

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information					
1a Name of plan <u>CEC CORPORATION 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 5px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan <u>01/01/2013</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2013</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2013</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CEC CORPORATION</u> <u>4555 WEST MEMORIAL ROAD</u> <u>OKLAHOMA CITY, OK 73142-2013</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">2b Employer Identification Number (EIN) <u>73-0760206</u></td> </tr> <tr> <td style="padding: 5px;">2c Plan Sponsor's telephone number <u>405-753-4200</u></td> </tr> <tr> <td style="padding: 5px;">2d Business code (see instructions) <u>541330</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>73-0760206</u>	2c Plan Sponsor's telephone number <u>405-753-4200</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>73-0760206</u>					
2c Plan Sponsor's telephone number <u>405-753-4200</u>					
2d Business code (see instructions) <u>541330</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/31/2022	MARIA WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	250
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	210
a(2) Total number of active participants at the end of the plan year		6a(2)	186
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	37
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	226
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	226
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	185
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CEC CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CEC CORPORATION	D Employer Identification Number (EIN) 73-0760206

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	123312	195	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 3371	(b) Total amount of fees paid 2691
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRISTAR PENSION LTD
9150 N. MAY AVE. SUITE A
OKLAHOMA CITY, OK 73120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3371	2691	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	7371576

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

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

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

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

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

b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CEC CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CEC CORPORATION	D Employer Identification Number (EIN) 73-0760206	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MERRILL LYNCH, PIERCE, FENNER & SMI
13-5674085

(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)

MERRILL LYNCH - EPS

150 N. COLLEGE STREET
CHARLOTTE, NC 28202

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	RIA	23894	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MERRILL LYNCH - FAS

150 N. COLLEGE STREET
CHARLOTTE, NC 28202

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	RIA	20480	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	RECORDKEEPER	575	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>CEC CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CEC CORPORATION</u>	D Employer Identification Number (EIN) <u>73-0760206</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2065 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6452</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2060 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>427423</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2055 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1202962</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2050 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1323337</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2045 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>736755</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2040 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>314730</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2035 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>330618</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2030 PRESERV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336226
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2025 PRESERV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259341
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX INCOME PRESERV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161801
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SMALL COMPANY GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6520
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8225
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74011
a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR MID CAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14578
a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES GOLD TRUST ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39287
a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES MSCI EAFE VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1848
a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE INTL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37612

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK MID CAP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159075
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMID CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17414
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25644
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN EM EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11716
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16881
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7138
a Name of MTIA, CCT, PSA, or 103-12 IE: UNDISCOVERED MGR BEHAVIORAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82707
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3471
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49223
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11086

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123540
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44050
a Name of MTIA, CCT, PSA, or 103-12 IE: WISDOMTREE MIDCAP DIVIDEND ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2688
a Name of MTIA, CCT, PSA, or 103-12 IE: WISDOMTREE MC EARNINGS ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6375
a Name of MTIA, CCT, PSA, or 103-12 IE: WISDOMTREE SC DIVIDEND ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5298
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282974
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 417213
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGGRESSIVE GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17184
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163348
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37154

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62679
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33343
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29850
a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES MSCI EAFE GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1607
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13406
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD INTERNATIONAL EQUITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19279
a Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS CORE EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21084
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1421
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206749
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOT WLD STK INDEX ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3386

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD VALUE INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35030
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AF AMERICAN BALANCED FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101382
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS EMERGING MARKETS DEBT**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6105
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PAX SUSTAINABLE ALLOCATION**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2169
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CORE BOND FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4624
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA INFLATION-PROTECTED SEC**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2942
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FEDERATED HIGH YIELD BOND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 970
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK BOND FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11505
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STRATEGIC INCOME OPP FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24488
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TOTAL BOND MARKET FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23623
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CEC CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CEC CORPORATION	D Employer Identification Number (EIN) 73-0760206	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	9844	15485
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	-52	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10403067	12077645
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	10412859 12093130
Liabilities			
g	Benefit claims payable	1g	0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	52 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	52 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10412807 12093130

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	349062
	(B) Participants	2a(1)(B)	808699
	(C) Others (including rollovers).....	2a(1)(C)	309829
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1467590
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	86071
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	86071
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1755979
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3309640
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1475334	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1475334
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	32780	
(3) Investment advisory and management fees.....	2i(3)	115563	
(4) Other.....	2i(4)	5640	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		153983
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1629317
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1680323
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: SMITH, CARNEY & CO., P.C.

(2) EIN: 73-1225615

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CEC CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CEC CORPORATION	D Employer Identification Number (EIN) 73-0760206

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 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 _____

CEC CORPORATION 401(K) PLAN

Financial Statements and Supplemental Schedule

December 31, 2021

Financial Statements and
Supplemental Schedule

CEC CORPORATION 401 (K) PLAN

December 31, 2021

Financial Statements

Independent Auditors' Report.	1
Statements of Net Assets	
Available for Benefits.	5
Statements of Changes in Net Assets	
Available for Benefits.	6
Notes to Financial Statements	7

Supplemental Schedule

Assets Held for Investment	
Purposes at year end.	13



Smith Carney ^{PC}
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
CEC Corporation 401(k) Plan
Oklahoma City, Oklahoma

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

We have performed audits of the accompanying financial statements of CEC Corporation 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of CEC Corporation 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance

with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of CEC Corporation 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about CEC Corporation 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 CEC Corporation 401(k) 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 CEC Corporation 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of Assets Held for Investment Purposes for the year ended December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such 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 audits of the financial statements and certain additional procedures, including comparing and

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

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the 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).

