 31, 2021.
- c) All 2021 amounts included in Note 4, *Fair Value Measurements* and Note 5, *Investments Reported at Contract Value*.
- d) All information included in the supplemental schedule of assets (held at end of year) as of December 31, 2021.

#### Note 4: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

*Level 1:* Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

*Level 2:* Significant other observable inputs other than Level 1 prices, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are:
  - observable; or
  - can be corroborated by observable market data.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### Note 4: FAIR VALUE MEASUREMENTS (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020:

*Cash and cash equivalents:* The carrying value approximates fair value.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator 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 different fair value measurements at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

| Description                     | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 | Total         |
|---------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|---------------|
| <i>December 31, 2021</i>        |                                                                          |                                                         |                                                  |               |
| Cash and cash equivalents       | \$ 1,822,196                                                             | \$ -                                                    | \$ -                                             | \$ 1,822,196  |
| Common stocks                   | 6,395,493                                                                | -                                                       | -                                                | 6,395,493     |
| Mutual funds                    | 52,944,441                                                               | -                                                       | -                                                | 52,944,441    |
| Total investments at fair value | \$ 61,162,129                                                            | \$ -                                                    | \$ -                                             | \$ 61,162,129 |

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### Note 4: FAIR VALUE MEASUREMENTS (Continued)

| Description                     | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 | Total         |
|---------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|---------------|
| <i>December 31, 2020</i>        |                                                                          |                                                         |                                                  |               |
| Cash and cash equivalents       | \$ 595,403                                                               | \$ -                                                    | \$ -                                             | \$ 595,403    |
| Common stocks                   | 5,351,747                                                                | -                                                       | -                                                | 5,351,747     |
| Mutual funds                    | 46,593,502                                                               | -                                                       | -                                                | 46,593,502    |
| Total investments at fair value | \$ 52,540,652                                                            | \$ -                                                    | \$ -                                             | \$ 52,540,652 |

#### Note 5: INVESTMENTS REPORTED AT CONTRACT VALUE

The Plan invests in the Putnam Stable Value Fund, which is a custom investment vehicle that invests in fully benefit-responsive investment contracts, which include traditional guaranteed investment contracts ("GICs"), synthetic GICs, and separate account GICs issued by insurance companies. The amount invested totaled \$929,003 and \$954,943 as of December 31, 2021 and 2020, respectively. As of December 31, 2021 and 2020, the crediting rate was 2.38% at each year-end.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### **Note 5: INVESTMENTS REPORTED AT CONTRACT VALUE (Continued)**

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

#### **Note 6: NONPARTICIPANT-DIRECTED INVESTMENTS**

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

| <i>Years ended December 31,</i> | <b>2021</b>   | 2020          |
|---------------------------------|---------------|---------------|
| Net assets:                     |               |               |
| Cash                            | \$ 1,818,216  | \$ 591,172    |
| Mutual funds                    | 33,015,112    | 30,290,091    |
| Common stock                    | 6,395,493     | 5,351,747     |
| Total                           | \$ 41,228,821 | \$ 36,233,010 |

| <i>Years ended December 31,</i> | <b>2021</b>  | 2020         |
|---------------------------------|--------------|--------------|
| Changes in net assets:          |              |              |
| Contributions and forfeitures   | \$ 1,412,843 | \$ 629,441   |
| Dividends                       | 781,762      | 445,387      |
| Net appreciation (depreciation) | 5,008,501    | 2,054,786    |
| Benefits paid to participants   | (2,207,296)  | (1,356,032)  |
| Total                           | \$ 4,995,810 | \$ 1,773,582 |

#### **Note 7: TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 11, 2011, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**

### **Notes to Financial Statements**

#### **Note 8: PLAN TERMINATION**

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

#### **Note 9: RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS**

Plan investments are managed by Ballew Wealth Management (Fidelity) and Medley Brown (Charles Schwab). Reliance Trust Company is the Trustee.

RPS provides certain administrative and general recordkeeping services to the Plan pursuant to a Service Agreement between the Company and RPS. RPS receives revenue from mutual fund service providers for services RPS provides to the funds. This revenue is used to offset certain amounts owed to RPS for its administrative services to the Plan.

If the revenue received by RPS from such mutual fund service providers exceeds the amount owed under the Service Agreement, RPS remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2021 and 2020, there were no excess amounts. The Plan or Plan Sponsor may make a payment to RPS for administrative expenses not covered by revenue sharing.



