Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROCK PAPER SCISSORS, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
ROCK PAPER SCISSORS, LLC

2308 BROADWAY
SANTA MONICA, CA 90404

2b Employer Identification Number (EIN)
95-4591362

2c Plan Sponsor's telephone number
310-586-0600

2d Business code (see instructions)
541990

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.	03/22/2021	ARLEEN ROSENBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	139
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	121
a(2) Total number of active participants at the end of the plan year	**6a(2)**	136
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	21
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	157
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	158
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	93
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:

2G 2J 2K 2T 3D 2E

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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_____

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

D Employer Identification Number (EIN)
95-4591362

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIRST ALLIED SECURITIES INC

655 WEST BROADWAY 12TH FL
SAN DIEGO, CA 92101

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	40497	Yes [ ] No [X]

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
94-3167260	0.25%	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
41-0679409	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
P.O. BOX 29217 SHAWNEE MISSION, KS 66201	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
43-1804048	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
04-2865649	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
04-2865649	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
22-3703799	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
04-2539562	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
4249 EASTON WAY SUITE 400 COLUMBUS, OH 43219	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
4249 EASTON WAY SUITE 400 COLUMBUS, OH 43219	0.25%	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST ALLIED SECURITIES INC	55	40497
(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.	
04-3523567		

(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

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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

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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

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
ROCK PAPER SCISSORS, LLC 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
ROCK PAPER SCISSORS, LLC

D Employer Identification Number (EIN)
95-4591362

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	100000	100000
(2) Participant contributions	1b(2)	10358	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5605	10866
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	5843	8144
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7066951	9435176
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	7188757	9554186
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7188757	9554186

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	100000	
	(B) Participants	2a(1)(B)	793689	
	(C) Others (including rollovers)	2a(1)(C)	2598	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		896287
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	124	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	540	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		664
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	450718	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		450718
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1465158
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2812827
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	447167	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		447167
f Corrective distributions (see instructions)	2f		31
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	200	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		200
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		447398
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2365429
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: CITRIN COOPERMAN & CO., LLP **(2)** EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		181306
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c 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.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
ROCK PAPER SCISSORS, LLC 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
ROCK PAPER SCISSORS, LLC

D Employer Identification Number (EIN)
95-4591362

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

YEAR ENDED DECEMBER 31, 2019

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
FOR THE YEAR ENDED DECEMBER 31, 2019

Contents

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CITRINCOOPERMAN®
Accountants and Advisors

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Rock Paper Scissors, LLC 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rock Paper Scissors, LLC 401(k) Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management'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 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended 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.

CITRINCOOPERMAN®
Accountants and Advisors

Other Matter - Delinquent Participant Contributions

As more fully described in Note 9, during the year ended December 31, 2019, the Company failed to remit certain participant contributions aggregating $181,306 to the Plan on a timely basis.

Other Matter - Delinquent Form 5500

As more fully described in Note 10, the Plan is delinquent in the filing of Form 5500, "Annual Return/Report of Employee Benefit Plan" for the 2019 Plan year, which is required to be filed under Sections 104 and 4065 of ERISA, and Sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code ("Form 5500").

Other Matter - Supplemental Schedules

The supplemental schedule H, line 4i - assets (held at year end) as of December 31, 2019, and schedule H, line 4a - delinquent participant contributions for the year ended December 31, 2019, are 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 are presented for the purpose of additional analysis and are 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 schedules referred to above.

2019 Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2019 financial statements and supplemental schedules, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Compiled 2018 Financial Statement

Plan management is responsible for the accompanying 2018 financial statement of the Plan, which comprises the statement of net assets available for benefits as of December 31, 2018. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the 2018 financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2018 financial statement.

CitrinCooperman & Company, LLP
CERTIFIED PUBLIC ACCOUNTANTS

Encino, California
January 27, 2021

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019 (Audited)	2018 (Compiled)
Assets:		
Investments at fair value	$ 9,446,042	$ 7,072,556
Receivables:		
Participant contributions	-	10,358
Employer matching contributions	100,000	100,000
Notes receivable from participants	8,144	5,843
Total receivables	108,144	116,201
Contingency (Note 11)		
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,554,186	$ 7,188,757

See accompanying notes to financial statements.

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	1,465,158
Dividends and interest		450,842
Total investment income		1,916,000
Interest income on notes receivable from participants		540
Contributions:		
Participant deferrals		793,689
Employer matching		100,000
Participant rollovers		2,598
Total contributions		896,287
Total additions		2,812,827
Deductions from net assets attributed to:		
Benefits paid to participants		447,167
Corrective distributions		31
Administrative expenses		200
Total deductions		447,398
Net increase		2,365,429
Net assets available for benefits - beginning		7,188,757
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$	9,554,186

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The following description of the Rock Paper Scissors, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan sponsored by Rock Paper Scissors, LLC covering eligible employees of Rock Paper Scissors, LLC, Rock Paper Scissors Entertainment, LLC and Black Mariah, Inc. (collectively, the "Company"), which are members of the same controlled group and considered a single employer for purposes of the Plan. The Plan is offered to all employees of the Company who are over the age of 21 and have completed six months of service, excluding employees covered by a collective bargaining agreement and non-United States residents. Effective December 1, 2019, the Plan was amended to also exclude freelance employees from participating in the Plan. Eligible employees are able to enroll in the Plan on the first day of the month after eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Participant Contributions

Participants may contribute up to 100% of their annual eligible compensation as a pre-tax deferral, up to the maximum allowed by the Internal Revenue Code ("IRC"), as defined in the Plan. The Plan also allows participants to make after-tax Roth contributions subject to certain limitations determined by the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

Employer Contributions

The Company may make discretionary matching contributions on behalf of each eligible participant in an amount equal to a percentage of the eligible contributions made by each eligible participant during the year. Participants are eligible to receive an allocation of the discretionary matching contributions if they are still employed by the Company at year-end and have completed at least 1,000 hours of service during the year. Participants who become disabled, retire, or die during the Plan year are excepted from the last day or hours of service requirement. For the year ended December 31, 2019, the Company made discretionary matching contributions to the Plan totaling $100,000 in October 2020.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contributions, if any, an allocation of investment earnings or losses, and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants direct the investment of contributions into various investment options offered by the Plan.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service and a participant is 100% vested after six years of credited service or normal retirement age (defined as the later of age 65 or the fifth anniversary of the participant's employment commencement date), whichever occurs first. Participants who become totally disabled or die before normal retirement age become fully vested in their accrued benefits.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve month period or (b) 50% of the participant's vested account balance. The repayment period of any loan shall be no more than five years, unless such loan is for the purchase of participant's primary residence, in which case the repayment period shall be no more than 10 years. A participant may not have more than one loan outstanding at any time and a participant may not refinance an existing loan or apply for an additional loan for the purpose of paying off an existing loan. The loans are secured by the balance of the participant's account and bear interest at the prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.