Oklahoma City, Oklahoma
September 23, 2022

Smith, Carney & Co. P.C.

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

CEC CORPORATION 401(k) PLAN

	December 31,	
	2021	2020
<u>ASSETS</u>		
Cash in bank	\$ 15,485	\$ 9,844
Investments at fair value	<u>12,077,645</u>	<u>10,403,067</u>
TOTAL ASSETS	<u>\$ 12,093,130</u>	<u>\$ 10,412,911</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,093,130</u>	<u>\$ 10,412,911</u>

See Independent Auditors' Report
and Notes to Financial Statements.

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

CEC CORPORATION 401(k) PLAN

	For the Year Ended December 31,	
	2021	2020
<u>ADDITIONS TO NET ASSETS</u>		
<u>ATTRIBUTED TO:</u>		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ 1,749,922	\$ 1,556,198
Dividends	86,090	72,546
	1,836,012	1,628,744
Less: Investment expenses	(115,569)	(87,496)
	1,720,443	1,541,248
Contributions:		
Employer	349,046	348,911
Employees	808,714	786,247
Employee rollovers	309,829	66,323
	1,467,589	1,201,481
 TOTAL ADDITIONS	 3,188,032	 2,742,729
<u>DEDUCTIONS FROM NET ASSETS</u>		
<u>ATTRIBUTED TO:</u>		
Benefits paid to participants	1,475,034	548,563
Administrative expenses	32,779	23,118
 TOTAL DEDUCTIONS	 1,507,813	 571,681
 CHANGE IN NET ASSETS	 1,680,219	 2,171,048
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
<u>AT BEGINNING OF YEAR</u>	<u>10,412,911</u>	<u>8,241,863</u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
<u>AT END OF YEAR</u>	<u>\$ 12,093,130</u>	<u>\$ 10,412,911</u>

See Independent Auditors' Report
and Notes to Financial Statements.

NOTES TO FINANCIAL STATEMENTS

CEC CORPORATION 401(K) PLAN

December 31, 2021

NOTE A--DESCRIPTION OF THE PLAN

The following brief description of CEC Corporation 401(k) Plan is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General: The CEC Corporation 401(k) Plan (formerly known as Cobb Engineering 401(k) Plan)(the Plan) is a defined contribution plan covering substantially all employees of CEC Corporation (the Plan Sponsor). The Plan was established January 1, 2013, with the name change effective January 1, 2015. The Plan is intended to satisfy the requirements of Code Section 401 and ERISA Section 501. In May 2016, the sponsor changed the custodian to John Hancock Life Insurance Company and adopted its prototype plan.

Contributions: Eligible employees may contribute up to the maximum percent of their compensation as pre-tax or after-tax contributions for the plan year. Such maximum contributions are subject to limitations imposed by the Internal Revenue Code.

Eligible employees who have completed a year of service and are employed at the end of the year, or retired, or became permanently disabled, or died during the year are eligible to receive a matching contribution. The matching contribution formula is applied on a plan year basis. For the year ended December 31, 2021 and 2020, the company made matching contributions of 100% of the employees' elective deferral up to 3% of the employee's compensation.

The company may also make a discretionary contribution to the Plan each year as a profit-sharing contribution. All contributions are subject to certain federal tax law limitations.

Participants' Accounts: Participants direct the investment of their contributions into various options offered by the Plan. Each participant's account is credited with the participant's contribution, the Employer's matching contribution, allocations of the Employer's profit-sharing contribution and account earnings and is charged with account losses and allocated service fees. 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 voluntary contributions and actual earnings thereon. Vesting of employer matching contributions and discretionary contributions are based on the participant's years of service. A participant is fully vested after three years of credited service on employer matching contributions. A participant is fully vested after six years of credited service on the employer profit sharing contributions.

Notes Receivable from Participants: The Plan does not allow participant loans.

Excess Contributions 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.

Distributions: Upon retirement, disability, or death, a participant or beneficiary may receive the entire amount credited to the participant's account under various distribution options, including lump sum payments or installment payments if subject to required minimum distributions. Extended payouts are generally limited to the lifetimes of the participant and designated beneficiary. Required minimum distributions must begin within a prescribed period after the participant attains the age of 72. On termination of service, the participant's vested balance will be paid to the participant in any manner permitted by the Plan and agreed-upon by the participant and Plan Administrator. Any participant who terminates employment with a balance of less than \$1,000 may be immediately cashed out by the Plan. In-service distributions are permitted once a year for a participant who is 59 1/2 years or older from fully vested accounts, for a minimum distribution amount of \$1,000.

NOTES TO FINANCIAL STATEMENTS--Continued

CEC CORPORATION 401(K) PLAN

December 31, 2021

Forfeitures: Forfeitures shall be used to reduce other contributions required of the employer. The balance of forfeitures and unallocated funds was \$15,485 and \$9,844 for 2021 and 2020, respectively.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurement.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Reclassification: Certain amounts in the 2020 financial statements have been reclassified to conform to the 2021 presentation. Net assets were not affected because of the reclassification.

