

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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MARS ADVERTISING, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1989</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>MARS ADVERTISING, INC.</u> <u>25200 TELEGRAPH ROAD</u> <u>SOUTHFIELD, MI 48033</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-2029315</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>248-936-2200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-2029315</u>	2c Plan Sponsor's telephone number <u>248-936-2200</u>	2d Business code (see instructions) <u>541800</u>	
2b Employer Identification Number (EIN) <u>38-2029315</u>					
2c Plan Sponsor's telephone number <u>248-936-2200</u>					
2d Business code (see instructions) <u>541800</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	DEANNA TEPPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 612
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 512 6a(2) 397 6b 0 6c 187 6d 584 6e 0 6f 584 6g 524 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 _____

<div><div>SCHEDULE A</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>	<div>Insurance 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> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan MARS ADVERTISING, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARS ADVERTISING, INC.	D Employer Identification Number (EIN) 38-2029315

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	DH1214	584	01/01/2019	12/31/2019

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 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(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	

(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** 2591674**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**
Specify nature of costs ▶**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 ▶ GROUP PENSION FUNDING**b** Balance at the end of the previous year **7b** 1770245**c** Additions: (1) Contributions deposited during the year **7c(1)** 989248
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 15580
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 165445
▶ *(6) Total additions **7c(6)** 1170273**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2940518**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 364823
(2) Administration charge made by carrier **7e(2)** 2023
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 57269
▶ *(5) Total deductions **7e(5)** 424115**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2516403

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan MARS ADVERTISING, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARS ADVERTISING, INC.	D Employer Identification Number (EIN) 38-2029315	

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 & ANNUITY
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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	25953	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CAPTRUST FINANCIAL ADVISORS

26-0058143

(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?
99	SERVICE PROVIDER	11582	Yes ☒ No ☐	Yes ☐ No ☒	52056	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPTRUST FINANCIAL ADVISORS	99	52056

(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.
VOYA RETIREMENT INSURANCE AND ANNUITY 71-0294708	OTHER FEES

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan MARS ADVERTISING, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARS ADVERTISING, INC.	D Employer Identification Number (EIN) 38-2029315	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	296918	384822
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	20874265	26002182
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1770245	2516403
(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	22941428 28903407
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	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22941428 28903407

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)	
	(B) Participants	2a(1)(B)	2557587
	(C) Others (including rollovers)	2a(1)(C)	1277887
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3835474
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	15062
	(F) Other	2b(1)(F)	15580
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	30642
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1007887
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1007887
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		4346560
c Other income	2c		794
d Total income. Add all income amounts in column (b) and enter total	2d		9221357

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3219819	
(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)		3219819
f Corrective distributions (see instructions)	2f		1044
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	38515	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38515
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3259378

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5961979
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: **HOWE & HOLSCHER, P.C.**

(2) EIN: **38-2661896**

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.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>MARS ADVERTISING, INC. 401(K) PROFIT SHARING 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>MARS ADVERTISING, INC.</u>	D Employer Identification Number (EIN) <u>38-2029315</u>

Part I	Distributions
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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.)
----------------	---

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	☐ Increase	☐ Decrease	☐ Both	☐ No
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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?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

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): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
December 31, 2019 and 2018**

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2019 and 2018

BERGER, GHERSI & LADUKE PLC

CERTIFIED PUBLIC ACCOUNTANTS

300 East Long Lake Road, Suite 135
Bloomfield Hills, Michigan 48304-2430
(248) 333-3680 Fax (248) 333-0226
Website: www.bglcpas.com

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of
Mars Advertising Company, Inc.
401(k) Profit Sharing Plan
Southfield, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of

Mars Advertising Company, Inc.
401(k) Profit Sharing Plan

which comprise the Statements of Net Assets Available for Benefits as of December 31, 2019, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

Management'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 audit 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 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 information summarized in Note F, which was certified by Voya Institutional Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Voya Institutional Trust Company held the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2019, that the information provided to the plan administrator by the trustee 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.

Other Matter-Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of or for the year ended December 31, 2019, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedule.

Other Matter—2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by predecessor auditors. As permitted by 29 CFR 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Voya Institutional Trust Company, the trustee of the Plan. Their report, dated September 10, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 trustee, 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 the Employee Retirement Income Security Act of 1974.


