

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> a multiemployer plan </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> a single-employer plan </div> <div> <input type="checkbox"/> a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> the first return/report </div> <div> <input type="checkbox"/> the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> an amended return/report </div> <div> <input type="checkbox"/> a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Form 5558 </div> <div> <input type="checkbox"/> automatic extension </div> <div> <input type="checkbox"/> the DFVC program </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> special extension (enter description) </div>	

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>FGMK, LLC EMPLOYEES 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</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>FGMK, LLC</u> <u>2801 LAKESIDE DR., 3RD FLOOR</u> <u>3RD FLOOR</u> <u>BANNOCKBURN, IL 60015</u>	1c Effective date of plan <u>01/16/1989</u>	2b Employer Identification Number (EIN) <u>36-2929601</u>	
(Continued from 2a)	2c Plan Sponsor's telephone number <u>847-374-0400</u>	2d Business code (see instructions) <u>541211</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2019	MARIO DONATO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2019	MARIO DONATO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	238
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)	199
a(2) Total number of active participants at the end of the plan year		6a(2)	191
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	45
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	236
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	228
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	18
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 2R 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan FGMK, LLC EMPLOYEES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FGMK, LLC	D Employer Identification Number (EIN) 36-2929601

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 VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(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
71-0294708	86509	810850		01/01/2018	12/31/2018

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 0	(b) Total amount of fees paid 9319
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid FGMK FINANCIAL SERVICES, LLC 2801 LAKESIDE DRIVE 3RD FLOOR BANNOCKBURN, IL 60015
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9319	TPA PARTNERSHIP & ALLIANCE PROGRAM BONUS	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	2028834
5 Current value of plan's interest under this contract in separate accounts at year end	5	20158598

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	2097550
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c Additions: (1) Contributions deposited during the year	7c(1)	526095
	7c(2)	
	7c(3)	19540
	7c(4)	
	7c(5)	12351

(6) Total additions.....	7c(6)	557986
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2655536
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	231061
(2) Administration charge made by carrier	7e(2)	847
(3) Transferred to separate account.....	7e(3)	355726
(4) Other (specify below)	7e(4)	39068

(5) Total deductions.....	7e(5)	626702
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2028834
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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.....		10b	

Specify nature of costs.

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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan FGMK, LLC EMPLOYEES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FGMK, LLC	D Employer Identification Number (EIN) 36-2929601	

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
VOYA RETIREMENT INSURANCE & ANNUNIT
71-0294708

(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)

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
FGMK, LLC EMPLOYEES 401(K) PLAN

B Three-digit plan number (PN)	▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FGMK, LLC

D	Employer Identification Number (EIN) 36-2929601
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VOYA FIXED ACCOUNT**

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO.

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2028834
--	-------------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan FGMK, LLC EMPLOYEES 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FGMK, LLC	D Employer Identification Number (EIN) 36-2929601	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1211094	1287136
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	658250	637347
(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)	3333161	3134463
(5) Partnership/joint venture interests	1c(5)	25640	13117
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	171000	0
(8) Participant loans.....	1c(8)	211965	186856
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	16123024	16930930
(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)	738496	999513
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2097550	2028834
(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	24570180 25218196
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24570180 25218196

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)	1287136
	(B) Participants	2a(1)(B)	1999412
	(C) Others (including rollovers)	2a(1)(C)	32882
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3319430
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	461
	(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)	8798
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	9259
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	53897
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	53897
(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)	-502182
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-502182

		(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)		-1317265
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1563139

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	911873	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		911873
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	3250	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3250
j Total expenses. Add all expense amounts in column (b) and enter total	2j		915123

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		648016
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: SUMMIT CPA GROUP, LLC

(2) EIN: 11-3730017

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>FGMK, LLC EMPLOYEES 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FGMK, LLC</u>	D Employer Identification Number (EIN) <u>36-2929601</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2018
v. 171027

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year.....

b The plan year immediately preceding the current plan year.....

c The second preceding plan year.....