NOTE C--INVESTMENTS

Plan investments of \$7,371,576 and \$6,159,915 as of December 31, 2021 and 2020, respectively, were held by a qualified custodian in a group annuity contract in pooled separate accounts and collective investment trust funds, and have been disclosed in the accompanying financial statements and ERISA-required supplemental schedules. These investments, and their net appreciation in fair value of investments of \$947,583 and \$914,371 for the years ended December 31, 2021 and 2020, were obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Life Insurance Company ("John Hancock") as custodian for the Plan Trustee. The participants direct the investments based on options determined by the trustee.

Plan investments of \$4,706,069 and \$4,243,152 as of December 31, 2021 and 2020, respectively, were held in self-directed brokerage accounts invested in money market funds, mutual funds, and equities with Merrill Lynch. The participants direct the investments based on options determined by the trustee. These assets and their net appreciation in fair value and dividends do not meet the requirements for ERISA section 103(a)(3)(c).

CEC CORPORATION 401(K) PLAN

December 31, 2021

NOTE D--FAIR VALUE MEASUREMENTS

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

U.S. GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. Level 2 inputs are used when identical assets cannot be identified, but quoted prices for similar assets in active markets are available. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

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.

Self-Directed Brokerage: Participants with self-directed brokerages accounts are invested in: money market funds valued at the observable cash value; common stock valued at the closing price reported on the New York Stock Exchange; and open-ended mutual funds that are registered with the Securities and Exchange Commission (SEC). The mutual funds are valued at their published daily net asset value ("NAV") and are required to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts(PSA)/Collective Investment Trust(CIT): These investments are held by the custodian/trustee, John Hancock Life Insurance Company, which invests in equity, fixed income, and target date funds. Plan participants do not own shares of the individual underlying assets, but a proportionate interest identified as "units". John Hancock values the assets based on a daily calculated unit values. The factors used to determine the unit value include published daily NAVs for the current and previous day (observable) of the underlying investments in which a daily asset fee (unobservable) is applied to determine the daily change to the unit value. The unit value is used as a practical expedient to estimate fair value and the value in which the units are traded.

Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the funds, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no additional sales charges, commissions, or trading restrictions related to funds.

NOTES TO FINANCIAL STATEMENTS--Continued

CEC CORPORATION 401(K) PLAN

December 31, 2021

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

	Assets at Fair Value as of December 31, 2021				
	NAV*	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$7,371,576	\$ -	\$ -	\$ -	\$ 7,371,576
Self-directed Brokerage	-	4,706,069	-	-	4,706,069
	<u>\$7,371,576</u>	<u>\$4,706,069</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$12,077,645</u>

	Assets at Fair Value as of December 31, 2020				
	NAV*	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$6,116,005	\$ -	\$ -	\$ -	\$ 6,116,005
Self-directed Brokerage	-	4,243,152	-	-	4,243,152
Collective Investment Trust:	43,910	-	-	-	43,910
	<u>\$6,159,915</u>	<u>\$4,243,152</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$10,403,067</u>

*Investments valued at fair value using the NAV per share as a practical expedient have not been categorized in the fair value hierarchy.

Fair Value of Investments in Entities
That Use Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2021 and 2020.

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
<u>December 31, 2021</u>				
Pooled Separate Accounts	\$ 7,371,576	N/A	Daily	30 Days
<u>December 31, 2020</u>				
Pooled Separate Accounts	\$ 6,116,005	N/A	Daily	30 Days
Collective Investment Trust	\$ 43,910	N/A	Daily	30 Days

NOTE E--PLAN STATUS

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. At the time of Plan termination, participants will become 100% vested in their accounts.

NOTE F--TAX STATUS

The Plan is qualified under the appropriate section of the Internal Revenue Code (IRC) and, accordingly, the Plan's net investment income is exempt from income taxes. The Plan operates under the Prototype Plan of its trustee. A determination letter has been obtained for the Prototype Plan. The Plan sponsor believes that the Plan as designed is currently being operated in compliance with the applicable requirements of the IRC and continues to be tax exempt.

NOTES TO FINANCIAL STATEMENTS--Continued

CEC CORPORATION 401(K) PLAN

December 31, 2021

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan has concluded that, as of December 31, 2021, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, currently, no audits for any tax periods are in progress. The Plan is subject to income tax examinations for plan years ended December 31, 2019 through 2021.

NOTE G--TRANSACTIONS WITH PARTIES-IN-INTEREST

By definition, any fiduciary (Plan Administrator, trustee, custodian), legal counsel, or person providing service to the Plan is a party-in-interest. The Plan pays the expenses incurred by the Plan for services performed by parties-in-interest, such as investment fees and administrative expenses. These amounts have been separately disclosed on the Statements of Changes in Net Assets Available for Benefits.

The Plan used \$-0- and \$12,749 of forfeitures to pay employer contributions related to the Plan during 2021 and 2020, respectively. Certain administrative expenses were paid by the Plan Sponsor in 2021 and 2020. The Plan Sponsor has the option, but not the obligation, to pay any of the Plan's administrative expenses. In addition, certain administrative functions are performed by officers or employees of the Plan Sponsor for which the officer or employee receives no compensation from the Plan nor is the Plan charged by the Plan Sponsor for these services.