BERGER, GHERZI & LADUKE PLC
Certified Public Accountants

September 30, 2020

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

ASSETS

	<u>2019</u>	<u>2018</u>
Investments at fair value	\$ 26,002,182	\$ 20,874,265
Investments at contract value	2,516,403	1,770,245
Receivables:		
Participant contributions	11,373	-
Notes receivable from participants	<u>384,822</u>	<u>296,918</u>
Total receivables	<u>396,195</u>	<u>296,918</u>
 Total assets	 <u>28,914,780</u>	 <u>22,941,428</u>
 Net assets available for benefits	 <u>\$ 28,914,780</u>	 <u>\$ 22,941,428</u>

See accompanying notes to the financial statements.

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 4,346,560	\$ (2,746,317)
Interest	15,580	32,620
Dividends	1,007,887	1,037,382
Other income	<u>794</u>	<u>-</u>
Net investment income (loss)	<u>5,370,821</u>	<u>(1,676,315)</u>
Interest income on participant loans	<u>15,062</u>	<u>14,395</u>
Contributions:		
Participant rollovers	1,277,887	706,918
Participants	<u>2,568,960</u>	<u>2,564,686</u>
Total contributions	<u>3,846,847</u>	<u>3,271,604</u>
Total additions	<u>9,232,730</u>	<u>1,609,684</u>
Deductions from net assets attributed to:		
Benefits paid to participants	3,220,863	1,690,199
Administrative expenses	<u>38,515</u>	<u>22,476</u>
Total deductions	<u>3,259,378</u>	<u>1,712,675</u>
Net increase (decrease)	5,973,352	(102,991)
Net assets available for benefits:		
Beginning of year	<u>22,941,428</u>	<u>23,044,419</u>
End of year	<u>\$ 28,914,780</u>	<u>\$ 22,941,428</u>

See accompanying notes to the financial statements.

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE A - Description of Plan

The following description of the **Mars Advertising Company, Inc. 401(k) Profit Sharing Plan** provides only general information. Participants should refer to the Plan agreement and Summary Plan description for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of Mars Advertising Company, Inc., Trade Promotion Administration, LLC, Mercury Fulfillment Systems, Inc., eMarketing, LLC, Twin Oaks Integrated (formerly known as Neptune Technology Solutions, LLC) who have completed one month of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was originally adopted January 1, 1989.

On January 1, 2017, the Company sold its division Prize Logic, LLC. As a result of its sale, on January 26, 2017, the accounts of all Prize Logic, LLC employees were transferred out of the Plan to a plan controlled by the acquiring company.

On March 2, 2018, the Company adopted the Voya Retirement Insurance and Annuity Company Volume Submitter Plan. The effective date of the amendment was March 8, 2018.

Contributions - Each year participants may contribute a percentage of their pretax annual compensation as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified plans. The Company, at its discretion, may make a matching contribution. Additional amounts may also be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations. Participants direct the investments of their contributions into the various investment options offered by the Plan.

Participant accounts - Each participant's account is credited with the participant's contribution, allocations of the Company's contribution (if elected by the board of directors) and earnings of the participants selected investments. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant becomes 100 percent vested after five years of credited service.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of 50% of their account balance. The cumulative amount of outstanding loans cannot exceed \$50,000. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant's Notes fund. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates are the prime interest rate plus 1.00 percent. Principal and interest are paid ratably through payroll deductions made not less frequently than quarterly.

Payment of benefits - Upon termination of service due to normal retirement, early retirement, disability or termination, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in regular installments over a period of time not to exceed certain life-expectancy guidelines.

Forfeited accounts/unclaimed accounts - Forfeited non-vested accounts will be used to first reduce plan expenses. The forfeited account balance held at December 31, 2019 and 2018 was \$17 and \$1, respectively. In 2019 and 2018, forfeitures used to pay plan expenses were \$0 and \$4,640, respectively.

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE B - Summary of Accounting Policies

Basis of accounting - The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition - Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

The Plan's investments are reported at fair value. Mutual funds are stated at fair value as determined by quoted market prices, which represent the net asset value of shares held by the Plan at year end. The Plan's interest in the collective trust is based on the fair value of the collective trust's underlying investments as based on information reported by the investment advisor using the audited financial statements of the collective trust at year end. Participant's loans are valued at cost which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis.

Net appreciation (depreciation) of fair value of instruments - Net realized and unrealized appreciation (depreciation) is recorded in the accompanying Statement of Changes In Net Assets Available for Benefits as net appreciation in fair value of investments.