## SUPPLEMENTAL SCHEDULE



## **SUPPLEMENTAL SCHEDULE**

**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Employer ID: 45-5079659 Plan Number: 001**  
**Schedule H, line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

December 31, 2021

| (a)                                     | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description<br>of Investments | (d)<br>Cost** | (e)<br>Current<br>Value |
|-----------------------------------------|-----------------------------------------------------------------|--------------------------------------|---------------|-------------------------|
| <b>Participant directed investments</b> |                                                                 |                                      |               |                         |
|                                         | American Funds 2030 Targ Date - R6                              | Mutual Fund                          | **            | \$ 3,386,210            |
|                                         | American Funds 2040 Targ Date - R6                              | Mutual Fund                          | **            | 1,576,051               |
|                                         | American Funds 2050 Targ Date - R6                              | Mutual Fund                          | **            | 1,554,388               |
|                                         | American Funds 2055 Target DTD Ret CL R6                        | Mutual Fund                          | **            | 485,947                 |
|                                         | American Funds 2060 Targ Date Retire CL R6                      | Mutual Fund                          | **            | 531,209                 |
|                                         | American US Govt Securities R6                                  | Mutual Fund                          | **            | 63,451                  |
|                                         | Ariel Fund                                                      | Mutual Fund                          | **            | 725,497                 |
|                                         | Baron Growth Fund Instl Class                                   | Mutual Fund                          | **            | 1,483,029               |
|                                         | Cohen & Steers Real Estate Securities I                         | Mutual Fund                          | **            | 388,760                 |
| *                                       | Fidelity 500 Index Fund                                         | Mutual Fund                          | **            | 1,481,530               |
| *                                       | Fidelity Advisor Diversified Intl CL Z                          | Mutual Fund                          | **            | 369,900                 |
| *                                       | Fidelity Advisor Govt Income CL I                               | Mutual Fund                          | **            | 364,117                 |
| *                                       | Fidelity Advisor Strategic Inv CL I                             | Mutual Fund                          | **            | 382,473                 |
| *                                       | Fidelity Extended Market Index Fund                             | Mutual Fund                          | **            | 105,290                 |
| *                                       | Fidelity International Index Fund                               | Mutual Fund                          | **            | 57,400                  |
| *                                       | Fidelity Low Priced Stock Fund: Class K                         | Mutual Fund                          | **            | 783,262                 |
| *                                       | Fidelity Small Cap Enhanced Index                               | Mutual Fund                          | **            | 1,660                   |
| *                                       | Fidelity Total Market Index Fund                                | Mutual Fund                          | **            | 375,305                 |
|                                         | JP Morgan Emerging Markets Equity FD R6                         | Mutual Fund                          | **            | 26,646                  |
|                                         | JP Morgan Smartretire Income FD CL                              | Mutual Fund                          | **            | 3,562,976               |
|                                         | PGIM High Yield Class Z                                         | Mutual Fund                          | **            | 349,710                 |
|                                         | PGIM Short Term Corp Bond CL Z                                  | Mutual Fund                          | **            | 427,781                 |
|                                         | Washington Mutual Investor Fund CL R6                           | Mutual Fund                          | **            | 549,181                 |
|                                         | Wells Fargo Growth Fund Class R6                                | Mutual Fund                          | **            | 897,556                 |
| Total participant directed mutual funds |                                                                 |                                      |               | \$ 19,929,328           |

(Continued)

**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Employer ID: 45-5079659 Plan Number: 001**  
**Schedule H, line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