NOTE H--RECONCILIATION OF FINANCIAL STATEMENTS TO
FORM 5500 OF THE U.S. DEPARTMENT OF LABOR

The following is a reconciliation of the net assets available for benefits per the financial statements to Form 5500 as of December 31, 2021 and 2020.

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$12,093,130	\$10,412,911
Other liabilities	<u>-</u>	<u>(104)</u>
Net assets available for benefits per Form 5500	<u>\$12,093,130</u>	<u>\$10,412,807</u>

The following is a reconciliation of net change in net assets per the financial statements to Form 5500 for the year ended December 31, 2021 and 2020.

	<u>2021</u>	<u>2020</u>
Change in net assets available for benefits per the financial statements	\$1,680,219	\$2,171,048
Change in other liabilities	<u>104</u>	<u>(104)</u>
Change in net assets available for benefits per Form 5500	<u>\$1,680,323</u>	<u>\$2,170,944</u>

NOTES TO FINANCIAL STATEMENTS--Continued

CEC CORPORATION 401(K) PLAN

December 31, 2021

NOTE I--RISKS AND UNCERTAINTIES

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

NOTE J--SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 23, 2022, the date which the financial statements were available to be issued.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

EIN: 73-0760206

CEC CORPORATION 401(K) PLAN

PLAN NO: 001

Calendar Year 2021

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with John Hancock Life Insurance Company	Participant Directed Funds: Pooled Separate Accounts: JH Multi-Index 2065 Preserv JH Multi-Index 2060 Preserv JH Multi-Index 2055 Preserv JH Multi-Index 2050 Preserv JH Multi-Index 2045 Preserv JH Multi-Index 2040 Preserv JH Multi-Index 2035 Preserv JH Multi-Index 2030 Preserv JH Multi-Index 2025 Preserv JH Multi-Index Income Preserv DFA U.S. Small Cap Fund Harbor Mid Cap Value Fund Int'l Equity Index Fund iShares Gold Trust ETF Versus Systems Inc VictoryShares USAA MSCI Intl VI Mntm Etf John Hancock Int'l Growth Lazard International Equity New World Fund Northern EM Equity Index Fund Real Est. Securities Fund Small Cap Index Fund Undiscovered Mgr Behavioral Vanguard Energy Fund Vanguard Mid-Cap Value ETF Vanguard Small Cap Grow Index Vanguard Small Cap Value Index Wells Fargo Small Company WisdomTree MidCap Dividend ETF WisdomTree SC Dividend ETF 500 Index Fund Blue Chip Growth Fund ClearBridge Aggressive Growth Dodge & Cox Stock Fund Fundamental All Cap Core Fund Fundamental Large Cap Value JPMorgan Intrepid Mid Cap Mid Cap Index Fund Oppenheimer Global Parnassus Core Equity Fund Total Stock Market Index Fund		\$ 6,452 427,423 1,202,962 1,323,338 736,755 314,730 330,619 336,226 259,341 161,801 74,012 14,578 33,344 39,287 37,612 1,848 13,407 19,280 8,226 11,716 16,882 7,139 82,708 3,472 11,086 123,540 44,051 6,520 2,689 5,299 282,974 417,213 17,184 163,349 37,154 62,680 17,414 25,645 29,851 21,085 1,422

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

EIN: 73-0760206

CEC CORPORATION 401(K) PLAN

PLAN NO: 001

Calendar Year 2021

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with John Hancock Life Insurance Company-- Continued	Vanguard Growth Index Fund		206,749
		Vanguard Mid-Cap Growth ETF		49,224
		WisdomTree MC Earnings ETF		6,376
		Vanguard Total World Stock ETF		3,386
		American Balanced Fund		101,383
		Federated High Yield Bond		971
		iShares MSCI EAFE Growth ETF		1,607
		DFA Inflation-Protected Sec		2,943
		Pax World Balanced Fund		2,170
		Vanguard Value Index Fund		35,030
		MFS Emerging Markets Debt		6,106
		John Hancock Bond Fund		11,506
		Strategic Income Opp Fund		24,488
		JH Mid Cap Growth Fund		159,075
		VS Core Bond Fund		4,625
		Total Bond Market Fund		23,623
				<u>7,371,576</u>
*	Funds Invested with Merrill Lynch (Bank of American Corporation)	Participant Directed Funds:		
		Money Market Funds:		
		Cash		2,080
		BLF RESERVE CASH FUND		89,862
		ISA BMW BK N AMERICA		3,436
				<u>95,378</u>
		Participant Directed Funds:		
		Common Stock:		
		ALPHABET INC SHS CL A		37,662
		AMGEN INC COM		4,049
		AT&T INC		5,904
		ADOBE INC SHS		9,640
		ADVANCE AUTO PARTS INC		5,517
		AES CORP		4,787
		AMAZON COM INC		33,343
		AMERICAN TOWER REIT INC		4,680
		APPLE INC		48,477
		APPLIED MATERIAL INC		13,376
		AVALARA INC		5,035
		BANK OF NOVA SCOTIA		5,950
		BEST BUY CO INC		5,080
		BLACKROCK INC		11,902

