

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> a multiemployer plan </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> a single-employer plan </div> <div> <input type="checkbox"/> a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> the first return/report </div> <div> <input type="checkbox"/> the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> an amended return/report </div> <div> <input type="checkbox"/> a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Form 5558 </div> <div> <input type="checkbox"/> automatic extension </div> <div> <input type="checkbox"/> the DFVC program </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> special extension (enter description) </div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>FGMK, LLC EMPLOYEES 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/16/1989</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FGMK, LLC</u> <div style="display: flex; justify-content: space-between;"> <div> <u>2801 LAKESIDE DRIVE</u> <u>3RD FLOOR</u> <u>BANNOCKBURN, IL 60015</u> </div> <div> <u>2801 LAKESIDE DR., 3RD FLOOR</u> <u>BANNOCKBURN, IL 60015</u> </div> </div>		
		2b	Employer Identification Number (EIN) <u>36-2929601</u>
		2c	Plan Sponsor's telephone number <u>847-374-0400</u>
		2d	Business code (see instructions) <u>541211</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2021	MARIO DONATO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2021	MARIO DONATO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 255
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) 207
a(2) Total number of active participants at the end of the plan year		6a(2) 206
b Retired or separated participants receiving benefits.....		6b
c Other retired or separated participants entitled to future benefits		6c 49
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 255
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f 255
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 254
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2R 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan FGMK, LLC EMPLOYEES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FGMK, LLC	D Employer Identification Number (EIN) 36-2929601

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	810850		01/01/2020	12/31/2020

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 12174
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
FGMK FINANCIAL SERVICES, LLC
2801 LAKESIDE DRIVE
3RD FLOOR
BANNOCKBURN, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	12174	TPA PARTNERSHIP & ALLIANCE PROGRAM BONUS	5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2494786
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	35117883

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

1726213

c Additions: (1) Contributions deposited during the year**7c(1)**

613755

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

34539

(4) Transferred from separate account.....

7c(4)

185173

(5) Other (specify below)

7c(5)

41939

(6) Total additions

7c(6)

875406

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

2601619

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

86668

(2) Administration charge made by carrier.....

7e(2)

775

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

19390

(5) Total deductions

7e(5)

106833

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

2494786

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan FGMK, LLC EMPLOYEES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FGMK, LLC	D Employer Identification Number (EIN) 36-2929601	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUNIT
71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2020 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2494786</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>FGMK, LLC EMPLOYEES 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FGMK, LLC</u>	D Employer Identification Number (EIN) <u>36-2929601</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	13907301511083
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	35000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	8233271322735
(2) U.S. Government securities		1c(2)	7610153195
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	40529855098289
(5) Partnership/joint venture interests		1c(5)	12579
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	150000850000
(8) Participant loans		1c(8)	319603215318
(9) Value of interest in common/collective trusts		1c(9)	0
(10) Value of interest in pooled separate accounts		1c(10)	2277062328510988
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	19370721297589
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	17262132494786
(15) Other.....		1c(15)	49987

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33309220	41388983

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33309220	41388983
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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)	1511083	
(B) Participants	2a(1)(B)	2305674	
(C) Others (including rollovers).....	2a(1)(C)	226624	
(2) Noncash contributions	2a(2)		4043381
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	166	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	35000	
(E) Participant loans.....	2b(1)(E)	15822	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		50988
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		4238193
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		299352
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8631914

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	547935	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		547935
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2450	
(3) Investment advisory and management fees	2i(3)	1766	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4216
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		552151

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8079763
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SUMMIT CPA GROUP, LLC

(2) EIN: 11-3730017

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan FGMK, LLC EMPLOYEES 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FGMK, LLC		D Employer Identification Number (EIN) 36-2929601
Part I	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): 71-0294708		
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

FGMK, LLC Employees 401(k) Plan

Financial Statements and
Independent Auditor's Report

December 31, 2020

FGMK, LLC EMPLOYEES 401(k) PLAN

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Certified Public Accountants

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the FGMK, LLC Employees 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2020, and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified by The Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020, and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Summit CPA Group

9809 Dawson's Creek Blvd, Fort Wayne, Indiana 46825

Office: 260-497-9761 | Toll Free: 1-866-497-9761 | Fax: 260-818-2300

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Other Matter

The supplemental schedule, the schedule of assets held at end of year as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

Summit CPA Group

Summit CPA Group, LLC
Fort Wayne, Indiana
July 20, 2021

Summit CPA Group

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FGMK, LLC EMPLOYEES 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments:		
Investments, at fair value	\$ 37,132,796	\$ 29,872,674
Investments, at contract value	<u>2,494,786</u>	<u>1,726,213</u>
	<u>39,627,582</u>	<u>31,598,887</u>
Receivables:		
Employer profit sharing contribution	1,511,083	1,390,730
Notes receivable from participants	215,318	319,603
Interest	<u>35,000</u>	<u>-</u>
	<u>1,761,401</u>	<u>1,710,333</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 41,388,983</u></u>	<u><u>\$ 33,309,220</u></u>

See Independent Auditor's Report.