December 31, 2021

| (a)                                                | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description<br>of Investments | (d)<br>Cost**       | (e)<br>Current<br>Value |
|----------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|---------------------|-------------------------|
| <b>Non-participant directed investments</b>        |                                                                 |                                      |                     |                         |
|                                                    | Akre focus Fund Inst                                            | Mutual Fund                          | \$ 165,048          | \$ 830,427              |
|                                                    | Dodge and Cox Emerging Stock                                    | Mutual Fund                          | 200,000             | 184,608                 |
|                                                    | Dodge and Cox Income Fund                                       | Mutual Fund                          | 2,731,352           | 2,804,429               |
|                                                    | Dodge and Cox International                                     | Mutual Fund                          | 1,505,987           | 2,005,908               |
|                                                    | Doubleline Total Return                                         | Mutual Fund                          | 1,974,554           | 1,922,527               |
|                                                    | Fam SM Cap Fd Inst                                              | Mutual Fund                          | 660,000             | 1,013,800               |
|                                                    | First Eargle Overseas                                           | Mutual Fund                          | 1,850,000           | 1,815,110               |
|                                                    | FMI Common Stock Fund Inst                                      | Mutual Fund                          | 2,402,137           | 2,979,428               |
|                                                    | FMI Intl Fd Inst                                                | Mutual Fund                          | 1,752,175           | 1,943,459               |
|                                                    | FMI Large Cap Fund                                              | Mutual Fund                          | 2,306,689           | 2,469,948               |
|                                                    | FPA Crescent Fund Inst                                          | Mutual Fund                          | 1,450,000           | 1,554,850               |
|                                                    | Oakmark Intl Fd Inst                                            | Mutual Fund                          | 739,720             | 1,129,361               |
|                                                    | Parnassus Mid Cap Fund                                          | Mutual Fund                          | 850,000             | 1,073,871               |
|                                                    | Primecap Odyssey Aggressive Growth FD                           | Mutual Fund                          | 189,806             | 567,604                 |
|                                                    | Primecap Odyssey Growth Fund                                    | Mutual Fund                          | 20,902              | 64,883                  |
|                                                    | Primecap Odyssey Stock Fund                                     | Mutual Fund                          | 849,236             | 2,215,450               |
| *                                                  | Schwab FDMTL Emerg Mkts                                         | Mutual Fund                          | 639,569             | 676,501                 |
| *                                                  | Schwab Fundamental Intl                                         | Mutual Fund                          | 895,000             | 957,056                 |
| *                                                  | Schwab Fundamental US                                           | Mutual Fund                          | 1,090,778           | 1,336,444               |
| *                                                  | Schwab Short Term Bond                                          | Mutual Fund                          | 1,323,379           | 1,322,735               |
| *                                                  | Schwab US Aggregate Bond                                        | Mutual Fund                          | 2,120,000           | 2,076,451               |
|                                                    | Tweedy Browne Global Value Fund                                 | Mutual Fund                          | 754,430             | 876,608                 |
|                                                    | Vulcan Value Partners IN                                        | Mutual Fund                          | 318,550             | 447,594                 |
|                                                    | Vulcan Value Partners SM                                        | Mutual Fund                          | 538,034             | 746,059                 |
| <b>Total non-participant directed mutual funds</b> |                                                                 |                                      | <b>27,327,346</b>   | <b>33,015,112</b>       |
|                                                    | Alphabet Inc - Class A                                          | Common Stock                         | 16,671              | 173,822                 |
|                                                    | Alphabet Inc - Class C                                          | Common Stock                         | 16,570              | 173,615                 |
|                                                    | Amern Tower Corp                                                | Common Stock                         | 40,708              | 146,250                 |
|                                                    | Apple Inc.                                                      | Common Stock                         | 51,451              | 497,196                 |
|                                                    | Baidu Com. Inc                                                  | Common Stock                         | 115,330             | 148,790                 |
|                                                    | Bank of BY Mellon                                               | Common Stock                         | 40,027              | 116,160                 |
|                                                    | Berkshire Hathaway B New Class B                                | Common Stock                         | 800,994             | 2,541,500               |
|                                                    | Cardinal Health Inc.                                            | Common Stock                         | 53,932              | 51,490                  |
|                                                    | Carmax Inc                                                      | Common Stock                         | 21,630              | 130,230                 |
|                                                    | Cisco Systems Inc.                                              | Common Stock                         | 35,407              | 126,740                 |
|                                                    | CitiGroup Inc                                                   | Common Stock                         | 49,638              | 60,390                  |
|                                                    | Comcast CP New CL A SPL                                         | Common Stock                         | 9,875               | 60,396                  |
|                                                    | CVS Health Corp                                                 | Common Stock                         | 78,253              | 103,160                 |
|                                                    | FedEx Corp.                                                     | Common Stock                         | 25,212              | 77,592                  |
|                                                    | Goldman Sachs Group Inc                                         | Common Stock                         | 42,488              | 153,020                 |
|                                                    | JPMorgan Chase & Co.                                            | Common Stock                         | 40,462              | 174,185                 |
|                                                    | Lowe's Companies Inc.                                           | Common Stock                         | 26,556              | 258,480                 |
|                                                    | Merck & Co. Inc. New                                            | Common Stock                         | 49,331              | 76,640                  |
|                                                    | Microsoft Corp.                                                 | Common Stock                         | 26,658              | 336,320                 |
|                                                    | Roche Hldg AG F                                                 | Common Stock                         | 56,605              | 103,380                 |
|                                                    | Unitedhealth Group Inc.                                         | Common Stock                         | 19,830              | 251,070                 |
|                                                    | Visa Inc. CL A                                                  | Common Stock                         | 20,672              | 260,052                 |
|                                                    | Walt Disney Co                                                  | Common Stock                         | 37,630              | 103,002                 |
|                                                    | Wells Fargo & Co. New                                           | Common Stock                         | 129,963             | 239,900                 |
|                                                    | Western Union Company                                           | Common Stock                         | 24,287              | 32,112                  |
| <b>Total non-participant directed common stock</b> |                                                                 |                                      | <b>\$ 1,830,180</b> | <b>\$ 6,395,493</b>     |

(Continued)

**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Employer ID: 45-5079659 Plan Number: 001**  
**Schedule H, line 4i – Schedule of Assets (Held at End of Year) (Continued)**  
**December 31, 2021**

December 31, 2021

| (a)                                 | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description<br>of Investments | (d)<br>Cost** | (e)<br>Current<br>Value |
|-------------------------------------|-----------------------------------------------------------------|--------------------------------------|---------------|-------------------------|
|                                     | COMMON COLLECTIVE TRUST                                         |                                      |               |                         |
|                                     | Putnam Stable Value 35BPS                                       | Common Collective<br>Trust           | \$ 929,003    | \$ 929,003              |
|                                     | CASH AND CASH EQUIVALENTS                                       |                                      |               |                         |
| *                                   | Schwab Money Market Fund                                        | Money Market                         | 1,813,025     | 1,813,025               |
| *                                   | Schwab Cash Reserves                                            | Money Market                         | 5,191         | 5,191                   |
| Total non-participant directed cash |                                                                 |                                      |               | 1,818,216               |
| *                                   | Fidelity Cash Reserves                                          | Money Market                         | 3,980         | 3,980                   |
| Total Cash and Cash Equivalents     |                                                                 |                                      |               | 1,822,196               |
| Total Investments                   |                                                                 |                                      |               | \$ 62,091,132           |