Brokerage fees are added to acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Payment of benefits - Benefits are recorded when paid.

Expenses - Administrative expenses of operating the Plan are paid by the Plan or they are offset by forfeitures as described above. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. The Company may elect to pay certain expenses, and if they do, those expenses would not be recognized in these financial statements.

Subsequent events - Subsequent events were evaluated through the date of the auditors' report, which is the date the financial statements were available to be issued.

The impact on the Plan's 2020 financial activities cannot be assessed as of the date of our audit report as there exists a significant uncertainty about the future impact of COVID-19 on the global economy during this ongoing pandemic situation.

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE C - Unallocated Contracts with Voya Retirement Insurance and Annuity Company (VRIAC)

In 2018, the Plan entered into a deposit administration investment contract with VRIAC. The total deposits were \$2,516,403 for 2019 and \$1,770,245 for 2018. VRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed minimum investment contract issuer is contractually obligated to repay the principal and 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 one percent. The crediting rate is reviewed on a quarterly basis for resetting. However, VRIAC may impose restrictions on the ability to move funds in and out of this investment option.

The value of the Fixed Account is determined by the daily crediting of interest which is subject to minimum contractual guarantees. The Fixed Account does not have a maturity date. Investment transfers to and from the Fixed Account, and withdrawals to pay participant benefits (as defined in the contract) are made at book (i.e., "contract") value. Non-benefit surrenders from the Fixed Account may be subject to a contract surrender charge, or either a market value adjustment or paid in installments as elected by the contract holder, depending on the terms of the contract.

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

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

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

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

NOTE D - Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820 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:

**MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN**

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE D - Fair Value Measurements (continued)

- 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; and
 - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money Market Funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds: Valued at the closing price as reported on the active market on which the individual securities are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	Assets at Fair Value as of:			
	(Level 1)	(Level 2)	(Level 3)	Total Fair Value
<u>December 31, 2019:</u>				
Money market funds	\$ 16	\$ -	\$ -	\$ 16
Mutual funds	<u>26,002,166</u>	<u>-</u>	<u>-</u>	<u>26,002,166</u>
Total investments at fair value	<u>\$ 26,002,182</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 26,002,182</u>
 <u>December 31, 2018:</u>				
Money market funds	\$ 495	\$ -	\$ -	\$ 495
Mutual funds	<u>20,873,770</u>	<u>-</u>	<u>-</u>	<u>20,873,770</u>
Total investments at fair value	<u>\$ 20,874,265</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 20,874,265</u>

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE E - Party-In-Interest Transactions

Parties-in-interest include the Plan sponsor and administrator, Mars Advertising Company, Inc., the trustee, Plan record keeper and custodian, Voya Institutional Trust Company VITC, and the Plan auditor, Berger, Gheri & LaDuke, PLC.

Parties-in-interest also include 50% or more owner Kenneth Barnett.

NOTE F - Investment Information and Information Certified by the Custodian

Information certified by the custodian - The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule, are complete and accurate.

	<u>2019</u>	<u>2018</u>
Investments at fair value:		
Money market funds	\$ 16	\$ 495
Mutual funds	26,002,166	20,873,769
Unallocated contracts held by insurance company	2,516,403	1,770,245
Participant notes receivable	<u>384,822</u>	<u>296,918</u>
	<u>\$ 28,903,407</u>	<u>\$ 22,941,428</u>
Investment income certified by Voya Institutional Trust Company		
Interest	\$ 30,642	\$ 47,015
Dividends	1,007,887	1,037,382
Net appreciation in fair value of investments	4,346,560	(2,746,317)
Other income	<u>497</u>	<u>-</u>
	<u>\$ 5,385,586</u>	<u>\$ (1,661,920)</u>

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplementary schedule.