The accompanying notes are an integral part of these statements.

FGMK, LLC EMPLOYEES 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2020

ADDITIONS

Contributions:

Participant	\$ 2,305,674
Employer	1,511,083
Rollover	226,624

Interest on notes receivable from participants	15,822
Dividends and interest	384,744
Net appreciation in fair value of investments	<u>4,187,967</u>
	<u>8,631,914</u>

DEDUCTIONS

Benefits paid to participants	547,935
Administrative expenses	<u>4,216</u>
	<u>552,151</u>

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	8,079,763
--	------------------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>33,309,220</u>
End of year	<u><u>\$ 41,388,983</u></u>

See Independent Auditor's Report.

The accompanying notes are an integral part of this statement.

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN

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

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

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

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

The Employer, at its sole discretion, may make a matching or profit sharing contribution to the Plan on behalf of each eligible participant who is employed as of the last day of the Plan year. For the year ended December 31, 2020, the Employer did not elect to make any matching contributions to the Plan. For the year ended December 31, 2020, the Employer elected to make a profit sharing contribution in the amount of \$1,511,083.

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

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

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

Notes Receivable From Participants. The Plan provides loans to participants from their vested account balance up to \$50,000, subject to a limitation of 50% of their vested account balance. Interest is charged on the loans at a rate of prime (3.25% as of December 31, 2020) plus 1.00%. Interest payments are immediately reinvested in the individual participant’s funds. The loans are collateralized by the vested account balance of the participant receiving the loan. Participants may have no more than two loans outstanding at any time. Loans are repayable in periods up to five years, or ten years if entire loan proceeds are used to acquire a principal residence. Should a participant default on a Plan loan, as defined by the Plan loan policy, the loan would then be considered a distribution.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant’s vested interest in his or her account in either a lump-sum amount, or in annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Hardship distributions of participant’s deferrals are permitted; however, participants are not allowed to make salary deferrals for the six months following such distribution. Effective January 1, 2020, the Plan adopted a good faith amendment which modified the existing hardship distribution Plan provisions, including the expansion of the assets available for hardship distributions.

(Continued)

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN (Concluded)

Forfeitures. Forfeited balances of terminated participants are used to either reduce Employer contributions or reduce expenses to the Plan. Forfeited non-vested accounts totaled approximately \$78,860 and \$58,469 as of December 31, 2020 and 2019, respectively. The Plan will not use any forfeitures for the year ended December 31, 2020 to reduce the Employer Profit Sharing Contribution or any Plan expenses.

Economic Conditions. In March 2020, government agencies announced warnings related to the Coronavirus (COVID-19). Any potential decline in economic activity in the U.S. and other regions of the world as a result of the virus may have an adverse impact on the Plan's assets.

Recent Legislation. The Coronavirus Aid Relief and Economic Security Act ("CARES Act") was signed into law on March 27, 2020. The CARES Act allowed for Coronavirus-related distributions and loans to participants through the end of 2020 and has specific rules related to the qualification, distribution and repayment of such distributions and loans.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

Investment Valuation and Income Recognition. Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

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

Benefit Payments. Benefits are recorded when paid.

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

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3 – INFORMATION CERTIFIED BY THE CUSTODIAN

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

- Investments as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019.
- Net appreciation in fair value of investments, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2020.
- Note 4: All investment balances.
- The schedule of assets held for investment purposes at end of year as of December 31, 2020, as shown on Form 5500, Schedule H, Part IV, Line 4i.

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2020 and 2019.

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

(Continued)

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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

Notes Receivable. Valued at the estimated value anticipated to be received.