\* Denotes a party-in-interest

\*\* Cost not required for participant-directed investments.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                                |                                                                                                                                                                                 |                                           |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                 |                                                                |                                                                                                                                                                                 |                                           |
| For calendar plan year 2021 or fiscal plan year beginning                                              |                                                                | 01/01/2021                                                                                                                                                                      | and ending                                |
|                                                                                                        |                                                                | 12/31/2021                                                                                                                                                                      |                                           |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan                  | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                                                        | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a DFE (specify) ____                                                                                                                                   |                                           |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                                                        | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | ▶ <input checked="" type="checkbox"/>                          |                                                                                                                                                                                 |                                           |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                                                        | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                 |                                           |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | ▶ <input type="checkbox"/>                                     |                                                                                                                                                                                 |                                           |

|                                                                                                                                                                                                                                                                                                                                                 |                                                              |                                                             |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                           |                                                              |                                                             |                                                      |
| <b>1a</b> Name of plan<br>Tower Loan of Mississippi, LLC<br>401(k) Profit Sharing Plan                                                                                                                                                                                                                                                          | <b>1b</b> Three-digit plan number (PN) ▶                     | 001                                                         |                                                      |
|                                                                                                                                                                                                                                                                                                                                                 | <b>1c</b> Effective date of plan                             | 11/01/1973                                                  |                                                      |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Tower Loan of Mississippi, LLC<br><br>P. O. Box 320001<br><br>Flowood MS 39232 | <b>2b</b> Employer Identification Number (EIN)<br>45-5079659 | <b>2c</b> Plan Sponsor's telephone number<br>(601) 992-0153 | <b>2d</b> Business code (see instructions)<br>522291 |

**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.

|                  |                                    |          |                                                              |
|------------------|------------------------------------|----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |                                    | 10/17/22 | Lynne Card                                                   |
|                  | Signature of plan administrator    | Date     | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    | 10/17/22 | Lynne Card                                                   |
|                  | Signature of employer/plan sponsor | Date     | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |          |                                                              |
|                  | Signature of DFE                   | Date     | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624



**Tower Loan of Mississippi, LLC  
401(k) Profit Sharing Plan**

**FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**



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*Note: Other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.*



# REPORT



## **INDEPENDENT AUDITORS' REPORT**

To the Tower Loan of Mississippi, LLC 401(k) Profit Sharing 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 Tower Loan of Mississippi, LLC 401(k) Profit Sharing 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.

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 3 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 Auditors' Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the 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 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).

### **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 (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the 2021 Financial Statements**

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

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

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

### **Auditors' Responsibilities for the Audit of the 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 auditors' 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 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 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.

### **2021 Supplemental Schedule Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

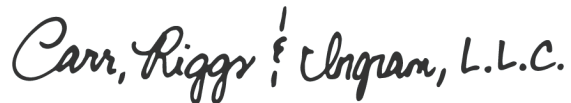
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedules 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 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).

#### **Auditors' Report on the 2020 Financial Statements**

We have audited the statement of net assets available for benefits of the Plan as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and in our report dated October 29, 2021, we expressed an unmodified opinion on those financial statements.

A handwritten signature in black ink that reads "Carr, Riggs & Ingram, L.L.C." in a cursive script.

CARR, RIGGS & INGRAM, LLC

Ridgeland, Mississippi

October 13, 2022



# FINANCIAL STATEMENTS



**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Statements of Net Assets Available for Benefits**

| <i>December 31,</i>               | <b>2021</b>   | 2020          |
|-----------------------------------|---------------|---------------|
| <b>Assets</b>                     |               |               |
| Investments                       |               |               |
| Investments, at fair value        | \$ 61,162,129 | \$ 52,540,652 |
| Investments, at contract value    | 929,003       | 954,943       |
| Total investments                 | 62,091,132    | 53,495,595    |
| Receivables:                      |               |               |
| Employer contributions            | 963,303       | 762,448       |
| Participant contributions         | 16,617        | 28,883        |
| Accrued investment income         | -             | 344           |
| Total receivables                 | 979,920       | 791,675       |
| Total assets                      | 63,071,052    | 54,287,270    |
| <b>Liabilities</b>                |               |               |
| Excess contributions payable      | 38,447        | 66,942        |
| Other liabilities                 | 3,980         | 7,179         |
| Net assets available for benefits | \$ 63,028,625 | \$ 54,213,149 |

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

**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Statement of Changes in Net Assets Available for Benefits**

| <i>Years ended December 31,</i>               | <b>2021</b>   | <b>2020</b>   |
|-----------------------------------------------|---------------|---------------|
| <b>Additions</b>                              |               |               |
| Investment income (net):                      |               |               |
| Net appreciation in value of investments      | \$ 6,330,163  | \$ 3,242,520  |
| Interest and dividends                        | 2,150,814     | 1,160,741     |
| Total investment income                       | 8,480,977     | 4,403,261     |
| Contributions:                                |               |               |
| Employer contributions                        | 956,308       | 736,893       |
| Participant contributions                     | 2,325,374     | 1,908,538     |
| Rollover and other contributions              | 24,739        | -             |
| Total contributions                           | 3,306,421     | 2,645,431     |
| Total additions                               | 11,787,398    | 7,048,692     |
| <b>Deductions</b>                             |               |               |
| Benefits paid to participants                 | 2,955,559     | 2,721,708     |
| Administrative expenses                       | 16,363        | 9,661         |
| Total deductions                              | 2,971,922     | 2,731,369     |
| Net increase                                  | 8,815,476     | 4,317,323     |
| <b>Net Assets Available for Plan Benefits</b> |               |               |
| Beginning of year                             | 54,213,149    | 49,895,826    |
| End of year                                   | \$ 63,028,625 | \$ 54,213,149 |