NOTE G - Plan Termination

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

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE H - Tax Status

The IRS has determined and informed the Company by a letter dated September 1, 2014, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

NOTE I - Risks and Uncertainties

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

NOTE J - Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statement to Form 5500:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per financial statement	\$ 28,914,780	\$ 22,941,428
Contribution receivable per the financial statements	<u>(11,373)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 28,903,407</u>	<u>\$ 22,941,428</u>
Net increase (decrease) per financial statement	\$ 5,973,352	\$ (102,991)
Contribution receivable per the financial statements	<u>(11,373)</u>	<u>-</u>
Net income (loss) per schedule H to the Form 5500	<u>\$ 5,961,979</u>	<u>\$ (102,991)</u>

SUPPLEMENTAL SCHEDULE

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

SUPPLEMENTAL INFORMATION
EIN #38-3144336
Plan #001

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard Total Intl Stk Index fd Adm	Mutual funds	**	\$ 152,513
	TRowe Prc Instit Intl Core Equity Fd	Mutual funds	**	2,074,788
	Vanguard Extend Mrkt Index Fnd Adm	Mutual funds	**	1,283,692
	MassMutual Sel Md Cp Grw Fd I	Mutual funds	**	1,414,147
	Victory Sycmr Established Value F	Mutual funds	**	2,417,466
	Goldman Sachs Sm Cp Value Fnd R6	Mutual funds	**	428,174
	Victory RS Small Cap Growth Fund R6	Mutual funds	**	1,321,659
	Franklin Growth Fund R6	Mutual funds	**	2,832,998
	Vanguard 500 Index Fund Adm	Mutual funds	**	2,952,351
	MFS Value Fund R6	Mutual funds	**	3,081,678
	Vanguard Trgt Retire 2015 Fnd Inv	Mutual funds	**	5,633
	Vanguard Trgt Retire 2020 Fnd Inv	Mutual funds	**	41,852
	Vanguard Trgt Retire 2025 Fnd Inv	Mutual funds	**	554,475
	Vanguard Trgt Retire 2030 Fnd Inv	Mutual funds	**	799,923
	Vanguard Trgt Retire 2035 Fnd Inv	Mutual funds	**	497,653
	Vanguard Trgt Retire 2040 Fnd Inv	Mutual funds	**	462,207
	Vanguard Trgt Retire 2045 Fnd Inv	Mutual funds	**	882,035
	Vanguard Trgt Retire 2050 Fnd Inv	Mutual funds	**	576,720
	Vanguard Trgt Retire 2055 Fnd Inv	Mutual funds	**	363,942
	Vanguard Trgt Retire 2060 Fnd Inv	Mutual funds	**	50,921
	Vanguard Trgt Retire 2065 Fnd Inv	Mutual funds	**	7,888
	Vanguard Trgt Retire Income Fnd Inv	Mutual funds	**	30,000
	Vanguard Total Bnd Mrkt Ind F Adm	Mutual funds	**	317,992
	Western Asst Core Plus Bond Fund IS	Mutual funds	**	3,451,459
*	Voya Gov Money Mkt Fnd A	Money market funds	**	16
*	Voya Fixed Account	Guaranteed annuity contract	**	2,516,403
*	Participant Loans	Interest rate 4.25-6.5%, maturity dates vary, participants balances pledged.	-0-	<u>384,822</u>
				<u>\$ 28,903,407</u>

* Denotes party-in-interest

**Cost information not required

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
MARS ADVERTISING, INC. 401K PROFIT SHARING
PLAN
EIN#38-2029315
Plan#001
As Of December 31, 2019

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
Franklin Growth Fund R6	Registered Investment Company		\$2,832,998
Gldmn Sachs SmCp Value Fnd R6	Registered Investment Company		\$428,174
MFS Value Fund R6	Registered Investment Company		\$3,081,678
MssMtl Sel Md Cp Gr Fd I	Registered Investment Company		\$1,414,147
TRwPr Inst Intl Core Eqty Fd	Registered Investment Company		\$2,074,788
Vangrd 500 Index Fund Adm	Registered Investment Company		\$2,952,351
Vangrd Ext Mkt Index Fnd Adm	Registered Investment Company		\$1,283,692
Vangrd Tot Bd Mkt Ind Fd Adm	Registered Investment Company		\$317,992
Vangrd Tot Int Stk In F Adm	Registered Investment Company		\$152,513
Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		\$5,633
Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		\$41,852
Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		\$554,475
Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		\$799,923
Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		\$462,208
Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		\$882,035
Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		\$497,653
Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		\$576,720
Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		\$363,942
Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		\$50,921
Vangrd Trgt Retire 2065 Fd Inv	Registered Investment Company		\$7,888
Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		\$30,000
Victory RS Small Cap Grw Fd R6	Registered Investment Company		\$1,321,659
Victory Sycmr Est VI Fd R6	Registered Investment Company		\$2,417,466
* Voya Fixed Account (4062)	Insurance Company General Account		\$2,516,403
* Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$16
WstAsst Core Plus Bond Fund IS	Registered Investment Company		\$3,451,459
	Participant Loan Rates 4.25%-6.50%		\$384,822
TOTAL			\$28,903,407