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	NAV (as a practical expedient)	Total
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 28,510,988	\$ 28,510,988
Money market funds	1,375,930	-	-	-	1,375,930
Mutual funds	1,297,589	-	-	-	1,297,589
Exchange-traded funds	1,127,473	-	-	-	1,127,473
Equity securities	3,970,816	-	-	-	3,970,816
Notes receivable	-	-	850,000	-	850,000
Total investment assets at fair value	\$ 7,771,808	\$ -	\$ 850,000	\$ 28,510,988	\$ 37,132,796

	Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	NAV (as a practical expedient)	Total
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 22,770,623	\$ 22,770,623
Money market funds	949,415	-	-	-	949,415
Mutual funds	1,937,072	-	-	-	1,937,072
Exchange-traded funds	1,082,302	-	-	-	1,082,302
Equity securities	2,970,683	-	-	-	2,970,683
Notes receivable	-	-	150,000	-	150,000
Partnership interest	-	-	12,579	-	12,579
Total investment assets at fair value	\$ 6,939,472	\$ -	\$ 162,579	\$ 22,770,623	\$ 29,872,674

(Continued)

FGMK, LLC EMPLOYEES 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS (Concluded)

The following table sets forth a summary of the changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2020:

	Notes Receivable	Partnership Interest
Beginning balance	\$ 150,000	\$ 12,579
Unrealized gains/(losses)	-	(936)
Cost of purchases	700,000	632
Proceeds of sales	-	(12,275)
Transfers to Level 3	-	-
Transfers from Level 3	-	-
Ending balance	<u>\$ 850,000</u>	<u>\$ -</u>

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

\$ (936)

Gains and losses (realized and unrealized) included in changes in net assets for the year above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Fair Value of Investments in Entities that Use NAV. The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2020 and 2019, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	\$ 28,510,988	Not applicable	Daily	30 days
December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	\$ 22,770,623	Not applicable	Daily	30 days

NOTE 5 – PLAN TERMINATION

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

FGMK, LLC EMPLOYEES 401(k) PLAN**NOTES TO THE FINANCIAL STATEMENTS****NOTE 6 – TAX STATUS**

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

NOTE 7 – RELATED-PARTY TRANSACTIONS

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

NOTE 8 – FULLY BENEFIT-RESPONSIVE CONTRACT

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

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

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

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

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

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

(Continued)

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

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

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

NOTE 9 – RISKS AND UNCERTAINTIES

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

NOTE 10 – SUBSEQUENT EVENTS

Management has evaluated all known subsequent events from December 31, 2020 through July 20, 2021, the date the accompanying financial statements were available to be issued and is not aware of any material subsequent events occurring during this period.

SUPPLEMENTARY INFORMATION

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Voya Financial	American Funds Capital Income Builder® - Class R-6	**	\$ 2,184
	Voya Financial	American Funds EuroPacific Growth Fund® - Class R-6	**	775,314
	Voya Financial	American Funds New Perspective Fund® - Class R-6	**	130,065
	Voya Financial	American Funds New World Fund® - Class R-6	**	32,873
	Voya Financial	American Funds The Growth Fund of America® - Class R-6	**	808,040
	Voya Financial	American Funds The Income Fund of America® - Class R-6	**	126,434
	Voya Financial	American Funds Washington Mutual Investors FundSM - Class R-6	**	519,196
	Voya Financial	ClearBridge Aggressive Growth Fund - Class IS	**	80,176
	Voya Financial	Columbia Large Cap Value Fund - Class 3 Shares	**	80,976
	Voya Financial	DFA Emerging Markets Portfolio - Institutional Class Shares	**	51,859
	Voya Financial	DFA Inflation-Protected Securities Portfolio - Institutional Class Shares	**	70,385
	Voya Financial	DFA Intermediate Government Fixed Income Portfolio - Inst Class Shares	**	139,933
	Voya Financial	DFA International Value Portfolio - Institutional Class Shares	**	51,207
	Voya Financial	DFA Real Estate Securities Portfolio - Institutional Class Shares	**	213,494
	Voya Financial	DFA Short-Term Extended Quality Portfolio - Institutional Class Shares	**	603,869
	Voya Financial	DFA U.S. Core Equity 1 Portfolio - Institutional Class Shares	**	767,396
	Voya Financial	DFA U.S. Large Cap Value Portfolio - Institutional Class Shares	**	290,417
	Voya Financial	DFA U.S. Targeted Value Portfolio - Institutional Class Shares	**	112,415
	Voya Financial	DFA U.S. Vector Equity Portfolio - Institutional Class Shares	**	5,195
	Voya Financial	Carillon Eagle Small Cap Growth Fund - Class R-6	**	621,731
	Voya Financial	Invesco Comstock Fund - Class R6	**	374,108
	Voya Financial	Invesco Corporate Bond Fund - Class R6	**	88,535
	Voya Financial	Invesco Equity and Income Fund - Class R6	**	598,492
	Voya Financial	Janus Henderson Forty Fund - Class N Shares	**	550,546
	Voya Financial	Loomis Sayles Strategic Income Fund - Class N Shares	**	696,729
	Voya Financial	Neuberger Berman Mid Cap Growth Fund - Class R6 Shares	**	1,154,644
	Voya Financial	Invesco Oppenheimer International Bond Fund - Class I Shares	**	11,476
	Voya Financial	PIMCO Commodity Real Return Strategy Fund - Institutional Class	**	93,069
	Voya Financial	PIMCO High Yield Fund - Institutional Class	**	161,734
	Voya Financial	PIMCO Total Return Fund - Institutional Class	**	535,603
	Voya Financial	Thornburg International Value Fund - Class R6	**	462,052
	Voya Financial	Vanguard® 500 Index Fund - Admiral Shares	**	3,482,375
	Voya Financial	Vanguard® Balanced Index Fund - Admiral Shares	**	1,172,926
	Voya Financial	Vanguard® Emerging Markets Stock Index Fund - Admiral Shares	**	630,989
	Voya Financial	Vanguard® Health Care Index Fund - Admiral Shares	**	361,085
	Voya Financial	Vanguard® LifeStrategy® Conservative Growth Fund - Investor Shares	**	464,638
	Voya Financial	Vanguard® LifeStrategy® Growth Fund - Investor Shares	**	1,962,436
	Voya Financial	Vanguard® LifeStrategy® Income Fund - Investor Shares	**	56,589
	Voya Financial	Vanguard® LifeStrategy® Moderate Growth Fund - Investor Shares	**	872,200
	Voya Financial	Vanguard® Mid-Cap Index Fund - Admiral Shares	**	766,806
	Voya Financial	Vanguard® Global Capital Cycle Fund - Investor Shares	**	50,421
	Voya Financial	Vanguard® Small-Cap Index Fund - Admiral Shares	**	958,042
	Voya Financial	Vanguard® Target Retirement 2015 Fund - Investor Shares	**	22,106
	Voya Financial	Vanguard® Target Retirement 2020 Fund - Investor Shares	**	242,756
	Voya Financial	Vanguard® Target Retirement 2025 Fund - Investor Shares	**	687,805