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

## **Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan Notes to Financial Statements**

### **Note 1: DESCRIPTION OF THE PLAN**

The following brief description of The Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan (the "Plan"), is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### ***General***

The Plan is a participant and nonparticipant directed, defined contribution plan covering full-time employees of Tower Loan of Mississippi, LLC ("Tower" or the "Company") meeting the service requirements of the Plan. The Company is a wholly-owned subsidiary of First Tower, LLC. In addition to the Company, First Tower, LLC's other wholly-owned subsidiaries have adopted the Plan as affiliated employers and their full-time employees are also covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Reliance Trust Company is the Trustee for the Plan. Morgan White Group Retirement Plan Services (RPS) acts as the third-party administrator and general recordkeeper for the Plan, which performs certain plan administration and annual ERISA compliance testing. Plan assets are managed by Fidelity and Charles Schwab, which invests contributions and Plan earnings, makes investment transactions as directed by the Investment Committee and provides certain recordkeeping services.

#### ***Eligibility***

Employees may become a participant of the Plan when they have reached one year of service and are age twenty-one or older. An eligible employee may enter the Plan on the next semi-annual entry date after all entry requirements have been met.

#### ***Contributions***

Each year, participants may contribute up to 20 percent (%) of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (i.e. rollover contributions). Participants direct the investment of employee contributions into various investment options offered by the Plan. All employer contributions are invested in a portfolio of investments as directed by the Company. 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 4% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The Company matches 50% of the first 6% of base compensation that a participant contributes to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's board of directors.

During the years ended December 31, 2021 and 2020, the Company made matching contributions of \$980,792 and \$736,893, respectively. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### Note 1: DESCRIPTION OF THE PLAN (Continued)

##### ***Participant Accounts***

Each participant's account is credited with the participant's contributions and Company's matching contributions, as well as allocations of the Company's profit sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### ***Vesting***

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. Vesting in the remainder of the account is based on years of continuous service. A participant is 100 percent vested after six years of credited service. Participants under two years of service are 0% vested, increasing in 20% increments from two to six years of service.

| <u>Years of Service</u> | <u>Vesting Percentage</u> |
|-------------------------|---------------------------|
| Less than 2 years       | 0%                        |
| 2 years                 | 20%                       |
| 3 years                 | 40%                       |
| 4 years                 | 60%                       |
| 5 years                 | 80%                       |
| 6 or more years         | 100%                      |

##### ***Benefit Payments***

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

##### ***Forfeitures***

During the year ended December 31, 2021 and 2020, forfeited nonvested accounts totaled \$36,378 and \$25,927, respectively. These accounts will be used to reduce future employer contributions. Also, in 2021 and 2020, employer contributions were reduced by \$36,521 and \$20,541, respectively, from forfeited nonvested accounts.

#### Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### ***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

## **Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**

### **Notes to Financial Statements**

#### **Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

##### ***Use of Estimates***

The preparation of U.S. GAAP financial statements requires management 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.

##### ***Investment Valuation and Income Recognition***

Investments generally are reported at fair value, but may also be reported at contract value or net asset value (NAV). 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 Notes 4 and 5 for further discussion of fair value measurements and contract value.

The Company's Management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### ***Excess Contribution Payable***

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2021 and 2020 excess contributions to the applicable participants before March 15, 2022 and March 15, 2021, respectively.

##### ***Payment of Benefits***

Distributions to participants are recorded when paid.

##### ***Expenses***

Expenses attributable to the general Plan administration were paid by the Plan and allocated among the accounts of all participants, in proportion to their account balances, unless paid by the Employer. During the year ended December 31, 2021 and 2020, expenses of \$16,363 and \$9,661, respectively, were paid by the Plan and allocated to participant accounts.

##### ***Risks and Uncertainties***

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

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

##### *Subsequent Events*

Management has evaluated subsequent events through the date the financial statements were available to be issued, October 13, 2022, and determined that no events occurred which required disclosure. No subsequent events that occurred after this date have been evaluated for inclusion in these financial statements.

#### Note 3: INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

For the audit of the 2021 financial statements, the Plan administrator has elected the method of compliance, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the trustee under such regulation:

- a) Total investments, at fair value and contract value, included in the statement of net assets available for benefits at December 31, 2021.
- b) Investment income information included in the statement of changes in net assets available for benefits for the year ended December 31, 2021.
- c) All 2021 amounts included in Note 4, *Fair Value Measurements* and Note 5, *Investments Reported at Contract Value*.
- d) All information included in the supplemental schedule of assets (held at end of year) as of December 31, 2021.