14a**14b****14c**

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

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

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

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

FGMK, LLC Employees 401(k) Plan

Financial Statements and
Independent Auditor's Report

December 31, 2018

FGMK, LLC EMPLOYEES 401(k) PLAN

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Independent Auditor's Report

To the Administrative Committee of the
FGMK, LLC Employees 401(k) Plan
Bannockburn, IL

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the FGMK, LLC Employees 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by The Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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Fort Wayne, Indiana 46825
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Other Matter

The supplemental schedule, the schedule of assets held at end of year, as of December 31, 2018, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Summit CPA Group

Summit CPA Group, LLC
Fort Wayne, Indiana
June 26, 2019

FGMK, LLC EMPLOYEES 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Investments:		
Investments, at fair value	\$ 21,715,370	\$ 21,049,571
Investments, at contract value	<u>2,028,834</u>	<u>2,097,550</u>
	<u>23,744,204</u>	<u>23,147,121</u>
Receivables:		
Employer profit sharing contribution	1,287,136	1,211,094
Notes receivable from participants	<u>186,856</u>	<u>211,965</u>
	<u>1,473,992</u>	<u>1,423,059</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 25,218,196</u></u>	<u><u>\$ 24,570,180</u></u>

See Independent Auditor's Report.

The accompanying notes are an integral part of these statements.

FGMK, LLC EMPLOYEES 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2018

ADDITIONS

Contributions:

Participant	\$ 1,999,412
Employer	1,287,136
Rollover	32,882

Interest on notes receivable from participants	8,798
Dividends and interest	54,358
Net depreciation in fair value of investments	(1,819,447)
	<u>1,563,139</u>

DEDUCTIONS

Benefits paid to participants	911,873
Administrative expenses	<u>3,250</u>
	<u>915,123</u>

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	648,016
--	---------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>24,570,180</u>
End of year	<u><u>\$ 25,218,196</u></u>

See Independent Auditor's Report.

The accompanying notes are an integral part of this statement.

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN

The following description of the FGMK, LLC Employee 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan’s provisions.

General and Eligibility. The Plan is a defined contribution plan, covering all employees of FGMK, LLC (the “Employer”) who have attained the age of 21. Employees are eligible to participate in the Plan immediately. Employees are eligible for matching and profit sharing contributions upon meeting 1,000 hours of service and being employed on the last day of the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Plan’s assets are held in a trust. The Voya Retirement Insurance and Annuity Company (the “Custodian”) serves as custodian of the Plan’s assets.

Contributions. Participants may make an elective deferral of up to 90% of their eligible compensation to the Plan subject to maximum pre-tax and/or post-tax contribution limitations permitted by the Internal Revenue Service.

The Employer, at its sole discretion, may make a matching or profit sharing contribution to the Plan on behalf of each eligible participant who is employed as of the last day of the Plan year. For the year ended December 31, 2018, the Employer did not elect to make any matching contributions to the Plan. For the year ended December 31, 2018, the Employer elected to make a profit sharing contribution in the amount of \$1,287,136.

Participant Accounts. Each participant’s account is credited with the participant’s elective deferral, any Employer matching contribution, any Employer profit sharing contribution, and the participant’s earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings (losses) or account balance as described in the Plan Agreement. Any profit sharing contribution is allocated to participants’ accounts based on participants’ eligible compensation. Employer contributions to the Plan are invested among investment funds in the same proportion as the participant’s contribution.

Vesting. Participants are immediately vested in their contributions and the income earned on such contributions. For Employer matching and profit sharing contributions, a participant vests 20% per year for each year of service and is 100% vested after 6 years. A year of service is defined by the plan to be a minimum of 1,000 hours of service during a plan year.

Investment Options. Participants may direct the investment of their accounts into various investment funds provided by the Plan. Participants are allowed to change their investment options daily.

Notes Receivable From Participants. The Plan provides loans to participants from their vested account balance up to \$50,000, subject to a limitation of 50% of their vested account balance. Interest is charged on the loans at a rate of prime plus 1.00%. Interest payments are immediately reinvested in the individual participant’s funds. The loans are collateralized by the vested account balance of the participant receiving the loan. Participants may have no more than two loans outstanding at any time. Loans are repayable in periods up to five years, or ten years if entire loan proceeds are used to acquire a principal residence. Should a participant default on a Plan loan, as defined by the Plan loan policy, the loan would then be considered a distribution.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant’s vested interest in his or her account in either a lump-sum amount, or in annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Hardship distributions of participant’s deferrals are permitted; however, participants are not allowed to make salary deferrals for the six months following such distribution.

(Continued)

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN (Concluded)

Forfeitures. Forfeited balances of terminated participants are used to either reduce Employer contributions or reduce expenses to the Plan. Forfeited non-vested accounts totaled approximately \$23,150 and \$3,300 as of December 31, 2018 and 2017, respectively. The Plan will use approximately \$3,300 of forfeitures for the year ended December 31, 2018 to reduce the Employer Profit Sharing Contribution.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The accompanying financial statements have been prepared on the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

Concentration of Credit Risk. Substantially all the Plan's assets were held by the Custodian.