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

EIN: 73-0760206

CEC CORPORATION 401(K) PLAN

PLAN NO: 001

Calendar Year 2021

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with Merrill Lynch (Bank of American Corporation)-- Continued	BORG WARNER INC BRISTOL MYERS SQUIBB CO BROADCOM LTD CADENCE DESIGN SYS INC CELANESE CORP DEL SER A C.H. ROBINSON WORLDWIDE CHEVRON CORP CITRIX SYSTEMS INC CLOUDFLARE INC REG SHS CL A COMCAST CORP NEW CL A CONOCOPHILLIPS COSTCO WHOLESALE CROWN CASTLE REIT INC SHS CSX CORP DANAHER CORP DEL DEERE CO D R HORTON INC DOLLAR TREE INC DOVER CORP DUKE ENERGY CORP NEW EATON CORP PLC ECOLAB INC EDWARDS LIFESCIENCES CRP ELI LILLY & CO EMERSON ELEC CO ENPHASE ENERGY INC ENTERGY CORP NEW EXELON CORPORATION EXXON MOBIL CORP FIFTH THIRD BANCORP FIRST REP BK SAN FRNCISC FMC CORP FORTIVE CORP FORTUNE BRANDS HOME AND SECURITY GALLAGHER ARTHUR J & CO GARMIN LTD GENERAC HLDGS INC HEWLETT PACKARD HOME DEPOT INC HONEYWELL INTL INC HORMEL FOOD CORP HUMANA INC IDEXX LAB INC		4,822 14,902 24,620 4,845 5,210 5,489 10,916 4,824 17,095 8,204 5,558 10,786 10,228 6,054 4,935 12,001 4,446 5,480 7,627 4,930 13,134 3,753 8,162 11,325 11,435 3,842 19,939 5,372 24,721 17,115 4,337 6,044 3,891 5,880 4,920 5,855 5,631 15,928 16,185 8,132 5,467 5,566 8,560

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

EIN: 73-0760206

CEC CORPORATION 401(K) PLAN

PLAN NO: 001

Calendar Year 2021

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with Merrill Lynch (Bank of American Corporation)-- Continued	INTRPUBLIC GRP OF CO INTEL CORP INTERCONTINENTAL EXCHANGE INC INTUIT INC COM INTUITIVE SURGICAL INC JOHNSON AND JOHNSON COM JUNIPER NETWORKS INC JPMORGAN CHASE & CO KINDER MORGAN INC KROGER CO LAUDER ESTEE COS INC LOWE'S COMPANIES INC LUMEN TECHNOLOGIES INC MAGNA INTL INC CL A MARATHON PETROLEUM CORP MASCO CORP MASTERCARD INC MCDONALDS CORP COM MEDTRONIC PLC SHS META PLATFORMS INC MICROSOFT CORP MONSTER BEVERAGE SHS NETFLIX COM INC NEXTERA ENERGY INC SHS NRG ENERGY INC NUTRIEN LTD REG SHS NVIDIA O'REILLY AUTOMOTIVE INC PAYPAL HOLDINGS INC PEPSICO INC PPG INDUSTRIES INC SHS PRINCIPAL FINANCIAL GROUP PROCTOR & GAMBLE CO QORVO INC REALTY INCM CRP RESMED INC ROKU INC SALESFORCE COM INC SEAGATE TECH HLDGS PUB SERVICENOW INC STARBUCKS CORP SYNCHRONY FINL COM T-MOBILE US INC SHS		4,831 5,099 8,480 10,292 7,545 10,435 5,714 15,043 11,514 7,015 7,404 10,598 5,710 8,499 4,927 5,688 6,108 6,433 15,828 29,599 66,255 5,090 15,061 5,135 5,342 18,421 56,763 11,300 11,315 6,080 5,346 16,274 5,725 7,820 18,255 4,949 4,792 11,182 16,269 11,684 11,547 6,077 6,263

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

EIN: 73-0760206

CEC CORPORATION 401(K) PLAN

PLAN NO: 001

Calendar Year 2021

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with Merrill Lynch (Bank of American Corporation)-- Continued	TARGET CORP COM TELEDYNE TECH INC TESLA INC TEXAS INSTRUMENTS THERMO FISHER SCIENTIFIC INC TJX COX INC TORONTO DOMINION BANK TRANE TECHNOLOGIES PLC TRUIST FINL CORP UBER TECHNOLOGIES INC UNITED PARCEL SVS CL B UNITEDHEALTH GROUP INC VERIZON COMMUNICATNS COM VERTEX PHARMCTLS INC VICI PPTYS INC VISA INC CL A WALMART INC WILLIAMS COMPANIES DEL ZOETIS INC		5,323 5,243 10,568 18,847 10,676 9,566 10,735 5,657 13,601 6,625 12,646 36,154 12,886 5,710 18,849 6,501 5,064 10,286 12,861 1,315,073
		Participant Directed Funds:		
		Mutual Funds:		
		ALLSPRING SPECIAL SMALL CAP VALUE FUND CL INSTL		26,556
		ALLSPRING SMALL COMPANY GROWTH FUND CL INSTL		17,014
		AMERICAN CENTURY SMALL CAP VALUE FUND CL I		26,420
		BLACKROCK EQTY DIVIDEND FUND INSTL		15,263
		CLEARBRIDGE LARGE CAP GROWTH FUND CL I		60,750
		COMM SERVICES SELECT SECTOR		213,076
		CONSUMER DISCRETIONARY SPDR		232,448
		DELAWARE SMALL CAP CORE FUND INSTL CL		16,552
		DOUBLELINE TOTAL RETURN		16,422
		EDGEWOOD GROWTH FUND CL INST		60,732
		FIDELITY MSCI UTILITIES		139
		FIRST TR EXCHANGE TRADED ALPHADEx FD SMALL CAP GROWTH		38,100
		FIRST TR UTILITIES ALPHADEx FUND		14,188
		FIRST TRUST CLOUD COMPUTING ETF		142,279
		FIRST TRUST DOW JONES INTERNET INDEX FUND		252,135
		GLOBAL X FUNDS SHS US INFRASTRUCTURE		32,245
		GS GQG PARTNERS INTL OPPS FD CL INSTL		14,249
		HEALTH CARE SELECT SPDR		196,401
		INVESCO QQQ TR SER 1		99,860
		ISH USD HIGH YIELD CORPORATE BOND ETF SH		3,007