If a participant has an outstanding loan balance at the time their employment terminates, the entire outstanding principal and accrued interest shall be due and payable. If a participant fails to make a payment when the loans are due under the terms of the loan, that participant will be in default. In the event of default, the loan shall become due and payable immediately and interest will continue to accrue until the entire loan balance is repaid. The Plan will take all reasonable actions to collect the balance owed on the loan. Under certain circumstances, the loan in default could be considered a distribution from the Plan and could be considered income to the participant. In any event, failure to repay a loan will reduce the benefit a participant would otherwise be entitled to from the Plan.

Payment of Benefits

On termination of service due to death, disability or retirement, or upon attaining the age of 59-1/2, a participant may elect to receive a lump-sum amount equal to the participant's vested interest in their account. If a participant terminates employment with a vested account balance of less than $5,000, a distribution will be made to the participant regardless of whether the participant consents to receive it. Any distribution greater than $1,000 that is made to a participant without the participant's consent before the participant's normal retirement age will be rolled over to an individual retirement plan designated by the Plan administrator.

The Plan allows for hardship withdrawals from a participant's deferral account. Hardship withdrawals are subject to a $500 minimum amount and participants must exhaust all other options before financial hardship withdrawals are allowed. Deferral contributions are suspended for a six-month period after receiving a hardship withdrawal.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits (Continued)

All withdrawals are subject to the limits specified in the Plan and by the Internal Revenue Service ("IRS").

Forfeitures

Forfeitures of the non-vested portion of terminated participants' accounts are used to pay administrative expenses of the Plan or reduce future employer contributions. During the year ended December 31, 2019, no forfeitures were used to pay expenses of the Plan or reduce employer contributions. As of December 31, 2019 and 2018, forfeitures non-vested accounts totaled $14,460 and $7,697, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements were prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the year. Accordingly, actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year such adjustments are determined.

Investment Valuation and Income Recognition

Investments, as certified by Fidelity Management Trust Company (the "Trustee"), are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 3 for fair value disclosures.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements

U.S. GAAP defines fair value and established 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy are described as follows:

Level 1 — Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 — Inputs to the valuation methodology include:

- 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.

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

Level 3 — Unobservable inputs based on the Plan's assessment of the assumptions that market participants would use in pricing the asset or liability.

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

Following is a description of the valuation methodologies used for assets measured at fair value and which are included in the fair value hierarchy. There have been no changes in the methodologies used at December 31, 2019 and 2018 (unaudited).

The Plan's investments in mutual funds and a money market fund are valued at the daily closing prices as reported by the funds. The mutual funds and money market fund held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds and money market fund held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan administrator believes its valuation methods are appropriate and consistent with those of 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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018 (unaudited). If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in the net appreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through January 27, 2021, the date on which these financial statements were available to be issued, and has determined that, except for those described in Notes 1 and 10, there are no other subsequent events that require disclosure under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 855, *Subsequent Events.*

NOTE 3. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2019 and 2018 (unaudited). Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Total at December 31, 2019	Level 1	Level 2	Level 3
Mutual funds	$ 9,435,176	$ 9,435,176	$ -	$ -
Money market fund	10,866	10,866	-	-
Investments at fair value	$ 9,446,042	$ 9,446,042	$ -	$ -

Description	Total at December 31, 2018 (unaudited)	Level 1	Level 2	Level 3
Mutual funds	$ 7,066,951	$ 7,066,951	$ -	$ -
Money market fund	5,605	5,605	-	-
Investments at fair value	$ 7,072,556	$ 7,072,556	$ -	$ -

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

During the years ended December 31, 2019 and 2018 (unaudited), there were no transfers between levels of the fair value hierarchy.

NOTE 4. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following tables summarize investment information as of December 31, 2019 and 2018 (unaudited), and for the year ended December 31, 2019, included in the Plan's financial statements and supplemental schedules, that were prepared by or derived from information prepared by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained a certification from the Trustee that such information is complete and accurate.

	2019	2018 (Unaudited)
Investments at fair value	$ 9,446,042	$ 7,072,556
Notes receivable from participants	$ 8,144	$ 5,843
Dividends and interest	$ 450,842	
Net appreciation in fair value of investments	1,465,158	
Total investment income	$ 1,916,000	
Interest income on notes receivable from participants	$ 540	

NOTE 5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which 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 statements of net assets available for benefits.

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's investments are managed by the Trustee; accordingly, these transactions qualify as party-in-transactions. Notes receivable from participants are also managed by the Trustee and quality as party-in-interest transactions.

Fees charged to the Plan by the Trustee for administrative expenses amounted to $200 for the year ended December 31, 2019.

NOTE 7. PLAN TERMINATION

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

NOTE 8. TAX STATUS

The Plan has adopted a volume submitter plan ("VSP") prepared by Fidelity Management & Research Company, an affiliate of the Trustee, which received an opinion letter from the IRS dated March 31, 2014, stating that the VSP is designed in accordance with the applicable sections of the IRC. Although the VSP (or Plan, as applicable) has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified and, the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2019 and 2018 (unaudited), there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9. DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2019, the Company failed to remit certain participant contributions aggregating $181,306 to the Plan on a timely basis as prescribed in the applicable Department of Labor regulations, which require employers to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. These transactions constitute prohibited transactions as defined by ERISA. The related funds were corrected outside of the Voluntary Fiduciary Correction Program and the Company has not contributed lost earnings on these delinquent participant contributions.