Estimates and Assumptions. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. Future events and their effects cannot be predicted with certainty; accordingly, accounting estimates require the exercise of judgment. Accounting estimates used in the preparation of these financial statements change as new events occur, as more experience is acquired, as additional information is obtained, and as the operating environment changes.

Investment Valuation and Income Recognition. Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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 4 for discussion of fair value measurements.

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

Notes Receivable From Participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Benefit Payments. Benefits are recorded when paid.

Administrative Expenses. The Employer pays for trustee, legal, and accounting fees on behalf of the Plan. The Plan is liable for all administrative expenses that are not paid by the Employer.

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3 – INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule that was prepared by the Custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the Custodian that such information is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2018 and 2017.
- Net depreciation in fair value of investments, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2018.
- Note 4: All investment balances.
- The schedule of assets held for investment purposes at end of year as of December 31, 2018, as shown on Form 5500, Schedule H, Part IV, Line 4i.

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification ("ASC") 820, Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2. Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

(Continued)

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2018 and 2017.

Pooled Separate Accounts. Valued at the net asset value (“NAV”) of units held by the Plan at year end. The NAV is based on the fair value of the underlying mutual funds held by the account less its liabilities and then divided by the number of units outstanding. The mutual funds held in the accounts are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the accounts are deemed to be actively traded. NAV is used as a practical expedient to estimate fair value.

Money Market, Mutual Funds, Exchange-Traded Funds and Equity Securities. Valued at the closing price reported on the active market on which the individual securities are traded.

Notes Receivable. Valued at the estimated value anticipated to be received, including accrued interest.

Partnership Interest. Valued at the tax basis per the resulting K-1 issued. This amount reasonably approximates fair market value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2018 and 2017. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	NAV (as a practical expedient)
				Total
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 16,930,932
Money market	637,343	-	-	637,343
Mutual funds	1,363,131	-	-	1,363,131
Exchange-traded funds	232,430	-	-	232,430
Equity securities	2,388,417	-	-	2,388,417
Notes receivable	-	-	150,000	150,000
Partnership interest	-	-	13,117	13,117
Total investment assets at fair value	\$ 4,621,321	\$ -	\$ 163,117	\$ 16,930,932
				\$ 21,715,370

(Continued)

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value as of December 31, 2017				Total
	Level 1	Level 2	Level 3	NAV (as a practical expedient)	
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 16,123,024	\$ 16,123,024
Money market	658,250	-	-	-	658,250
Mutual funds	738,496	-	-	-	738,496
Equity securities	3,333,161	-	-	-	3,333,161
Notes receivable	-	-	171,000	-	171,000
Partnership interest	-	-	25,640	-	25,640
Total investment assets at fair value	<u>\$ 4,729,907</u>	<u>\$ -</u>	<u>\$ 196,640</u>	<u>\$ 16,123,024</u>	<u>\$ 21,049,571</u>

The following table sets forth a summary of the changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2018:

	Notes Receivable	Partnership Interest
Beginning balance	\$ 171,000	\$ 25,640
Unrealized gains/(losses)	-	2,806
Cost of purchases	-	-
Proceeds of sales	-	-
Transfers to Level 3	-	-
Transfers from Level 3	(21,000)	(15,329)
Ending balance	<u>\$ 150,000</u>	<u>\$ 13,117</u>

The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date.

\$ 2,806

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net depreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

(Continued)

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Concluded)

Fair Value of Investments in Entities that Use NAV. The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2018 and 2017, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2018</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts	\$ 16,930,932	Not applicable	Daily	30 days
<u>December 31, 2017</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts	\$ 16,123,024	Not applicable	Daily	30 days

NOTE 5 – PLAN TERMINATION

While it is the Employer's intention to continue the Plan indefinitely, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA and the Plan Agreement, as amended. In the event of Plan termination, participants would become fully vested.

NOTE 6 – TAX STATUS

The Employer adopted a Prototype Non-Standardized Cash or Deferred Profit Sharing Plan, which received a favorable opinion letter from the Internal Revenue Service on March 31, 2014, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been modified since receiving such letter, however, the Employer and the Plan's advisors believe that the Plan is designed and is being operated in accordance with the applicable provisions of the Internal Revenue Code. The Employer is not aware of any course of action or series of events that have occurred that would adversely affect the qualified status of the Plan.