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

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CEC CORPORATION 401(K) PLAN

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Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with Merrill Lynch (Bank of American Corporation)-- Continued	ISHARES BIOTECHNOLOGY ETF ISHARES CORE S&P TOTAL ISHARES IBOXX ISHARES INC CORE MSCI ISHARES RS 2000 GROWTH ISHARES RS 2000 VALUE ISHARES RUSSELL 1000 GROWTH ISHARES RUSSELL 1000 VALUE ISHARES TR CORE MSCI EAF ETF ISHARES US REGIONAL BANKS ETF ISHARES US TREASURY BOND ETF JP MORGAN EQUITY INCOME FD I JP MORGAN SMALL CAP GROWTH FUND CL I LOOMIS SAYLES GROWTH FUND CL Y MFS VALUE FD CL I OAKMARK INTL FD CL ADV PACER BENCHMARK DATA AND INFRASTRUCTURE PIMCO INVESTMENT GRADE CREDIT BOND PIONEER FUNDAMENTAL GROWTH FUND CL Y PROSHARES ONLINE RETAIL ETF REAL ESTATE SELECT SCHWAB US SMALL-CAP ETF SPDR MSCI ACWI EX US SECTOR SPDR ENERGY SPDR BLOOMBERG BARCLAYS SPDR S&P TRANSPORTATION ETF SPDR US FINANCIAL SECTOR ETF VANECK VECTORS RETAIL ETF VANGUARD CONSUMER STAPLES ETF VANGUARD INDUSTRIAL ETF VANGUARD INFORMATION TECH ETF VANGUARD INTERMDIATE-TERM CORPORATE BOND VANGUARD MATERIALS ETF VANGUARD MORTGAGE BACKED SECURITY VANGUARD REAL ESTATE ETF VANGUARD SHORT-TERM CORPORATE BOND VANGUARD SMALL CAP VANGUARD TOTAL BOND MARKET VANGUARD TOTAL INTERNATIONAL BOND ETF		79,057 23,429 398 22,807 8,205 13,782 229,373 11,251 21,870 23,222 7,577 148,061 17,033 35,043 15,748 10,672 28,262 20,054 37,611 23,369 28,599 5,734 11,226 49,229 15,269 22,363 114,023 61,331 77,953 127,053 410,978 20,129 72,255 13,421 116 244 4,294 3,814 2,927
				3,295,618
				4,706,069
				\$ 12,077,645

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

EIN: 73-0760206

CEC CORPORATION 401(K) PLAN

PLAN NO: 001

Calendar Year 2021

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with John Hancock Life Insurance Company	Participant Directed Funds: Pooled Separate Accounts: JH Multi-Index 2065 Preserv JH Multi-Index 2060 Preserv JH Multi-Index 2055 Preserv JH Multi-Index 2050 Preserv JH Multi-Index 2045 Preserv JH Multi-Index 2040 Preserv JH Multi-Index 2035 Preserv JH Multi-Index 2030 Preserv JH Multi-Index 2025 Preserv JH Multi-Index Income Preserv DFA U.S. Small Cap Fund Harbor Mid Cap Value Fund Int'l Equity Index Fund iShares Gold Trust ETF Versus Systems Inc VictoryShares USAA MSCI Intl VI Mntm Etf John Hancock Int'l Growth Lazard International Equity New World Fund Northern EM Equity Index Fund Real Est. Securities Fund Small Cap Index Fund Undiscovered Mgr Behavioral Vanguard Energy Fund Vanguard Mid-Cap Value ETF Vanguard Small Cap Grow Index Vanguard Small Cap Value Index Wells Fargo Small Company WisdomTree MidCap Dividend ETF WisdomTree SC Dividend ETF 500 Index Fund Blue Chip Growth Fund ClearBridge Aggressive Growth Dodge & Cox Stock Fund Fundamental All Cap Core Fund Fundamental Large Cap Value JPMorgan Intrepid Mid Cap Mid Cap Index Fund Oppenheimer Global Parnassus Core Equity Fund Total Stock Market Index Fund		\$ 6,452 427,423 1,202,962 1,323,338 736,755 314,730 330,619 336,226 259,341 161,801 74,012 14,578 33,344 39,287 37,612 1,848 13,407 19,280 8,226 11,716 16,882 7,139 82,708 3,472 11,086 123,540 44,051 6,520 2,689 5,299 282,974 417,213 17,184 163,349 37,154 62,680 17,414 25,645 29,851 21,085 1,422