#### Note 4: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

*Level 1:* Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

*Level 2:* Significant other observable inputs other than Level 1 prices, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are:
  - observable; or
  - can be corroborated by observable market data.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### Note 4: FAIR VALUE MEASUREMENTS (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020:

*Cash and cash equivalents:* The carrying value approximates fair value.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator 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 different fair value measurements at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

| Description                     | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 | Total         |
|---------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|---------------|
| <i>December 31, 2021</i>        |                                                                          |                                                         |                                                  |               |
| Cash and cash equivalents       | \$ 1,822,196                                                             | \$ -                                                    | \$ -                                             | \$ 1,822,196  |
| Common stocks                   | 6,395,493                                                                | -                                                       | -                                                | 6,395,493     |
| Mutual funds                    | 52,944,441                                                               | -                                                       | -                                                | 52,944,441    |
| Total investments at fair value | \$ 61,162,129                                                            | \$ -                                                    | \$ -                                             | \$ 61,162,129 |

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### Note 4: FAIR VALUE MEASUREMENTS (Continued)

| Description                     | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>Level 1 | Significant<br>Other<br>Observable<br>Inputs<br>Level 2 | Significant<br>Unobservable<br>Inputs<br>Level 3 | Total         |
|---------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|---------------|
| <i>December 31, 2020</i>        |                                                                          |                                                         |                                                  |               |
| Cash and cash equivalents       | \$ 595,403                                                               | \$ -                                                    | \$ -                                             | \$ 595,403    |
| Common stocks                   | 5,351,747                                                                | -                                                       | -                                                | 5,351,747     |
| Mutual funds                    | 46,593,502                                                               | -                                                       | -                                                | 46,593,502    |
| Total investments at fair value | \$ 52,540,652                                                            | \$ -                                                    | \$ -                                             | \$ 52,540,652 |

#### Note 5: INVESTMENTS REPORTED AT CONTRACT VALUE

The Plan invests in the Putnam Stable Value Fund, which is a custom investment vehicle that invests in fully benefit-responsive investment contracts, which include traditional guaranteed investment contracts ("GICs"), synthetic GICs, and separate account GICs issued by insurance companies. The amount invested totaled \$929,003 and \$954,943 as of December 31, 2021 and 2020, respectively. As of December 31, 2021 and 2020, the crediting rate was 2.38% at each year-end.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

## Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan

### Notes to Financial Statements

#### Note 5: INVESTMENTS REPORTED AT CONTRACT VALUE (Continued)

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

#### Note 6: NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

| <i>Years ended December 31,</i> | <b>2021</b>          | <b>2020</b>          |
|---------------------------------|----------------------|----------------------|
| Net assets:                     |                      |                      |
| Cash                            | \$ 1,818,216         | \$ 591,172           |
| Mutual funds                    | 33,015,112           | 30,290,091           |
| Common stock                    | 6,395,493            | 5,351,747            |
| Total                           | <b>\$ 41,228,821</b> | <b>\$ 36,233,010</b> |

| <i>Years ended December 31,</i> | <b>2021</b>         | <b>2020</b>         |
|---------------------------------|---------------------|---------------------|
| Changes in net assets:          |                     |                     |
| Contributions and forfeitures   | \$ 1,412,843        | \$ 629,441          |
| Dividends                       | 781,762             | 445,387             |
| Net appreciation (depreciation) | 5,008,501           | 2,054,786           |
| Benefits paid to participants   | (2,207,296)         | (1,356,032)         |
| Total                           | <b>\$ 4,995,810</b> | <b>\$ 1,773,582</b> |

#### Note 7: TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 11, 2011, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan Notes to Financial Statements**

### **Note 8: PLAN TERMINATION**

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

### **Note 9: RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS**

Plan investments are managed by Ballew Wealth Management (Fidelity) and Medley Brown (Charles Schwab). Reliance Trust Company is the Trustee.

RPS provides certain administrative and general recordkeeping services to the Plan pursuant to a Service Agreement between the Company and RPS. RPS receives revenue from mutual fund service providers for services RPS provides to the funds. This revenue is used to offset certain amounts owed to RPS for its administrative services to the Plan.

If the revenue received by RPS from such mutual fund service providers exceeds the amount owed under the Service Agreement, RPS remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2021 and 2020, there were no excess amounts. The Plan or Plan Sponsor may make a payment to RPS for administrative expenses not covered by revenue sharing.