NOTE 7 – RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts and a fully benefit-responsive contract that are managed by the Custodian or its affiliates. The Custodian is the trustee, third-party administrator and record keeper of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 8 – FULLY BENEFIT-RESPONSIVE CONTRACT

The Plan holds a traditional investment contract, Voya Fixed Account, which meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

(Continued)

FGMK, LLC EMPLOYEES 401(k) PLAN**NOTES TO THE FINANCIAL STATEMENTS****NOTE 8 – FULLY BENEFIT-RESPONSIVE CONTRACT (Concluded)**

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.00%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code.
2. Premature termination of the contracts.
3. Plan termination or merger.
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines.
2. A breach of material obligation under the contract.
3. A material misrepresentation.
4. A material amendment to the agreements without the consent of the issuer.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 10 – SUBSEQUENT EVENTS

Management has evaluated all known subsequent events from December 31, 2018 through June 26, 2019 the date the accompanying financial statements were available to be issued, and is not aware of any material subsequent events occurring during this period that have not been disclosed in these financial statements.

SUPPLEMENTARY INFORMATION

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2018

EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Voya Financial	American Funds Capital Income Builder® - Class R-6	**	\$ 901
	Voya Financial	American Funds EuroPacific Growth Fund® - Class R-6	**	475,731
	Voya Financial	American Funds New Perspective Fund® - Class R-6	**	158,499
	Voya Financial	American Funds New World Fund® - Class R-6	**	9,356
	Voya Financial	American Funds The Growth Fund of America® - Class R-6	**	623,609
	Voya Financial	American Funds The Income Fund of America® - Class R-6	**	219,381
	Voya Financial	American Funds Washington Mutual Investors FundSM - Class R-6	**	186,532
	Voya Financial	ClearBridge Aggressive Growth Fund - Class IS	**	44,545
	Voya Financial	Columbia Large Cap Value Fund - Class 3 Shares	**	56,134
	Voya Financial	DFA Emerging Markets Portfolio - Institutional Class Shares	**	25,486
	Voya Financial	DFA Inflation-Protected Securities Portfolio - Institutional Class Shares	**	91,182
	Voya Financial	DFA Intermediate Government Fixed Income Portfolio - Inst Class Shares	**	3,989
	Voya Financial	DFA International Value Portfolio - Institutional Class Shares	**	23,190
	Voya Financial	DFA Real Estate Securities Portfolio - Institutional Class Shares	**	71,670
	Voya Financial	DFA Short-Term Extended Quality Portfolio - Institutional Class Shares	**	79,610
	Voya Financial	DFA U.S. Core Equity 1 Portfolio - Institutional Class Shares	**	429,853
	Voya Financial	DFA U.S. Large Cap Value Portfolio - Institutional Class Shares	**	270,959
	Voya Financial	DFA U.S. Targeted Value Portfolio - Institutional Class Shares	**	63,171
	Voya Financial	DFA U.S. Vector Equity Portfolio - Institutional Class Shares	**	1,372
	Voya Financial	Carillon Eagle Small Cap Growth Fund - Class R-6	**	544,230
	Voya Financial	Invesco Comstock Fund - Class R6	**	389,708
	Voya Financial	Invesco Corporate Bond Fund - Class R6	**	51,915
	Voya Financial	Invesco Equity and Income Fund - Class R6	**	494,770
	Voya Financial	Janus Henderson Forty Fund - Class N Shares	**	221,701
	Voya Financial	Loomis Sayles Strategic Income Fund - Class N Shares	**	605,758
	Voya Financial	Neuberger Berman Mid Cap Growth Fund - Class R6 Shares	**	727,914
	Voya Financial	Oppenheimer International Bond Fund - Class I Shares	**	5,026
	Voya Financial	PIMCO Commodity Real Return Strategy Fund - Institutional Class	**	12,192
	Voya Financial	PIMCO High Yield Fund - Institutional Class	**	106,889
	Voya Financial	PIMCO Total Return Fund - Institutional Class	**	149,598
	Voya Financial	Thornburg International Value Fund - Class R6	**	168,374
	Voya Financial	Vanguard® 500 Index Fund - Admiral Shares	**	1,827,748
	Voya Financial	Vanguard® Balanced Index Fund - Admiral Shares	**	656,942
	Voya Financial	Vanguard® Emerging Markets Stock Index Fund - Admiral Shares	**	415,639
	Voya Financial	Vanguard® Health Care Index Fund - Admiral Shares	**	537,251
	Voya Financial	Vanguard® LifeStrategy® Conservative Growth Fund - Investor Shares	**	333,398
	Voya Financial	Vanguard® LifeStrategy® Growth Fund - Investor Shares	**	1,198,843
	Voya Financial	Vanguard® LifeStrategy® Income Fund - Investor Shares	**	64,709
	Voya Financial	Vanguard® LifeStrategy® Moderate Growth Fund - Investor Shares	**	518,378
	Voya Financial	Vanguard® Mid-Cap Index Fund - Admiral Shares	**	628,253
	Voya Financial	Vanguard® Global Capital Cycle Fund - Investor Shares	**	24,948
	Voya Financial	Vanguard® Small-Cap Index Fund - Admiral Shares	**	531,563
	Voya Financial	Vanguard® Target Retirement 2015 Fund - Investor Shares	**	9,658
	Voya Financial	Vanguard® Target Retirement 2020 Fund - Investor Shares	**	223,139
	Voya Financial	Vanguard® Target Retirement 2025 Fund - Investor Shares	**	571,527