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

**MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
December 31, 2019 and 2018**

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
December 31, 2019 and 2018

BERGER, GHERSI & LADUKE PLC

CERTIFIED PUBLIC ACCOUNTANTS

300 East Long Lake Road, Suite 135
Bloomfield Hills, Michigan 48304-2430
(248) 333-3680 Fax (248) 333-0226
Website: www.bglcpas.com

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of
Mars Advertising Company, Inc.
401(k) Profit Sharing Plan
Southfield, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of

Mars Advertising Company, Inc.
401(k) Profit Sharing Plan

which comprise the Statements of Net Assets Available for Benefits as of December 31, 2019, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

Management'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 audit 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 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 information summarized in Note F, which was certified by Voya Institutional Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Voya Institutional Trust Company held the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2019, that the information provided to the plan administrator by the trustee 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.

Other Matter-Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of or for the year ended December 31, 2019, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedule.

Other Matter—2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by predecessor auditors. As permitted by 29 CFR 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Voya Institutional Trust Company, the trustee of the Plan. Their report, dated September 10, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 trustee, 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 the Employee Retirement Income Security Act of 1974.


BERGER, GHERZI & LADUKE PLC
Certified Public Accountants

September 30, 2020

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

ASSETS

	<u>2019</u>	<u>2018</u>
Investments at fair value	\$ 26,002,182	\$ 20,874,265
Investments at contract value	2,516,403	1,770,245
Receivables:		
Participant contributions	11,373	-
Notes receivable from participants	<u>384,822</u>	<u>296,918</u>
Total receivables	<u>396,195</u>	<u>296,918</u>
 Total assets	 <u>28,914,780</u>	 <u>22,941,428</u>
 Net assets available for benefits	 <u>\$ 28,914,780</u>	 <u>\$ 22,941,428</u>

See accompanying notes to the financial statements.

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 4,346,560	\$ (2,746,317)
Interest	15,580	32,620
Dividends	1,007,887	1,037,382
Other income	<u>794</u>	<u>-</u>
Net investment income (loss)	<u>5,370,821</u>	<u>(1,676,315)</u>
Interest income on participant loans	<u>15,062</u>	<u>14,395</u>
Contributions:		
Participant rollovers	1,277,887	706,918
Participants	<u>2,568,960</u>	<u>2,564,686</u>
Total contributions	<u>3,846,847</u>	<u>3,271,604</u>
Total additions	<u>9,232,730</u>	<u>1,609,684</u>
Deductions from net assets attributed to:		
Benefits paid to participants	3,220,863	1,690,199
Administrative expenses	<u>38,515</u>	<u>22,476</u>
Total deductions	<u>3,259,378</u>	<u>1,712,675</u>
Net increase (decrease)	5,973,352	(102,991)
Net assets available for benefits:		
Beginning of year	<u>22,941,428</u>	<u>23,044,419</u>
End of year	<u>\$ 28,914,780</u>	<u>\$ 22,941,428</u>

See accompanying notes to the financial statements.

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE A - Description of Plan

The following description of the **Mars Advertising Company, Inc. 401(k) Profit Sharing Plan** provides only general information. Participants should refer to the Plan agreement and Summary Plan description for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of Mars Advertising Company, Inc., Trade Promotion Administration, LLC, Mercury Fulfillment Systems, Inc., eMarketing, LLC, Twin Oaks Integrated (formerly known as Neptune Technology Solutions, LLC) who have completed one month of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was originally adopted January 1, 1989.

On January 1, 2017, the Company sold its division Prize Logic, LLC. As a result of its sale, on January 26, 2017, the accounts of all Prize Logic, LLC employees were transferred out of the Plan to a plan controlled by the acquiring company.

On March 2, 2018, the Company adopted the Voya Retirement Insurance and Annuity Company Volume Submitter Plan. The effective date of the amendment was March 8, 2018.

Contributions - Each year participants may contribute a percentage of their pretax annual compensation as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified plans. The Company, at its discretion, may make a matching contribution. Additional amounts may also be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations. Participants direct the investments of their contributions into the various investment options offered by the Plan.