NOTE 10. DELINQUENT FORM 5500

The Plan is delinquent in the filing of Form 5500, "Annual Return/Report of Employee Benefit Plan" for the 2019 Plan year, which is required to be filed under Sections 104 and 4065 of ERISA, and Sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code ("Form 5500"). The Plan has not received any written notifications from the U.S. Department of Labor for non-filing of the Form 5500. Penalties for non-filing, if any, will be the responsibility of the Company and not of the Plan.

NOTE 11. CONTINGENCY

The Plan administrator is in the process of re-performing the nondiscrimination testing for the years ended December 31, 2018 and 2017. If the Plan fails the nondiscrimination testing, the Company will be required to make a qualified non-elective contribution to the Plan to pass the test. If the Plan fails the nondiscrimination testing, management does not expect any resulting corrections to have a material impact on the financial statements of the Plan, and will record such amounts when the testing is complete and the actual amounts are known by the Plan.

NOTE 12. SUBSEQUENT EVENTS

During 2020, the World Health Organization has declared COVID-19 to constitute a "Public Health Emergency of International Concern." The pandemic has disrupted economic markets and the financial impact, duration and spread of the COVID-19 virus are uncertain at this time. The financial performance of the Plan's investments may be impacted by the market's response to the uncertainty of the situation, however, the duration of disruption and related financial impact cannot be reasonably estimated at this time.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (the "CARES Act") was enacted and signed into law. The Plan is currently working to adopt the applicable provisions of the CARES Act and the Company is currently evaluating the impact to the Plan.

SUPPLEMENTAL SCHEDULES

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019
EIN: 95-4591362
PLAN NUMBER: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Government Money Market Fund - Daily Money Class	Money market fund	**	$ 10,866
*	Fidelity 500 Index Fund	Mutual fund	**	1,862,279
*	Fidelity Advisor New Insights Fund - Class M	Mutual fund	**	1,089,355
*	Fidelity Advisor Freedom 2045 Fund - Class M	Mutual fund	**	875,753
*	Fidelity Advisor Freedom 2040 Fund - Class M	Mutual fund	**	785,826
	JPMorgan Equity Income Fund - Class A	Mutual fund	**	582,365
*	Fidelity Advisor Freedom 2050 Fund - Class M	Mutual fund	**	545,392
	PIMCO Stocksplus Small Fund - Class A	Mutual fund	**	514,343
	Victory Sycamore Established Value Fund - Class A	Mutual fund	**	443,354
*	Fidelity Advisor Freedom 2055 Fund - Class M	Mutual fund	**	363,985
	Janus Henderson Triton Fund - Class S	Mutual fund	**	334,010
*	Fidelity Advisor Freedom 2025 Fund - Class M	Mutual fund	**	325,405
*	Fidelity Advisor Strategic Income Fund - Class M	Mutual fund	**	318,690
	Ivy Mid Cap Growth Fund - Class A	Mutual fund	**	264,106
	PIMCO Real Return Fund - Class A	Mutual fund	**	179,870
	MFS Massachusetts Investors Growth Stock Fund - Class R3	Mutual fund	**	128,224
	Franklin Small Cap Value Fund - Class A	Mutual fund	**	120,279
	PIMCO Total Return Fund - Class A	Mutual fund	**	114,840
	Victory Diversified Stock Fund - Class R	Mutual fund	**	99,057
	Invesco International Growth Fund - Class A	Mutual fund	**	87,080
*	Fidelity Advisor Freedom 2035 Fund - Class M	Mutual fund	**	76,519
*	Fidelity International Index Fund	Mutual fund	**	66,491
*	Fidelity Advisor Freedom 2060 Fund - Class M	Mutual fund	**	50,454
	Putnam Mortgage Securities Fund - Class A	Mutual fund	**	48,472
	AllianzGI International Value Fund - Class A	Mutual fund	**	43,707
	PGIM High Yield Fund - Class A	Mutual fund	**	43,583
*	Fidelity Advisor Freedom 2030 Fund - Class M	Mutual fund	**	38,166
	Hartford International Equity Fund - Class R4	Mutual fund	**	27,380
	MFS Moderate Allocation Fund - Class R3	Mutual fund	**	3,899
*	Fidelity Advisor Freedom 2020 Fund - Class M	Mutual fund	**	2,292
*	Notes receivable from participants	Notes receivable (interest rates ranging from 5.75% to 6.50% and maturing through May 2022)	**	8,144
	TOTAL			$ 9,454,186

* Party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and therefore it is not included.

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a - DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2019
EIN: 95-4591362
PLAN NUMBER: 001

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Totals that Constitute Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 11,645	1/4/2019	1/15/2019	X	$ -	$ 11,645	$ -	$ -
$ 14,239	1/18/2019	1/29/2019	X	-	14,239	-	-
$ 14,777	2/22/2019	3/5/2019	X	-	14,777	-	-
$ 14,221	3/15/2019	3/26/2019	X	-	14,221	-	-
$ 16,601	5/3/2019	5/15/2019	X	-	16,601	-	-
$ 14,206	5/17/2019	5/31/2019	X	-	14,206	-	-
$ 15,362	10/11/2019	10/22/2019	X	-	15,362	-	-
$ 14,920	11/8/2019	11/21/2019	X	-	14,920	-	-
$ 12,936	11/15/2019	11/26/2019	X	-	12,936	-	-
$ 13,165	11/22/2019	12/10/2019	X	-	13,165	-	-
$ 14,986	11/29/2019	12/11/2019	X	-	14,986	-	-
$ 12,033	12/13/2019	12/27/2019	X	-	12,033	-	-
$ 12,215	12/20/2019	12/31/2019	X	-	12,215	-	-
		TOTALS		$ -	$ 181,306	$ -	$ -

See independent auditor's report.

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

YEAR ENDED DECEMBER 31, 2019

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
FOR THE YEAR ENDED DECEMBER 31, 2019

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Accountants and Advisors

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Rock Paper Scissors, LLC 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rock Paper Scissors, LLC 401(k) Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management'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 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended 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.

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Accountants and Advisors

Other Matter - Delinquent Participant Contributions

As more fully described in Note 9, during the year ended December 31, 2019, the Company failed to remit certain participant contributions aggregating $181,306 to the Plan on a timely basis.