Subtotal to Page 13

\$ 13,855,241

* - Party-in-interest to the Plan.

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2018

EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 12		\$ 13,855,241
	Voya Financial	Vanguard® Target Retirement 2030 Fund - Investor Shares	**	709,557
	Voya Financial	Vanguard® Target Retirement 2035 Fund - Investor Shares	**	217,192
	Voya Financial	Vanguard® Target Retirement 2040 Fund - Investor Shares	**	105,909
	Voya Financial	Vanguard® Target Retirement 2045 Fund - Investor Shares	**	174,031
	Voya Financial	Vanguard® Target Retirement 2050 Fund - Investor Shares	**	158,491
	Voya Financial	Vanguard® Target Retirement 2055 Fund - Investor Shares	**	231,737
	Voya Financial	Vanguard® Target Retirement 2060 Fund - Investor Shares	**	153,389
	Voya Financial	Vanguard® Target Retirement Income Fund - Investor Shares	**	35,702
	Voya Financial	Vanguard® Total Bond Market Index Fund - Admiral Shares	**	384,697
	Voya Financial	Vanguard® Total International Stock Index Fund - Admiral Shares	**	114,839
	Voya Financial	Vanguard® Total Stock Market Index Fund - Admiral Shares	**	767,222
*	Voya Financial	Voya Money Market Fund - Class A	**	22,925
*	Voya Financial	Voya Fixed Account	**	2,028,834
*	TD Ameritrade	TD Ameritrade - Money Market	**	257,543
	TD Ameritrade	Abbott Labs	**	14,209
	TD Ameritrade	Abbvie Inc	**	27,657
	TD Ameritrade	AFLAC Inc	**	9,112
	TD Ameritrade	Alphabet Inc A	**	24,034
	TD Ameritrade	Altaba Inc	**	5,794
	TD Ameritrade	Altria Group, Inc.	**	4,939
	TD Ameritrade	Amazon	**	67,589
	TD Ameritrade	AMC Entertainment	**	4,183
	TD Ameritrade	American Funds Invest Co of America	**	32,287
	TD Ameritrade	American Outdoor Brands	**	8,359
	TD Ameritrade	AMG Yacktman Fund I	**	21,881
	TD Ameritrade	Apple Inc	**	219,815
	TD Ameritrade	Arotech Corp	**	186
	TD Ameritrade	Associated Bank	**	7,362
	TD Ameritrade	AT&T	**	69,638
	TD Ameritrade	Ave Maria Growth Fund	**	47,078
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	TD Ameritrade	Bank of Montreal Microsectors FANG Index 3x Leverage ETN	**	81,214
	TD Ameritrade	Beazer Homes USA	**	1,043
	TD Ameritrade	Becton Dickinson & Comp	**	30,866
	TD Ameritrade	Blackrock Floating Rate	**	44
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	TD Ameritrade	Boeing	**	63,185
	TD Ameritrade	BP PLC	**	19,518
	TD Ameritrade	Caledonia Mining Corp	**	105
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	TD Ameritrade	Cambria ETF Trust	**	9,096
	TD Ameritrade	Canopy Growth Corp	**	13,435
	TD Ameritrade	Catabasis Pharmaceutical	**	1,748
	TD Ameritrade	Caterpillar Inc	**	10,166
	TD Ameritrade	Century Petroleum	**	1
	TD Ameritrade	Centurylink Inc	**	3,030

Subtotal to Page 14

\$ 20,046,203

* - Party-in-interest to the Plan.