Participant accounts - Each participant's account is credited with the participant's contribution, allocations of the Company's contribution (if elected by the board of directors) and earnings of the participants selected investments. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant becomes 100 percent vested after five years of credited service.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of 50% of their account balance. The cumulative amount of outstanding loans cannot exceed \$50,000. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant's Notes fund. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates are the prime interest rate plus 1.00 percent. Principal and interest are paid ratably through payroll deductions made not less frequently than quarterly.

Payment of benefits - Upon termination of service due to normal retirement, early retirement, disability or termination, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in regular installments over a period of time not to exceed certain life-expectancy guidelines.

Forfeited accounts/unclaimed accounts - Forfeited non-vested accounts will be used to first reduce plan expenses. The forfeited account balance held at December 31, 2019 and 2018 was \$17 and \$1, respectively. In 2019 and 2018, forfeitures used to pay plan expenses were \$0 and \$4,640, respectively.

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE B - Summary of Accounting Policies

Basis of accounting - The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition - Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

The Plan's investments are reported at fair value. Mutual funds are stated at fair value as determined by quoted market prices, which represent the net asset value of shares held by the Plan at year end. The Plan's interest in the collective trust is based on the fair value of the collective trust's underlying investments as based on information reported by the investment advisor using the audited financial statements of the collective trust at year end. Participant's loans are valued at cost which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis.

Net appreciation (depreciation) of fair value of instruments - Net realized and unrealized appreciation (depreciation) is recorded in the accompanying Statement of Changes In Net Assets Available for Benefits as net appreciation in fair value of investments.

Brokerage fees are added to acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

Payment of benefits - Benefits are recorded when paid.

Expenses - Administrative expenses of operating the Plan are paid by the Plan or they are offset by forfeitures as described above. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. The Company may elect to pay certain expenses, and if they do, those expenses would not be recognized in these financial statements.

Subsequent events - Subsequent events were evaluated through the date of the auditors' report, which is the date the financial statements were available to be issued.

The impact on the Plan's 2020 financial activities cannot be assessed as of the date of our audit report as there exists a significant uncertainty about the future impact of COVID-19 on the global economy during this ongoing pandemic situation.

MARS ADVERTISING COMPANY, INC.
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NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE C - Unallocated Contracts with Voya Retirement Insurance and Annuity Company (VRIAC)

In 2018, the Plan entered into a deposit administration investment contract with VRIAC. The total deposits were \$2,516,403 for 2019 and \$1,770,245 for 2018. VRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed minimum investment contract issuer is contractually obligated to repay the principal and 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 one percent. The crediting rate is reviewed on a quarterly basis for resetting. However, VRIAC may impose restrictions on the ability to move funds in and out of this investment option.

The value of the Fixed Account is determined by the daily crediting of interest which is subject to minimum contractual guarantees. The Fixed Account does not have a maturity date. Investment transfers to and from the Fixed Account, and withdrawals to pay participant benefits (as defined in the contract) are made at book (i.e., "contract") value. Non-benefit surrenders from the Fixed Account may be subject to a contract surrender charge, or either a market value adjustment or paid in installments as elected by the contract holder, depending on the terms of the contract.

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

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

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

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

NOTE D - Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820 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:

**MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN**

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE D - Fair Value Measurements (continued)

- 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; and
 - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money Market Funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds: Valued at the closing price as reported on the active market on which the individual securities are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	Assets at Fair Value as of:			
	(Level 1)	(Level 2)	(Level 3)	Total Fair Value
<u>December 31, 2019:</u>				
Money market funds	\$ 16	\$ -	\$ -	\$ 16
Mutual funds	<u>26,002,166</u>	<u>-</u>	<u>-</u>	<u>26,002,166</u>
Total investments at fair value	<u>\$ 26,002,182</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 26,002,182</u>
 <u>December 31, 2018:</u>				
Money market funds	\$ 495	\$ -	\$ -	\$ 495
Mutual funds	<u>20,873,770</u>	<u>-</u>	<u>-</u>	<u>20,873,770</u>
Total investments at fair value	<u>\$ 20,874,265</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 20,874,265</u>

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE E - Party-In-Interest Transactions

Parties-in-interest include the Plan sponsor and administrator, Mars Advertising Company, Inc., the trustee, Plan record keeper and custodian, Voya Institutional Trust Company VITC, and the Plan auditor, Berger, Gheri & LaDuke, PLC.

Parties-in-interest also include 50% or more owner Kenneth Barnett.

NOTE F - Investment Information and Information Certified by the Custodian

Information certified by the custodian - The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule, are complete and accurate.