Other Matter - Delinquent Form 5500

As more fully described in Note 10, the Plan is delinquent in the filing of Form 5500, "Annual Return/Report of Employee Benefit Plan" for the 2019 Plan year, which is required to be filed under Sections 104 and 4065 of ERISA, and Sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code ("Form 5500").

Other Matter - Supplemental Schedules

The supplemental schedule H, line 4i - assets (held at year end) as of December 31, 2019, and schedule H, line 4a - delinquent participant contributions for the year ended December 31, 2019, are 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 are presented for the purpose of additional analysis and are 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 schedules referred to above.

2019 Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2019 financial statements and supplemental schedules, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Compiled 2018 Financial Statement

Plan management is responsible for the accompanying 2018 financial statement of the Plan, which comprises the statement of net assets available for benefits as of December 31, 2018. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the 2018 financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2018 financial statement.

CitrinCooperman & Company, LLP
CERTIFIED PUBLIC ACCOUNTANTS

Encino, California
January 27, 2021

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019 (Audited)	2018 (Compiled)
Assets:		
Investments at fair value	$ 9,446,042	$ 7,072,556
Receivables:		
Participant contributions	-	10,358
Employer matching contributions	100,000	100,000
Notes receivable from participants	8,144	5,843
Total receivables	108,144	116,201
Contingency (Note 11)		
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,554,186	$ 7,188,757

See accompanying notes to financial statements.

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	1,465,158
Dividends and interest		450,842
Total investment income		1,916,000
Interest income on notes receivable from participants		540
Contributions:		
Participant deferrals		793,689
Employer matching		100,000
Participant rollovers		2,598
Total contributions		896,287
Total additions		2,812,827
Deductions from net assets attributed to:		
Benefits paid to participants		447,167
Corrective distributions		31
Administrative expenses		200
Total deductions		447,398
Net increase		2,365,429
Net assets available for benefits - beginning		7,188,757
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$	9,554,186

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The following description of the Rock Paper Scissors, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan sponsored by Rock Paper Scissors, LLC covering eligible employees of Rock Paper Scissors, LLC, Rock Paper Scissors Entertainment, LLC and Black Mariah, Inc. (collectively, the "Company"), which are members of the same controlled group and considered a single employer for purposes of the Plan. The Plan is offered to all employees of the Company who are over the age of 21 and have completed six months of service, excluding employees covered by a collective bargaining agreement and non-United States residents. Effective December 1, 2019, the Plan was amended to also exclude freelance employees from participating in the Plan. Eligible employees are able to enroll in the Plan on the first day of the month after eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Participant Contributions

Participants may contribute up to 100% of their annual eligible compensation as a pre-tax deferral, up to the maximum allowed by the Internal Revenue Code ("IRC"), as defined in the Plan. The Plan also allows participants to make after-tax Roth contributions subject to certain limitations determined by the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

Employer Contributions

The Company may make discretionary matching contributions on behalf of each eligible participant in an amount equal to a percentage of the eligible contributions made by each eligible participant during the year. Participants are eligible to receive an allocation of the discretionary matching contributions if they are still employed by the Company at year-end and have completed at least 1,000 hours of service during the year. Participants who become disabled, retire, or die during the Plan year are excepted from the last day or hours of service requirement. For the year ended December 31, 2019, the Company made discretionary matching contributions to the Plan totaling $100,000 in October 2020.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contributions, if any, an allocation of investment earnings or losses, and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants direct the investment of contributions into various investment options offered by the Plan.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service and a participant is 100% vested after six years of credited service or normal retirement age (defined as the later of age 65 or the fifth anniversary of the participant's employment commencement date), whichever occurs first. Participants who become totally disabled or die before normal retirement age become fully vested in their accrued benefits.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve month period or (b) 50% of the participant's vested account balance. The repayment period of any loan shall be no more than five years, unless such loan is for the purchase of participant's primary residence, in which case the repayment period shall be no more than 10 years. A participant may not have more than one loan outstanding at any time and a participant may not refinance an existing loan or apply for an additional loan for the purpose of paying off an existing loan. The loans are secured by the balance of the participant's account and bear interest at the prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.

If a participant has an outstanding loan balance at the time their employment terminates, the entire outstanding principal and accrued interest shall be due and payable. If a participant fails to make a payment when the loans are due under the terms of the loan, that participant will be in default. In the event of default, the loan shall become due and payable immediately and interest will continue to accrue until the entire loan balance is repaid. The Plan will take all reasonable actions to collect the balance owed on the loan. Under certain circumstances, the loan in default could be considered a distribution from the Plan and could be considered income to the participant. In any event, failure to repay a loan will reduce the benefit a participant would otherwise be entitled to from the Plan.

Payment of Benefits

On termination of service due to death, disability or retirement, or upon attaining the age of 59-1/2, a participant may elect to receive a lump-sum amount equal to the participant's vested interest in their account. If a participant terminates employment with a vested account balance of less than $5,000, a distribution will be made to the participant regardless of whether the participant consents to receive it. Any distribution greater than $1,000 that is made to a participant without the participant's consent before the participant's normal retirement age will be rolled over to an individual retirement plan designated by the Plan administrator.

The Plan allows for hardship withdrawals from a participant's deferral account. Hardship withdrawals are subject to a $500 minimum amount and participants must exhaust all other options before financial hardship withdrawals are allowed. Deferral contributions are suspended for a six-month period after receiving a hardship withdrawal.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits (Continued)

All withdrawals are subject to the limits specified in the Plan and by the Internal Revenue Service ("IRS").

Forfeitures

Forfeitures of the non-vested portion of terminated participants' accounts are used to pay administrative expenses of the Plan or reduce future employer contributions. During the year ended December 31, 2019, no forfeitures were used to pay expenses of the Plan or reduce employer contributions. As of December 31, 2019 and 2018, forfeitures non-vested accounts totaled $14,460 and $7,697, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements were prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the year. Accordingly, actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year such adjustments are determined.

Investment Valuation and Income Recognition

Investments, as certified by Fidelity Management Trust Company (the "Trustee"), are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 3 for fair value disclosures.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements

U.S. GAAP defines fair value and established 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy are described as follows:

Level 1 — Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 — Inputs to the valuation methodology include:

- 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.

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

Level 3 — Unobservable inputs based on the Plan's assessment of the assumptions that market participants would use in pricing the asset or liability.