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FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2018

EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 13		\$ 20,046,203
	TD Ameritrade	Chromadex Corp	**	34,300
	TD Ameritrade	CISCO Systems Inc	**	40,240
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	TD Ameritrade	Conagra Foods	**	87
	TD Ameritrade	Corning	**	11,969
	TD Ameritrade	CUI Global Inc	**	48
	TD Ameritrade	CVS Health Corporation	**	19,656
	TD Ameritrade	DNP Select Income Fund	**	11,152
	TD Ameritrade	Domo Inc	**	14,330
	TD Ameritrade	DowDupont Inc	**	10,696
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	TD Ameritrade	International Business Machines	**	51,580
	TD Ameritrade	Ishare S&P 500	**	42,774
	TD Ameritrade	Ishares Dow Jones	**	36,588
	TD Ameritrade	Ishares S&P Small 600	**	36,783
	TD Ameritrade	ISTAR Inc	**	3,668
	TD Ameritrade	Janus Henderson Global Research T	**	50,976
	TD Ameritrade	Janus Henderson MidCap Value	**	69,248
	TD Ameritrade	Janus Henderson Research T	**	49,583
	TD Ameritrade	Johnson & Johnson	**	44,522
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	TD Ameritrade	Lowes Corp	**	2,956
	TD Ameritrade	Marathon Pete Corp	**	18,883
	TD Ameritrade	MarketAxess Holdings	**	12,784
		Subtotal to Page 15		\$ 21,376,636

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FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2018

EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

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TD Ameritrade		Mondelez Intl Inc	**	3,650
TD Ameritrade		Neovasc Inc	**	406
TD Ameritrade		Netflix Com	**	32,119
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TD Ameritrade		Nvidia Corporation	**	118,148
TD Ameritrade		Occidental Petroleum Corp	**	9,940
TD Ameritrade		Oneok Inc	**	16,185
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TD Ameritrade		Orogenics Inc	**	30,774
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TD Ameritrade		Schlumberger Ltd	**	22,418
TD Ameritrade		Schwab Markettrack All Equity	**	29,042
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TD Ameritrade		Select Sector SPDR/Healthcare	**	8,651
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TD Ameritrade		Ultra Pure Water Tech	**	11
TD Ameritrade		Union Pacific Corp	**	17,824
TD Ameritrade		United States Steel	**	27,360
TD Ameritrade		Vanguard 500 index fund	**	9,362
		Subtotal to Page 16		\$ 22,083,151

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FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2018

EMPLOYER IDENTIFICATION NUMBER: 36-2929601

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		Subtotal from Page 15		\$ 22,083,151
	TD Ameritrade	Vaxart Inc	**	70
	TD Ameritrade	Verizon	**	13,228
	TD Ameritrade	Viacom Inc	**	5,140
	TD Ameritrade	Walgreens Boots	**	46,123
	TD Ameritrade	Walt Disney Company	**	19,189
	TD Ameritrade	Wells Fargo & Com	**	5,760
	TD Ameritrade	Wendy's Company	**	6,244
	TD Ameritrade	Workday Inc	**	4,790
	TD Ameritrade	World Wrestling Entertainment	**	3,736
	Charles Schwab	Bank Sweep for Benefit Plans	**	379,680
	Charles Schwab	Alarm Com Holdings	**	12,968
	Charles Schwab	Intel Corp	**	6,101
	Charles Schwab	Kinder Morgan Inc	**	7,779
	Charles Schwab	Lumentum Holdings Inc	**	1,974
	Charles Schwab	Oshkosh Corp	**	18,393
	Charles Schwab	Sherwin Williams Co	**	39,346
	Charles Schwab	United Rentals Inc.	**	20,506
	Charles Schwab	World Wrestling Entertainment	**	5,230
	Charles Schwab	American Funds Europacific Growth Fund	**	10,636
	Charles Schwab	American Funds Growth Fund of America	**	37,034
	Charles Schwab	Apple Inc	**	324,291
	Charles Schwab	Cash Account	**	120
	Charles Schwab	Chesapeake Energy Co	**	2,100
	Charles Schwab	CUI Global Inc	**	10
	Charles Schwab	Doubleline Total Return Bond Fund	**	38,346
	Charles Schwab	First Busey Corp	**	136,516
	Charles Schwab	iShares Core S&P 500 ETF	**	35,828
	Charles Schwab	iShares Edge MSCI USA ETF	**	42,113
	Charles Schwab	James Balanced Golden Fund	**	63,377
	Charles Schwab	Janus Henderson Triton Fund	**	18,504
	Charles Schwab	Metropolitan West Total Bond Fund	**	21,177
	Charles Schwab	Vanguard Mid Cap Growth Fund	**	16,499
	Charles Schwab	Walgreens Boots Alliance	**	139,972
	Charles Schwab	Wisdom Tree Midcap ETF	**	15,156
	Gen III Provenance	Gen III Provenance	**	150,000
	SE Ventures LLC	SE Ventures LLC	**	13,117
*	Participant loans	Interest rate of 4.25% - 6.25%, maturing from 2019 to 2023	**	186,856
				<u>\$ 23,931,060</u>