## SUPPLEMENTAL SCHEDULE



## **SUPPLEMENTAL SCHEDULE**

**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Employer ID: 45-5079659 Plan Number: 001**  
**Schedule H, line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

December 31, 2021

| (a)                                     | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description<br>of Investments | (d)<br>Cost** | (e)<br>Current<br>Value |
|-----------------------------------------|-----------------------------------------------------------------|--------------------------------------|---------------|-------------------------|
| <b>Participant directed investments</b> |                                                                 |                                      |               |                         |
|                                         | American Funds 2030 Targ Date - R6                              | Mutual Fund                          | **            | \$ 3,386,210            |
|                                         | American Funds 2040 Targ Date - R6                              | Mutual Fund                          | **            | 1,576,051               |
|                                         | American Funds 2050 Targ Date - R6                              | Mutual Fund                          | **            | 1,554,388               |
|                                         | American Funds 2055 Target DTD Ret CL R6                        | Mutual Fund                          | **            | 485,947                 |
|                                         | American Funds 2060 Targ Date Retire CL R6                      | Mutual Fund                          | **            | 531,209                 |
|                                         | American US Govt Securities R6                                  | Mutual Fund                          | **            | 63,451                  |
|                                         | Ariel Fund                                                      | Mutual Fund                          | **            | 725,497                 |
|                                         | Baron Growth Fund Instl Class                                   | Mutual Fund                          | **            | 1,483,029               |
|                                         | Cohen & Steers Real Estate Securities I                         | Mutual Fund                          | **            | 388,760                 |
| *                                       | Fidelity 500 Index Fund                                         | Mutual Fund                          | **            | 1,481,530               |
| *                                       | Fidelity Advisor Diversified Intl CL Z                          | Mutual Fund                          | **            | 369,900                 |
| *                                       | Fidelity Advisor Govt Income CL I                               | Mutual Fund                          | **            | 364,117                 |
| *                                       | Fidelity Advisor Strategic Inv CL I                             | Mutual Fund                          | **            | 382,473                 |
| *                                       | Fidelity Extended Market Index Fund                             | Mutual Fund                          | **            | 105,290                 |
| *                                       | Fidelity International Index Fund                               | Mutual Fund                          | **            | 57,400                  |
| *                                       | Fidelity Low Priced Stock Fund: Class K                         | Mutual Fund                          | **            | 783,262                 |
| *                                       | Fidelity Small Cap Enhanced Index                               | Mutual Fund                          | **            | 1,660                   |
| *                                       | Fidelity Total Market Index Fund                                | Mutual Fund                          | **            | 375,305                 |
|                                         | JP Morgan Emerging Markets Equity FD R6                         | Mutual Fund                          | **            | 26,646                  |
|                                         | JP Morgan Smartretire Income FD CL                              | Mutual Fund                          | **            | 3,562,976               |
|                                         | PGIM High Yield Class Z                                         | Mutual Fund                          | **            | 349,710                 |
|                                         | PGIM Short Term Corp Bond CL Z                                  | Mutual Fund                          | **            | 427,781                 |
|                                         | Washington Mutual Investor Fund CL R6                           | Mutual Fund                          | **            | 549,181                 |
|                                         | Wells Fargo Growth Fund Class R6                                | Mutual Fund                          | **            | 897,556                 |
| Total participant directed mutual funds |                                                                 |                                      |               | \$ 19,929,328           |

(Continued)

**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Employer ID: 45-5079659 Plan Number: 001**  
**Schedule H, line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