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

Following is a description of the valuation methodologies used for assets measured at fair value and which are included in the fair value hierarchy. There have been no changes in the methodologies used at December 31, 2019 and 2018 (unaudited).

The Plan's investments in mutual funds and a money market fund are valued at the daily closing prices as reported by the funds. The mutual funds and money market fund held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds and money market fund held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan administrator believes its valuation methods are appropriate and consistent with those of 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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018 (unaudited). If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in the net appreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through January 27, 2021, the date on which these financial statements were available to be issued, and has determined that, except for those described in Notes 1 and 10, there are no other subsequent events that require disclosure under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 855, *Subsequent Events.*

NOTE 3. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2019 and 2018 (unaudited). Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Total at December 31, 2019	Level 1	Level 2	Level 3
Mutual funds	$ 9,435,176	$ 9,435,176	$ -	$ -
Money market fund	10,866	10,866	-	-
Investments at fair value	$ 9,446,042	$ 9,446,042	$ -	$ -

Description	Total at December 31, 2018 (unaudited)	Level 1	Level 2	Level 3
Mutual funds	$ 7,066,951	$ 7,066,951	$ -	$ -
Money market fund	5,605	5,605	-	-
Investments at fair value	$ 7,072,556	$ 7,072,556	$ -	$ -

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

During the years ended December 31, 2019 and 2018 (unaudited), there were no transfers between levels of the fair value hierarchy.

NOTE 4. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following tables summarize investment information as of December 31, 2019 and 2018 (unaudited), and for the year ended December 31, 2019, included in the Plan's financial statements and supplemental schedules, that were prepared by or derived from information prepared by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained a certification from the Trustee that such information is complete and accurate.

	2019	2018 (Unaudited)
Investments at fair value	$ 9,446,042	$ 7,072,556
Notes receivable from participants	$ 8,144	$ 5,843
Dividends and interest	$ 450,842	
Net appreciation in fair value of investments	1,465,158	
Total investment income	$ 1,916,000	
Interest income on notes receivable from participants	$ 540	

NOTE 5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which 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 statements of net assets available for benefits.

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's investments are managed by the Trustee; accordingly, these transactions qualify as party-in-transactions. Notes receivable from participants are also managed by the Trustee and quality as party-in-interest transactions.

Fees charged to the Plan by the Trustee for administrative expenses amounted to $200 for the year ended December 31, 2019.

NOTE 7. PLAN TERMINATION

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

NOTE 8. TAX STATUS

The Plan has adopted a volume submitter plan ("VSP") prepared by Fidelity Management & Research Company, an affiliate of the Trustee, which received an opinion letter from the IRS dated March 31, 2014, stating that the VSP is designed in accordance with the applicable sections of the IRC. Although the VSP (or Plan, as applicable) has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified and, the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2019 and 2018 (unaudited), there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9. DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2019, the Company failed to remit certain participant contributions aggregating $181,306 to the Plan on a timely basis as prescribed in the applicable Department of Labor regulations, which require employers to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. These transactions constitute prohibited transactions as defined by ERISA. The related funds were corrected outside of the Voluntary Fiduciary Correction Program and the Company has not contributed lost earnings on these delinquent participant contributions.

NOTE 10. DELINQUENT FORM 5500

The Plan is delinquent in the filing of Form 5500, "Annual Return/Report of Employee Benefit Plan" for the 2019 Plan year, which is required to be filed under Sections 104 and 4065 of ERISA, and Sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code ("Form 5500"). The Plan has not received any written notifications from the U.S. Department of Labor for non-filing of the Form 5500. Penalties for non-filing, if any, will be the responsibility of the Company and not of the Plan.

NOTE 11. CONTINGENCY

The Plan administrator is in the process of re-performing the nondiscrimination testing for the years ended December 31, 2018 and 2017. If the Plan fails the nondiscrimination testing, the Company will be required to make a qualified non-elective contribution to the Plan to pass the test. If the Plan fails the nondiscrimination testing, management does not expect any resulting corrections to have a material impact on the financial statements of the Plan, and will record such amounts when the testing is complete and the actual amounts are known by the Plan.

NOTE 12. SUBSEQUENT EVENTS

During 2020, the World Health Organization has declared COVID-19 to constitute a "Public Health Emergency of International Concern." The pandemic has disrupted economic markets and the financial impact, duration and spread of the COVID-19 virus are uncertain at this time. The financial performance of the Plan's investments may be impacted by the market's response to the uncertainty of the situation, however, the duration of disruption and related financial impact cannot be reasonably estimated at this time.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (the "CARES Act") was enacted and signed into law. The Plan is currently working to adopt the applicable provisions of the CARES Act and the Company is currently evaluating the impact to the Plan.

SUPPLEMENTAL SCHEDULES

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019
EIN: 95-4591362
PLAN NUMBER: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Government Money Market Fund - Daily Money Class	Money market fund	**	$ 10,866
*	Fidelity 500 Index Fund	Mutual fund	**	1,862,279
*	Fidelity Advisor New Insights Fund - Class M	Mutual fund	**	1,089,355
*	Fidelity Advisor Freedom 2045 Fund - Class M	Mutual fund	**	875,753
*	Fidelity Advisor Freedom 2040 Fund - Class M	Mutual fund	**	785,826
	JPMorgan Equity Income Fund - Class A	Mutual fund	**	582,365
*	Fidelity Advisor Freedom 2050 Fund - Class M	Mutual fund	**	545,392
	PIMCO Stocksplus Small Fund - Class A	Mutual fund	**	514,343
	Victory Sycamore Established Value Fund - Class A	Mutual fund	**	443,354
*	Fidelity Advisor Freedom 2055 Fund - Class M	Mutual fund	**	363,985
	Janus Henderson Triton Fund - Class S	Mutual fund	**	334,010
*	Fidelity Advisor Freedom 2025 Fund - Class M	Mutual fund	**	325,405
*	Fidelity Advisor Strategic Income Fund - Class M	Mutual fund	**	318,690
	Ivy Mid Cap Growth Fund - Class A	Mutual fund	**	264,106
	PIMCO Real Return Fund - Class A	Mutual fund	**	179,870
	MFS Massachusetts Investors Growth Stock Fund - Class R3	Mutual fund	**	128,224
	Franklin Small Cap Value Fund - Class A	Mutual fund	**	120,279
	PIMCO Total Return Fund - Class A	Mutual fund	**	114,840
	Victory Diversified Stock Fund - Class R	Mutual fund	**	99,057
	Invesco International Growth Fund - Class A	Mutual fund	**	87,080
*	Fidelity Advisor Freedom 2035 Fund - Class M	Mutual fund	**	76,519
*	Fidelity International Index Fund	Mutual fund	**	66,491
*	Fidelity Advisor Freedom 2060 Fund - Class M	Mutual fund	**	50,454
	Putnam Mortgage Securities Fund - Class A	Mutual fund	**	48,472
	AllianzGI International Value Fund - Class A	Mutual fund	**	43,707
	PGIM High Yield Fund - Class A	Mutual fund	**	43,583
*	Fidelity Advisor Freedom 2030 Fund - Class M	Mutual fund	**	38,166
	Hartford International Equity Fund - Class R4	Mutual fund	**	27,380
	MFS Moderate Allocation Fund - Class R3	Mutual fund	**	3,899
*	Fidelity Advisor Freedom 2020 Fund - Class M	Mutual fund	**	2,292
*	Notes receivable from participants	Notes receivable (interest rates ranging from 5.75% to 6.50% and maturing through May 2022)	**	8,144
	TOTAL			$ 9,454,186