** Cost omitted for participant-directed investments

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2018

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	Voya Financial	American Funds Capital Income Builder® - Class R-6	**	\$ 901
	Voya Financial	American Funds EuroPacific Growth Fund® - Class R-6	**	475,731
	Voya Financial	American Funds New Perspective Fund® - Class R-6	**	158,499
	Voya Financial	American Funds New World Fund® - Class R-6	**	9,356
	Voya Financial	American Funds The Growth Fund of America® - Class R-6	**	623,609
	Voya Financial	American Funds The Income Fund of America® - Class R-6	**	219,381
	Voya Financial	American Funds Washington Mutual Investors FundSM - Class R-6	**	186,532
	Voya Financial	ClearBridge Aggressive Growth Fund - Class IS	**	44,545
	Voya Financial	Columbia Large Cap Value Fund - Class 3 Shares	**	56,134
	Voya Financial	DFA Emerging Markets Portfolio - Institutional Class Shares	**	25,486
	Voya Financial	DFA Inflation-Protected Securities Portfolio - Institutional Class Shares	**	91,182
	Voya Financial	DFA Intermediate Government Fixed Income Portfolio - Inst Class Shares	**	3,989
	Voya Financial	DFA International Value Portfolio - Institutional Class Shares	**	23,190
	Voya Financial	DFA Real Estate Securities Portfolio - Institutional Class Shares	**	71,670
	Voya Financial	DFA Short-Term Extended Quality Portfolio - Institutional Class Shares	**	79,610
	Voya Financial	DFA U.S. Core Equity 1 Portfolio - Institutional Class Shares	**	429,853
	Voya Financial	DFA U.S. Large Cap Value Portfolio - Institutional Class Shares	**	270,959
	Voya Financial	DFA U.S. Targeted Value Portfolio - Institutional Class Shares	**	63,171
	Voya Financial	DFA U.S. Vector Equity Portfolio - Institutional Class Shares	**	1,372
	Voya Financial	Carillon Eagle Small Cap Growth Fund - Class R-6	**	544,230
	Voya Financial	Invesco Comstock Fund - Class R6	**	389,708
	Voya Financial	Invesco Corporate Bond Fund - Class R6	**	51,915
	Voya Financial	Invesco Equity and Income Fund - Class R6	**	494,770
	Voya Financial	Janus Henderson Forty Fund - Class N Shares	**	221,701
	Voya Financial	Loomis Sayles Strategic Income Fund - Class N Shares	**	605,758
	Voya Financial	Neuberger Berman Mid Cap Growth Fund - Class R6 Shares	**	727,914
	Voya Financial	Oppenheimer International Bond Fund - Class I Shares	**	5,026
	Voya Financial	PIMCO Commodity Real Return Strategy Fund - Institutional Class	**	12,192
	Voya Financial	PIMCO High Yield Fund - Institutional Class	**	106,889
	Voya Financial	PIMCO Total Return Fund - Institutional Class	**	149,598
	Voya Financial	Thornburg International Value Fund - Class R6	**	168,374
	Voya Financial	Vanguard® 500 Index Fund - Admiral Shares	**	1,827,748
	Voya Financial	Vanguard® Balanced Index Fund - Admiral Shares	**	656,942
	Voya Financial	Vanguard® Emerging Markets Stock Index Fund - Admiral Shares	**	415,639
	Voya Financial	Vanguard® Health Care Index Fund - Admiral Shares	**	537,251
	Voya Financial	Vanguard® LifeStrategy® Conservative Growth Fund - Investor Shares	**	333,398
	Voya Financial	Vanguard® LifeStrategy® Growth Fund - Investor Shares	**	1,198,843
	Voya Financial	Vanguard® LifeStrategy® Income Fund - Investor Shares	**	64,709
	Voya Financial	Vanguard® LifeStrategy® Moderate Growth Fund - Investor Shares	**	518,378
	Voya Financial	Vanguard® Mid-Cap Index Fund - Admiral Shares	**	628,253
	Voya Financial	Vanguard® Global Capital Cycle Fund - Investor Shares	**	24,948
	Voya Financial	Vanguard® Small-Cap Index Fund - Admiral Shares	**	531,563
	Voya Financial	Vanguard® Target Retirement 2015 Fund - Investor Shares	**	9,658
	Voya Financial	Vanguard® Target Retirement 2020 Fund - Investor Shares	**	223,139
	Voya Financial	Vanguard® Target Retirement 2025 Fund - Investor Shares	**	571,527

Subtotal to Page 13

\$ 13,855,241

* - Party-in-interest to the Plan.