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

EIN: 73-0760206

CEC CORPORATION 401(K) PLAN

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Calendar Year 2021

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with John Hancock Life Insurance Company-- Continued	Vanguard Growth Index Fund		206,749
		Vanguard Mid-Cap Growth ETF		49,224
		WisdomTree MC Earnings ETF		6,376
		Vanguard Total World Stock ETF		3,386
		American Balanced Fund		101,383
		Federated High Yield Bond		971
		iShares MSCI EAFE Growth ETF		1,607
		DFA Inflation-Protected Sec		2,943
		Pax World Balanced Fund		2,170
		Vanguard Value Index Fund		35,030
		MFS Emerging Markets Debt		6,106
		John Hancock Bond Fund		11,506
		Strategic Income Opp Fund		24,488
		JH Mid Cap Growth Fund		159,075
		VS Core Bond Fund		4,625
		Total Bond Market Fund		23,623
				<u>7,371,576</u>
*	Funds Invested with Merrill Lynch (Bank of American Corporation)	Participant Directed Funds:		
		Money Market Funds:		
		Cash		2,080
		BLF RESERVE CASH FUND		89,862
		ISA BMW BK N AMERICA		3,436
				<u>95,378</u>
		Participant Directed Funds:		
		Common Stock:		
		ALPHABET INC SHS CL A		37,662
		AMGEN INC COM		4,049
		AT&T INC		5,904
		ADOBE INC SHS		9,640
		ADVANCE AUTO PARTS INC		5,517
		AES CORP		4,787
		AMAZON COM INC		33,343
		AMERICAN TOWER REIT INC		4,680
		APPLE INC		48,477
		APPLIED MATERIAL INC		13,376
		AVALARA INC		5,035
		BANK OF NOVA SCOTIA		5,950
		BEST BUY CO INC		5,080
		BLACKROCK INC		11,902

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

PLAN SPONSOR: CEC CORPORATION

EIN: 73-0760206

CEC CORPORATION 401(K) PLAN

PLAN NO: 001

Calendar Year 2021

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with Merrill Lynch (Bank of American Corporation)-- Continued	BORG WARNER INC BRISTOL MYERS SQUIBB CO BROADCOM LTD CADENCE DESIGN SYS INC CELANESE CORP DEL SER A C.H. ROBINSON WORLDWIDE CHEVRON CORP CITRIX SYSTEMS INC CLOUDFLARE INC REG SHS CL A COMCAST CORP NEW CL A CONOCOPHILLIPS COSTCO WHOLESALE CROWN CASTLE REIT INC SHS CSX CORP DANAHER CORP DEL DEERE CO D R HORTON INC DOLLAR TREE INC DOVER CORP DUKE ENERGY CORP NEW EATON CORP PLC ECOLAB INC EDWARDS LIFESCIENCES CRP ELI LILLY & CO EMERSON ELEC CO ENPHASE ENERGY INC ENTERGY CORP NEW EXELON CORPORATION EXXON MOBIL CORP FIFTH THIRD BANCORP FIRST REP BK SAN FRNCISC FMC CORP FORTIVE CORP FORTUNE BRANDS HOME AND SECURITY GALLAGHER ARTHUR J & CO GARMIN LTD GENERAC HLDGS INC HEWLETT PACKARD HOME DEPOT INC HONEYWELL INTL INC HORMEL FOOD CORP HUMANA INC IDEXX LAB INC		4,822 14,902 24,620 4,845 5,210 5,489 10,916 4,824 17,095 8,204 5,558 10,786 10,228 6,054 4,935 12,001 4,446 5,480 7,627 4,930 13,134 3,753 8,162 11,325 11,435 3,842 19,939 5,372 24,721 17,115 4,337 6,044 3,891 5,880 4,920 5,855 5,631 15,928 16,185 8,132 5,467 5,566 8,560

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	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Funds Invested with Merrill Lynch (Bank of American Corporation)-- Continued	INTRPUBLIC GRP OF CO INTEL CORP INTERCONTINENTAL EXCHANGE INC INTUIT INC COM INTUITIVE SURGICAL INC JOHNSON AND JOHNSON COM JUNIPER NETWORKS INC JPMORGAN CHASE & CO KINDER MORGAN INC KROGER CO LAUDER ESTEE COS INC LOWE'S COMPANIES INC LUMEN TECHNOLOGIES INC MAGNA INTL INC CL A MARATHON PETROLEUM CORP MASCO CORP MASTERCARD INC MCDONALDS CORP COM MEDTRONIC PLC SHS META PLATFORMS INC MICROSOFT CORP MONSTER BEVERAGE SHS NETFLIX COM INC NEXTERA ENERGY INC SHS NRG ENERGY INC NUTRIEN LTD REG SHS NVIDIA O'REILLY AUTOMOTIVE INC PAYPAL HOLDINGS INC PEPSICO INC PPG INDUSTRIES INC SHS PRINCIPAL FINANCIAL GROUP PROCTOR & GAMBLE CO QORVO INC REALTY INCM CRP RESMED INC ROKU INC SALESFORCE COM INC SEAGATE TECH HLDGS PUB SERVICENOW INC STARBUCKS CORP SYNCHRONY FINL COM T-MOBILE US INC SHS		4,831 5,099 8,480 10,292 7,545 10,435 5,714 15,043 11,514 7,015 7,404 10,598 5,710 8,499 4,927 5,688 6,108 6,433 15,828 29,599 66,255 5,090 15,061 5,135 5,342 18,421 56,763 11,300 11,315 6,080 5,346 16,274 5,725 7,820 18,255 4,949 4,792 11,182 16,269 11,684 11,547 6,077 6,263