	<u>2019</u>	<u>2018</u>
Investments at fair value:		
Money market funds	\$ 16	\$ 495
Mutual funds	26,002,166	20,873,769
Unallocated contracts held by insurance company	2,516,403	1,770,245
Participant notes receivable	<u>384,822</u>	<u>296,918</u>
	<u>\$ 28,903,407</u>	<u>\$ 22,941,428</u>
Investment income certified by Voya Institutional Trust Company		
Interest	\$ 30,642	\$ 47,015
Dividends	1,007,887	1,037,382
Net appreciation in fair value of investments	4,346,560	(2,746,317)
Other income	<u>497</u>	<u>-</u>
	<u>\$ 5,385,586</u>	<u>\$ (1,661,920)</u>

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplementary schedule.

NOTE G - Plan Termination

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

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
(continued)
December 31, 2019 and 2018

NOTE H - Tax Status

The IRS has determined and informed the Company by a letter dated September 1, 2014, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

NOTE I - Risks and Uncertainties

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

NOTE J - Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statement to Form 5500:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per financial statement	\$ 28,914,780	\$ 22,941,428
Contribution receivable per the financial statements	<u>(11,373)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 28,903,407</u>	<u>\$ 22,941,428</u>
Net increase (decrease) per financial statement	\$ 5,973,352	\$ (102,991)
Contribution receivable per the financial statements	<u>(11,373)</u>	<u>-</u>
Net income (loss) per schedule H to the Form 5500	<u>\$ 5,961,979</u>	<u>\$ (102,991)</u>

SUPPLEMENTAL SCHEDULE

MARS ADVERTISING COMPANY, INC.
401(K) PROFIT SHARING PLAN

SUPPLEMENTAL INFORMATION
EIN #38-3144336
Plan #001

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard Total Intl Stk Index fd Adm	Mutual funds	**	\$ 152,513
	TRowe Prc Instit Intl Core Equity Fd	Mutual funds	**	2,074,788
	Vanguard Extend Mrkt Index Fnd Adm	Mutual funds	**	1,283,692
	MassMutual Sel Md Cp Grw Fd I	Mutual funds	**	1,414,147
	Victory Sycmr Established Value F	Mutual funds	**	2,417,466
	Goldman Sachs Sm Cp Value Fnd R6	Mutual funds	**	428,174
	Victory RS Small Cap Growth Fund R6	Mutual funds	**	1,321,659
	Franklin Growth Fund R6	Mutual funds	**	2,832,998
	Vanguard 500 Index Fund Adm	Mutual funds	**	2,952,351
	MFS Value Fund R6	Mutual funds	**	3,081,678
	Vanguard Trgt Retire 2015 Fnd Inv	Mutual funds	**	5,633
	Vanguard Trgt Retire 2020 Fnd Inv	Mutual funds	**	41,852
	Vanguard Trgt Retire 2025 Fnd Inv	Mutual funds	**	554,475
	Vanguard Trgt Retire 2030 Fnd Inv	Mutual funds	**	799,923
	Vanguard Trgt Retire 2035 Fnd Inv	Mutual funds	**	497,653
	Vanguard Trgt Retire 2040 Fnd Inv	Mutual funds	**	462,207
	Vanguard Trgt Retire 2045 Fnd Inv	Mutual funds	**	882,035
	Vanguard Trgt Retire 2050 Fnd Inv	Mutual funds	**	576,720
	Vanguard Trgt Retire 2055 Fnd Inv	Mutual funds	**	363,942
	Vanguard Trgt Retire 2060 Fnd Inv	Mutual funds	**	50,921
	Vanguard Trgt Retire 2065 Fnd Inv	Mutual funds	**	7,888
	Vanguard Trgt Retire Income Fnd Inv	Mutual funds	**	30,000
	Vanguard Total Bnd Mrkt Ind F Adm	Mutual funds	**	317,992
	Western Asst Core Plus Bond Fund IS	Mutual funds	**	3,451,459
*	Voya Gov Money Mkt Fnd A	Money market funds	**	16
*	Voya Fixed Account	Guaranteed annuity contract	**	2,516,403
*	Participant Loans	Interest rate 4.25-6.5%, maturity dates vary, participants balances pledged.	-0-	<u>384,822</u>
				<u>\$ 28,903,407</u>

* Denotes party-in-interest

**Cost information not required