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FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2018

EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

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		Subtotal from Page 12		\$ 13,855,241
	Voya Financial	Vanguard® Target Retirement 2030 Fund - Investor Shares	**	709,557
	Voya Financial	Vanguard® Target Retirement 2035 Fund - Investor Shares	**	217,192
	Voya Financial	Vanguard® Target Retirement 2040 Fund - Investor Shares	**	105,909
	Voya Financial	Vanguard® Target Retirement 2045 Fund - Investor Shares	**	174,031
	Voya Financial	Vanguard® Target Retirement 2050 Fund - Investor Shares	**	158,491
	Voya Financial	Vanguard® Target Retirement 2055 Fund - Investor Shares	**	231,737
	Voya Financial	Vanguard® Target Retirement 2060 Fund - Investor Shares	**	153,389
	Voya Financial	Vanguard® Target Retirement Income Fund - Investor Shares	**	35,702
	Voya Financial	Vanguard® Total Bond Market Index Fund - Admiral Shares	**	384,697
	Voya Financial	Vanguard® Total International Stock Index Fund - Admiral Shares	**	114,839
	Voya Financial	Vanguard® Total Stock Market Index Fund - Admiral Shares	**	767,222
*	Voya Financial	Voya Money Market Fund - Class A	**	22,925
*	Voya Financial	Voya Fixed Account	**	2,028,834
*	TD Ameritrade	TD Ameritrade - Money Market	**	257,543
	TD Ameritrade	Abbott Labs	**	14,209
	TD Ameritrade	Abbvie Inc	**	27,657
	TD Ameritrade	AFLAC Inc	**	9,112
	TD Ameritrade	Alphabet Inc A	**	24,034
	TD Ameritrade	Altaba Inc	**	5,794
	TD Ameritrade	Altria Group, Inc.	**	4,939
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Subtotal to Page 14

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FORM 5500, SCHEDULE H, PART IV, LINE 4i

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	TD Ameritrade	Verizon	**	13,228
	TD Ameritrade	Viacom Inc	**	5,140
	TD Ameritrade	Walgreens Boots	**	46,123
	TD Ameritrade	Walt Disney Company	**	19,189
	TD Ameritrade	Wells Fargo & Com	**	5,760
	TD Ameritrade	Wendy's Company	**	6,244
	TD Ameritrade	Workday Inc	**	4,790
	TD Ameritrade	World Wrestling Entertainment	**	3,736
	Charles Schwab	Bank Sweep for Benefit Plans	**	379,680
	Charles Schwab	Alarm Com Holdings	**	12,968
	Charles Schwab	Intel Corp	**	6,101
	Charles Schwab	Kinder Morgan Inc	**	7,779
	Charles Schwab	Lumentum Holdings Inc	**	1,974
	Charles Schwab	Oshkosh Corp	**	18,393
	Charles Schwab	Sherwin Williams Co	**	39,346
	Charles Schwab	United Rentals Inc.	**	20,506
	Charles Schwab	World Wrestling Entertainment	**	5,230
	Charles Schwab	American Funds Europacific Growth Fund	**	10,636
	Charles Schwab	American Funds Growth Fund of America	**	37,034
	Charles Schwab	Apple Inc	**	324,291
	Charles Schwab	Cash Account	**	120
	Charles Schwab	Chesapeake Energy Co	**	2,100
	Charles Schwab	CUI Global Inc	**	10
	Charles Schwab	Doubleline Total Return Bond Fund	**	38,346
	Charles Schwab	First Busey Corp	**	136,516
	Charles Schwab	iShares Core S&P 500 ETF	**	35,828
	Charles Schwab	iShares Edge MSCI USA ETF	**	42,113
	Charles Schwab	James Balanced Golden Fund	**	63,377
	Charles Schwab	Janus Henderson Triton Fund	**	18,504
	Charles Schwab	Metropolitan West Total Bond Fund	**	21,177
	Charles Schwab	Vanguard Mid Cap Growth Fund	**	16,499
	Charles Schwab	Walgreens Boots Alliance	**	139,972
	Charles Schwab	Wisdom Tree Midcap ETF	**	15,156
	Gen III Provenance	Gen III Provenance	**	150,000
	SE Ventures LLC	SE Ventures LLC	**	13,117
*	Participant loans	Interest rate of 4.25% - 6.25%, maturing from 2019 to 2023	**	186,856
				<u>\$ 23,931,060</u>

** Cost omitted for participant-directed investments