* Party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and therefore it is not included.

See independent auditor's report.

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a - DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2019
EIN: 95-4591362
PLAN NUMBER: 001

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Totals that Constitute Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 11,645	1/4/2019	1/15/2019	X	$ -	$ 11,645	$ -	$ -
$ 14,239	1/18/2019	1/29/2019	X	-	14,239	-	-
$ 14,777	2/22/2019	3/5/2019	X	-	14,777	-	-
$ 14,221	3/15/2019	3/26/2019	X	-	14,221	-	-
$ 16,601	5/3/2019	5/15/2019	X	-	16,601	-	-
$ 14,206	5/17/2019	5/31/2019	X	-	14,206	-	-
$ 15,362	10/11/2019	10/22/2019	X	-	15,362	-	-
$ 14,920	11/8/2019	11/21/2019	X	-	14,920	-	-
$ 12,936	11/15/2019	11/26/2019	X	-	12,936	-	-
$ 13,165	11/22/2019	12/10/2019	X	-	13,165	-	-
$ 14,986	11/29/2019	12/11/2019	X	-	14,986	-	-
$ 12,033	12/13/2019	12/27/2019	X	-	12,033	-	-
$ 12,215	12/20/2019	12/31/2019	X	-	12,215	-	-
		TOTALS		$ -	$ 181,306	$ -	$ -

See independent auditor's report.

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

YEAR ENDED DECEMBER 31, 2019

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
FOR THE YEAR ENDED DECEMBER 31, 2019

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Accountants and Advisors

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Rock Paper Scissors, LLC 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rock Paper Scissors, LLC 401(k) Profit Sharing Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management'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 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended 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.

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Accountants and Advisors

Other Matter - Delinquent Participant Contributions

As more fully described in Note 9, during the year ended December 31, 2019, the Company failed to remit certain participant contributions aggregating $181,306 to the Plan on a timely basis.

Other Matter - Delinquent Form 5500

As more fully described in Note 10, the Plan is delinquent in the filing of Form 5500, "Annual Return/Report of Employee Benefit Plan" for the 2019 Plan year, which is required to be filed under Sections 104 and 4065 of ERISA, and Sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code ("Form 5500").

Other Matter - Supplemental Schedules

The supplemental schedule H, line 4i - assets (held at year end) as of December 31, 2019, and schedule H, line 4a - delinquent participant contributions for the year ended December 31, 2019, are 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 are presented for the purpose of additional analysis and are 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 schedules referred to above.

2019 Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2019 financial statements and supplemental schedules, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Compiled 2018 Financial Statement

Plan management is responsible for the accompanying 2018 financial statement of the Plan, which comprises the statement of net assets available for benefits as of December 31, 2018. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the 2018 financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2018 financial statement.

CitrinCooperman & Company, LLP
CERTIFIED PUBLIC ACCOUNTANTS

Encino, California
January 27, 2021

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019 (Audited)	2018 (Compiled)
Assets:		
Investments at fair value	$ 9,446,042	$ 7,072,556
Receivables:		
Participant contributions	-	10,358
Employer matching contributions	100,000	100,000
Notes receivable from participants	8,144	5,843
Total receivables	108,144	116,201
Contingency (Note 11)		
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,554,186	$ 7,188,757

See accompanying notes to financial statements.

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	1,465,158
Dividends and interest		450,842
Total investment income		1,916,000
Interest income on notes receivable from participants		540
Contributions:		
Participant deferrals		793,689
Employer matching		100,000
Participant rollovers		2,598
Total contributions		896,287
Total additions		2,812,827
Deductions from net assets attributed to:		
Benefits paid to participants		447,167
Corrective distributions		31
Administrative expenses		200
Total deductions		447,398
Net increase		2,365,429
Net assets available for benefits - beginning		7,188,757
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$	9,554,186

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The following description of the Rock Paper Scissors, LLC 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan sponsored by Rock Paper Scissors, LLC covering eligible employees of Rock Paper Scissors, LLC, Rock Paper Scissors Entertainment, LLC and Black Mariah, Inc. (collectively, the "Company"), which are members of the same controlled group and considered a single employer for purposes of the Plan. The Plan is offered to all employees of the Company who are over the age of 21 and have completed six months of service, excluding employees covered by a collective bargaining agreement and non-United States residents. Effective December 1, 2019, the Plan was amended to also exclude freelance employees from participating in the Plan. Eligible employees are able to enroll in the Plan on the first day of the month after eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Participant Contributions

Participants may contribute up to 100% of their annual eligible compensation as a pre-tax deferral, up to the maximum allowed by the Internal Revenue Code ("IRC"), as defined in the Plan. The Plan also allows participants to make after-tax Roth contributions subject to certain limitations determined by the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