December 31, 2021

| (a)                                         | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description<br>of Investments | (d)<br>Cost** | (e)<br>Current<br>Value |
|---------------------------------------------|-----------------------------------------------------------------|--------------------------------------|---------------|-------------------------|
| <b>Non-participant directed investments</b> |                                                                 |                                      |               |                         |
|                                             | Akre focus Fund Inst                                            | Mutual Fund                          | \$ 165,048    | \$ 830,427              |
|                                             | Dodge and Cox Emerging Stock                                    | Mutual Fund                          | 200,000       | 184,608                 |
|                                             | Dodge and Cox Income Fund                                       | Mutual Fund                          | 2,731,352     | 2,804,429               |
|                                             | Dodge and Cox International                                     | Mutual Fund                          | 1,505,987     | 2,005,908               |
|                                             | Doubleline Total Return                                         | Mutual Fund                          | 1,974,554     | 1,922,527               |
|                                             | Fam SM Cap Fd Inst                                              | Mutual Fund                          | 660,000       | 1,013,800               |
|                                             | First Eargle Overseas                                           | Mutual Fund                          | 1,850,000     | 1,815,110               |
|                                             | FMI Common Stock Fund Inst                                      | Mutual Fund                          | 2,402,137     | 2,979,428               |
|                                             | FMI Intl Fd Inst                                                | Mutual Fund                          | 1,752,175     | 1,943,459               |
|                                             | FMI Large Cap Fund                                              | Mutual Fund                          | 2,306,689     | 2,469,948               |
|                                             | FPA Crescent Fund Inst                                          | Mutual Fund                          | 1,450,000     | 1,554,850               |
|                                             | Oakmark Intl Fd Inst                                            | Mutual Fund                          | 739,720       | 1,129,361               |
|                                             | Parnassus Mid Cap Fund                                          | Mutual Fund                          | 850,000       | 1,073,871               |
|                                             | Primecap Odyssey Aggressive Growth FD                           | Mutual Fund                          | 189,806       | 567,604                 |
|                                             | Primecap Odyssey Growth Fund                                    | Mutual Fund                          | 20,902        | 64,883                  |
|                                             | Primecap Odyssey Stock Fund                                     | Mutual Fund                          | 849,236       | 2,215,450               |
| *                                           | Schwab FDMTL Emerg Mkts                                         | Mutual Fund                          | 639,569       | 676,501                 |
| *                                           | Schwab Fundamental Intl                                         | Mutual Fund                          | 895,000       | 957,056                 |
| *                                           | Schwab Fundamental US                                           | Mutual Fund                          | 1,090,778     | 1,336,444               |
| *                                           | Schwab Short Term Bond                                          | Mutual Fund                          | 1,323,379     | 1,322,735               |
| *                                           | Schwab US Aggregate Bond                                        | Mutual Fund                          | 2,120,000     | 2,076,451               |
|                                             | Tweedy Browne Global Value Fund                                 | Mutual Fund                          | 754,430       | 876,608                 |
|                                             | Vulcan Value Partners IN                                        | Mutual Fund                          | 318,550       | 447,594                 |
|                                             | Vulcan Value Partners SM                                        | Mutual Fund                          | 538,034       | 746,059                 |
| Total non-participant directed mutual funds |                                                                 |                                      | 27,327,346    | 33,015,112              |
|                                             | Alphabet Inc - Class A                                          | Common Stock                         | 16,671        | 173,822                 |
|                                             | Alphabet Inc - Class C                                          | Common Stock                         | 16,570        | 173,615                 |
|                                             | Amern Tower Corp                                                | Common Stock                         | 40,708        | 146,250                 |
|                                             | Apple Inc.                                                      | Common Stock                         | 51,451        | 497,196                 |
|                                             | Baidu Com. Inc                                                  | Common Stock                         | 115,330       | 148,790                 |
|                                             | Bank of BY Mellon                                               | Common Stock                         | 40,027        | 116,160                 |
|                                             | Berkshire Hathaway B New Class B                                | Common Stock                         | 800,994       | 2,541,500               |
|                                             | Cardinal Health Inc.                                            | Common Stock                         | 53,932        | 51,490                  |
|                                             | Carmax Inc                                                      | Common Stock                         | 21,630        | 130,230                 |
|                                             | Cisco Systems Inc.                                              | Common Stock                         | 35,407        | 126,740                 |
|                                             | CitiGroup Inc                                                   | Common Stock                         | 49,638        | 60,390                  |
|                                             | Comcast CP New CL A SPL                                         | Common Stock                         | 9,875         | 60,396                  |
|                                             | CVS Health Corp                                                 | Common Stock                         | 78,253        | 103,160                 |
|                                             | FedEx Corp.                                                     | Common Stock                         | 25,212        | 77,592                  |
|                                             | Goldman Sachs Group Inc                                         | Common Stock                         | 42,488        | 153,020                 |
|                                             | JPMorgan Chase & Co.                                            | Common Stock                         | 40,462        | 174,185                 |
|                                             | Lowe's Companies Inc.                                           | Common Stock                         | 26,556        | 258,480                 |
|                                             | Merck & Co. Inc. New                                            | Common Stock                         | 49,331        | 76,640                  |
|                                             | Microsoft Corp.                                                 | Common Stock                         | 26,658        | 336,320                 |
|                                             | Roche Hldg AG F                                                 | Common Stock                         | 56,605        | 103,380                 |
|                                             | Unitedhealth Group Inc.                                         | Common Stock                         | 19,830        | 251,070                 |
|                                             | Visa Inc. CL A                                                  | Common Stock                         | 20,672        | 260,052                 |
|                                             | Walt Disney Co                                                  | Common Stock                         | 37,630        | 103,002                 |
|                                             | Wells Fargo & Co. New                                           | Common Stock                         | 129,963       | 239,900                 |
|                                             | Western Union Company                                           | Common Stock                         | 24,287        | 32,112                  |
| Total non-participant directed common stock |                                                                 |                                      | \$ 1,830,180  | \$ 6,395,493            |

(Continued)

**Tower Loan of Mississippi, LLC 401(k) Profit Sharing Plan**  
**Employer ID: 45-5079659 Plan Number: 001**  
**Schedule H, line 4i – Schedule of Assets (Held at End of Year) (Continued)**  
**December 31, 2021**

December 31, 2021

| (a)                                 | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description<br>of Investments | (d)<br>Cost** | (e)<br>Current<br>Value |
|-------------------------------------|-----------------------------------------------------------------|--------------------------------------|---------------|-------------------------|
|                                     | COMMON COLLECTIVE TRUST                                         |                                      |               |                         |
|                                     | Putnam Stable Value 35BPS                                       | Common Collective<br>Trust           | \$ 929,003    | \$ 929,003              |
|                                     | CASH AND CASH EQUIVALENTS                                       |                                      |               |                         |
| *                                   | Schwab Money Market Fund                                        | Money Market                         | 1,813,025     | 1,813,025               |
| *                                   | Schwab Cash Reserves                                            | Money Market                         | 5,191         | 5,191                   |
| Total non-participant directed cash |                                                                 |                                      |               | 1,818,216               |
| *                                   | Fidelity Cash Reserves                                          | Money Market                         | 3,980         | 3,980                   |
| Total Cash and Cash Equivalents     |                                                                 |                                      |               | 1,822,196               |
| Total Investments                   |                                                                 |                                      |               | \$ 62,091,132           |

\* Denotes a party-in-interest

\*\* Cost not required for participant-directed investments.