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

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CEC CORPORATION 401(K) PLAN

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*	Funds Invested with Merrill Lynch (Bank of American Corporation)-- Continued	TARGET CORP COM		5,323
		TELEDYNE TECH INC		5,243
		TESLA INC		10,568
		TEXAS INSTRUMENTS		18,847
		THERMO FISHER SCIENTIFIC INC		10,676
		TJX COX INC		9,566
		TORONTO DOMINION BANK		10,735
		TRANE TECHNOLOGIES PLC		5,657
		TRUIST FINL CORP		13,601
		UBER TECHNOLOGIES INC		6,625
		UNITED PARCEL SVS CL B		12,646
		UNITEDHEALTH GROUP INC		36,154
		VERIZON COMMUNICATNS COM		12,886
		VERTEX PHARMCTLS INC		5,710
		VICI PPTYS INC		18,849
		VISA INC CL A		6,501
		WALMART INC		5,064
		WILLIAMS COMPANIES DEL		10,286
		ZOETIS INC		12,861
				<u>1,315,073</u>
		Participant Directed Funds:		
		Mutual Funds:		
		ALLSPRING SPECIAL SMALL CAP VALUE FUND CL INSTL		26,556
		ALLSPRING SMALL COMPANY GROWTH FUND CL INSTL		17,014
		AMERICAN CENTURY SMALL CAP VALUE FUND CL I		26,420
		BLACKROCK EQTY DIVIDEND FUND INSTL		15,263
		CLEARBRIDGE LARGE CAP GROWTH FUND CL I		60,750
		COMM SERVICES SELECT SECTOR		213,076
		CONSUMER DISCRETIONARY SPDR		232,448
		DELAWARE SMALL CAP CORE FUND INSTL CL		16,552
		DOUBLELINE TOTAL RETURN		16,422
		EDGEWOOD GROWTH FUND CL INST		60,732
		FIDELITY MSCI UTILITIES		139
		FIRST TR EXCHANGE TRADED ALPHADEx FD SMALL CAP GROWTH		38,100
		FIRST TR UTILITIES ALPHADEx FUND		14,188
		FIRST TRUST CLOUD COMPUTING ETF		142,279
		FIRST TRUST DOW JONES INTERNET INDEX FUND		252,135
		GLOBAL X FUNDS SHS US INFRASTRUCTURE		32,245
		GS GQG PARTNERS INTL OPPS FD CL INSTL		14,249
		HEALTH CARE SELECT SPDR		196,401
		INVESCO QQQ TR SER 1		99,860
		ISH USD HIGH YIELD CORPORATE BOND ETF SH		3,007

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*	Funds Invested with Merrill Lynch (Bank of American Corporation)-- Continued	ISHARES BIOTECHNOLOGY ETF		79,057
		ISHARES CORE S&P TOTAL		23,429
		ISHARES IBOXX		398
		ISHARES INC CORE MSCI		22,807
		ISHARES RS 2000 GROWTH		8,205
		ISHARES RS 2000 VALUE		13,782
		ISHARES RUSSELL 1000 GROWTH		229,373
		ISHARES RUSSELL 1000 VALUE		11,251
		ISHARES TR CORE MSCI EAF ETF		21,870
		ISHARES US REGIONAL BANKS ETF		23,222
		ISHARES US TREASURY BOND ETF		7,577
		JP MORGAN EQUITY INCOME FD I		148,061
		JP MORGAN SMALL CAP GROWTH FUND CL I		17,033
		LOOMIS SAYLES GROWTH FUND CL Y		35,043
		MFS VALUE FD CL I		15,748
		OAKMARK INTL FD CL ADV		10,672
		PACER BENCHMARK DATA AND INFRASTRUCTURE		28,262
		PIMCO INVESTMENT GRADE CREDIT BOND		20,054
		PIONEER FUNDAMENTAL GROWTH FUND CL Y		37,611
		PROSHARES ONLINE RETAIL ETF		23,369
		REAL ESTATE SELECT		28,599
		SCHWAB US SMALL-CAP ETF		5,734
		SPDR MSCI ACWI EX US		11,226
		SECTOR SPDR ENERGY		49,229
		SPDR BLOOMBERG BARCLAYS		15,269
		SPDR S&P TRANSPORTATION ETF		22,363
		SPDR US FINANCIAL SECTOR ETF		114,023
		VANECK VECTORS RETAIL ETF		61,331
		VANGUARD CONSUMER STAPLES ETF		77,953
		VANGUARD INDUSTRIAL ETF		127,053
		VANGUARD INFORMATION TECH ETF		410,978
		VANGUARD INTERMDIATE-TERM CORPORATE BOND		20,129
		VANGUARD MATERIALS ETF		72,255
		VANGUARD MORTGAGE BACKED SECURITY		13,421
		VANGUARD REAL ESTATE ETF		116
		VANGUARD SHORT-TERM CORPORATE BOND		244
		VANGUARD SMALL CAP		4,294
		VANGUARD TOTAL BOND MARKET		3,814
		VANGUARD TOTAL INTERNATIONAL BOND ETF		2,927
				3,295,618
				4,706,069
				\$ 12,077,645