Employer Contributions

The Company may make discretionary matching contributions on behalf of each eligible participant in an amount equal to a percentage of the eligible contributions made by each eligible participant during the year. Participants are eligible to receive an allocation of the discretionary matching contributions if they are still employed by the Company at year-end and have completed at least 1,000 hours of service during the year. Participants who become disabled, retire, or die during the Plan year are excepted from the last day or hours of service requirement. For the year ended December 31, 2019, the Company made discretionary matching contributions to the Plan totaling $100,000 in October 2020.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contributions, if any, an allocation of investment earnings or losses, and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants direct the investment of contributions into various investment options offered by the Plan.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service and a participant is 100% vested after six years of credited service or normal retirement age (defined as the later of age 65 or the fifth anniversary of the participant's employment commencement date), whichever occurs first. Participants who become totally disabled or die before normal retirement age become fully vested in their accrued benefits.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve month period or (b) 50% of the participant's vested account balance. The repayment period of any loan shall be no more than five years, unless such loan is for the purchase of participant's primary residence, in which case the repayment period shall be no more than 10 years. A participant may not have more than one loan outstanding at any time and a participant may not refinance an existing loan or apply for an additional loan for the purpose of paying off an existing loan. The loans are secured by the balance of the participant's account and bear interest at the prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.

If a participant has an outstanding loan balance at the time their employment terminates, the entire outstanding principal and accrued interest shall be due and payable. If a participant fails to make a payment when the loans are due under the terms of the loan, that participant will be in default. In the event of default, the loan shall become due and payable immediately and interest will continue to accrue until the entire loan balance is repaid. The Plan will take all reasonable actions to collect the balance owed on the loan. Under certain circumstances, the loan in default could be considered a distribution from the Plan and could be considered income to the participant. In any event, failure to repay a loan will reduce the benefit a participant would otherwise be entitled to from the Plan.

Payment of Benefits

On termination of service due to death, disability or retirement, or upon attaining the age of 59-1/2, a participant may elect to receive a lump-sum amount equal to the participant's vested interest in their account. If a participant terminates employment with a vested account balance of less than $5,000, a distribution will be made to the participant regardless of whether the participant consents to receive it. Any distribution greater than $1,000 that is made to a participant without the participant's consent before the participant's normal retirement age will be rolled over to an individual retirement plan designated by the Plan administrator.

The Plan allows for hardship withdrawals from a participant's deferral account. Hardship withdrawals are subject to a $500 minimum amount and participants must exhaust all other options before financial hardship withdrawals are allowed. Deferral contributions are suspended for a six-month period after receiving a hardship withdrawal.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits (Continued)

All withdrawals are subject to the limits specified in the Plan and by the Internal Revenue Service ("IRS").

Forfeitures

Forfeitures of the non-vested portion of terminated participants' accounts are used to pay administrative expenses of the Plan or reduce future employer contributions. During the year ended December 31, 2019, no forfeitures were used to pay expenses of the Plan or reduce employer contributions. As of December 31, 2019 and 2018, forfeitures non-vested accounts totaled $14,460 and $7,697, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements were prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the year. Accordingly, actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year such adjustments are determined.

Investment Valuation and Income Recognition

Investments, as certified by Fidelity Management Trust Company (the "Trustee"), are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 3 for fair value disclosures.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements

U.S. GAAP defines fair value and established 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy are described as follows:

Level 1 — Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 — Inputs to the valuation methodology include:

- 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.

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

Level 3 — Unobservable inputs based on the Plan's assessment of the assumptions that market participants would use in pricing the asset or liability.

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

Following is a description of the valuation methodologies used for assets measured at fair value and which are included in the fair value hierarchy. There have been no changes in the methodologies used at December 31, 2019 and 2018 (unaudited).

The Plan's investments in mutual funds and a money market fund are valued at the daily closing prices as reported by the funds. The mutual funds and money market fund held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds and money market fund held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan administrator believes its valuation methods are appropriate and consistent with those of 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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018 (unaudited). If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in the net appreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through January 27, 2021, the date on which these financial statements were available to be issued, and has determined that, except for those described in Notes 1 and 10, there are no other subsequent events that require disclosure under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 855, *Subsequent Events.*

NOTE 3. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2019 and 2018 (unaudited). Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Description	Total at December 31, 2019	Level 1	Level 2	Level 3
Mutual funds	$ 9,435,176	$ 9,435,176	$ -	$ -
Money market fund	10,866	10,866	-	-
Investments at fair value	$ 9,446,042	$ 9,446,042	$ -	$ -

Description	Total at December 31, 2018 (unaudited)	Level 1	Level 2	Level 3
Mutual funds	$ 7,066,951	$ 7,066,951	$ -	$ -
Money market fund	5,605	5,605	-	-
Investments at fair value	$ 7,072,556	$ 7,072,556	$ -	$ -

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

During the years ended December 31, 2019 and 2018 (unaudited), there were no transfers between levels of the fair value hierarchy.

NOTE 4. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following tables summarize investment information as of December 31, 2019 and 2018 (unaudited), and for the year ended December 31, 2019, included in the Plan's financial statements and supplemental schedules, that were prepared by or derived from information prepared by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained a certification from the Trustee that such information is complete and accurate.

	2019	2018 (Unaudited)
Investments at fair value	$ 9,446,042	$ 7,072,556
Notes receivable from participants	$ 8,144	$ 5,843
Dividends and interest	$ 450,842	
Net appreciation in fair value of investments	1,465,158	
Total investment income	$ 1,916,000	
Interest income on notes receivable from participants	$ 540	

NOTE 5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which 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 statements of net assets available for benefits.

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's investments are managed by the Trustee; accordingly, these transactions qualify as party-in-transactions. Notes receivable from participants are also managed by the Trustee and quality as party-in-interest transactions.

Fees charged to the Plan by the Trustee for administrative expenses amounted to $200 for the year ended December 31, 2019.

NOTE 7. PLAN TERMINATION

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

NOTE 8. TAX STATUS

The Plan has adopted a volume submitter plan ("VSP") prepared by Fidelity Management & Research Company, an affiliate of the Trustee, which received an opinion letter from the IRS dated March 31, 2014, stating that the VSP is designed in accordance with the applicable sections of the IRC. Although the VSP (or Plan, as applicable) has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified and, the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2019 and 2018 (unaudited), there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9. DELINQUENT PARTICIPANT CONTRIBUTIONS

During the year ended December 31, 2019, the Company failed to remit certain participant contributions aggregating $181,306 to the Plan on a timely basis as prescribed in the applicable Department of Labor regulations, which require employers to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. These transactions constitute prohibited transactions as defined by ERISA. The related funds were corrected outside of the Voluntary Fiduciary Correction Program and the Company has not contributed lost earnings on these delinquent participant contributions.

NOTE 10. DELINQUENT FORM 5500

The Plan is delinquent in the filing of Form 5500, "Annual Return/Report of Employee Benefit Plan" for the 2019 Plan year, which is required to be filed under Sections 104 and 4065 of ERISA, and Sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code ("Form 5500"). The Plan has not received any written notifications from the U.S. Department of Labor for non-filing of the Form 5500. Penalties for non-filing, if any, will be the responsibility of the Company and not of the Plan.

NOTE 11. CONTINGENCY

The Plan administrator is in the process of re-performing the nondiscrimination testing for the years ended December 31, 2018 and 2017. If the Plan fails the nondiscrimination testing, the Company will be required to make a qualified non-elective contribution to the Plan to pass the test. If the Plan fails the nondiscrimination testing, management does not expect any resulting corrections to have a material impact on the financial statements of the Plan, and will record such amounts when the testing is complete and the actual amounts are known by the Plan.

NOTE 12. SUBSEQUENT EVENTS

During 2020, the World Health Organization has declared COVID-19 to constitute a "Public Health Emergency of International Concern." The pandemic has disrupted economic markets and the financial impact, duration and spread of the COVID-19 virus are uncertain at this time. The financial performance of the Plan's investments may be impacted by the market's response to the uncertainty of the situation, however, the duration of disruption and related financial impact cannot be reasonably estimated at this time.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (the "CARES Act") was enacted and signed into law. The Plan is currently working to adopt the applicable provisions of the CARES Act and the Company is currently evaluating the impact to the Plan.

SUPPLEMENTAL SCHEDULES

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i - ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019
EIN: 95-4591362
PLAN NUMBER: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Government Money Market Fund - Daily Money Class	Money market fund	**	$ 10,866
*	Fidelity 500 Index Fund	Mutual fund	**	1,862,279
*	Fidelity Advisor New Insights Fund - Class M	Mutual fund	**	1,089,355
*	Fidelity Advisor Freedom 2045 Fund - Class M	Mutual fund	**	875,753
*	Fidelity Advisor Freedom 2040 Fund - Class M	Mutual fund	**	785,826
	JPMorgan Equity Income Fund - Class A	Mutual fund	**	582,365
*	Fidelity Advisor Freedom 2050 Fund - Class M	Mutual fund	**	545,392
	PIMCO Stocksplus Small Fund - Class A	Mutual fund	**	514,343
	Victory Sycamore Established Value Fund - Class A	Mutual fund	**	443,354
*	Fidelity Advisor Freedom 2055 Fund - Class M	Mutual fund	**	363,985
	Janus Henderson Triton Fund - Class S	Mutual fund	**	334,010
*	Fidelity Advisor Freedom 2025 Fund - Class M	Mutual fund	**	325,405
*	Fidelity Advisor Strategic Income Fund - Class M	Mutual fund	**	318,690
	Ivy Mid Cap Growth Fund - Class A	Mutual fund	**	264,106
	PIMCO Real Return Fund - Class A	Mutual fund	**	179,870
	MFS Massachusetts Investors Growth Stock Fund - Class R3	Mutual fund	**	128,224
	Franklin Small Cap Value Fund - Class A	Mutual fund	**	120,279
	PIMCO Total Return Fund - Class A	Mutual fund	**	114,840
	Victory Diversified Stock Fund - Class R	Mutual fund	**	99,057
	Invesco International Growth Fund - Class A	Mutual fund	**	87,080
*	Fidelity Advisor Freedom 2035 Fund - Class M	Mutual fund	**	76,519
*	Fidelity International Index Fund	Mutual fund	**	66,491
*	Fidelity Advisor Freedom 2060 Fund - Class M	Mutual fund	**	50,454
	Putnam Mortgage Securities Fund - Class A	Mutual fund	**	48,472
	AllianzGI International Value Fund - Class A	Mutual fund	**	43,707
	PGIM High Yield Fund - Class A	Mutual fund	**	43,583
*	Fidelity Advisor Freedom 2030 Fund - Class M	Mutual fund	**	38,166
	Hartford International Equity Fund - Class R4	Mutual fund	**	27,380
	MFS Moderate Allocation Fund - Class R3	Mutual fund	**	3,899
*	Fidelity Advisor Freedom 2020 Fund - Class M	Mutual fund	**	2,292
*	Notes receivable from participants	Notes receivable (interest rates ranging from 5.75% to 6.50% and maturing through May 2022)	**	8,144
	TOTAL			$ 9,454,186

* Party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed investments and therefore it is not included.

See independent auditor's report.

ROCK PAPER SCISSORS, LLC 401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a - DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2019
EIN: 95-4591362
PLAN NUMBER: 001

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Totals that Constitute Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted		Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
$ 11,645	1/4/2019	1/15/2019	X	$ -	$ 11,645	$ -	$ -
$ 14,239	1/18/2019	1/29/2019	X	-	14,239	-	-
$ 14,777	2/22/2019	3/5/2019	X	-	14,777	-	-
$ 14,221	3/15/2019	3/26/2019	X	-	14,221	-	-
$ 16,601	5/3/2019	5/15/2019	X	-	16,601	-	-
$ 14,206	5/17/2019	5/31/2019	X	-	14,206	-	-
$ 15,362	10/11/2019	10/22/2019	X	-	15,362	-	-
$ 14,920	11/8/2019	11/21/2019	X	-	14,920	-	-
$ 12,936	11/15/2019	11/26/2019	X	-	12,936	-	-
$ 13,165	11/22/2019	12/10/2019	X	-	13,165	-	-
$ 14,986	11/29/2019	12/11/2019	X	-	14,986	-	-
$ 12,033	12/13/2019	12/27/2019	X	-	12,033	-	-
$ 12,215	12/20/2019	12/31/2019	X	-	12,215	-	-
		TOTALS		$ -	$ 181,306	$ -	$ -

See independent auditor's report.