Subtotal to Page 13

\$ 21,941,321

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 12		\$ 21,941,321
	Voya Financial	Vanguard® Target Retirement 2030 Fund - Investor Shares	**	1,280,482
	Voya Financial	Vanguard® Target Retirement 2035 Fund - Investor Shares	**	853,347
	Voya Financial	Vanguard® Target Retirement 2040 Fund - Investor Shares	**	254,746
	Voya Financial	Vanguard® Target Retirement 2045 Fund - Investor Shares	**	390,421
	Voya Financial	Vanguard® Target Retirement 2050 Fund - Investor Shares	**	297,412
	Voya Financial	Vanguard® Target Retirement 2055 Fund - Investor Shares	**	930,550
	Voya Financial	Vanguard® Target Retirement 2060 Fund - Investor Shares	**	447,556
	Voya Financial	Vanguard® Target Retirement 2065 Fund - Investor Shares	**	4,099
	Voya Financial	Vanguard® Target Retirement Income Fund - Investor Shares	**	945
	Voya Financial	Vanguard® Total Bond Market Index Fund - Admiral Shares	**	470,802
	Voya Financial	Vanguard® Total International Stock Index Fund - Admiral Shares	**	121,987
	Voya Financial	Vanguard® Total Stock Market Index Fund - Admiral Shares	**	1,438,633
*	Voya Financial	Voya Money Market Fund - Class A	**	78,687
*	Voya Financial	Voya Fixed Account	**	2,494,786
*	TD Ameritrade	TD Ameritrade - Money Market	**	1,260,675
	TD Ameritrade	3M Corp	**	17,949
	TD Ameritrade	Abbott Labs	**	110,852
	TD Ameritrade	Abbvie Inc	**	25,395
	TD Ameritrade	Accenture	**	2,351
	TD Ameritrade	AFLAC Inc	**	8,894
	TD Ameritrade	Agnico Eagle Mines	**	7,181
	TD Ameritrade	Alamos Gold	**	4,399
	TD Ameritrade	Alaska Air	**	13,000
	TD Ameritrade	Alexo Resource Corp	**	6,340
	TD Ameritrade	Alliancebernstein Funds Inc Advisor	**	11,062
	TD Ameritrade	Almaden Minerals	**	4,363
	TD Ameritrade	Alphabet Inc A	**	40,311
	TD Ameritrade	Altria Group Inc	**	4,018
	TD Ameritrade	American Funds Invest Co of America	**	46,038
	TD Ameritrade	Amarin Corp	**	9,780
	TD Ameritrade	Amazon	**	146,562
	TD Ameritrade	AMC Entertainment	**	786
	TD Ameritrade	Amer Campus Communities	**	2,438
	TD Ameritrade	American Tower Corp	**	5,612
	TD Ameritrade	Americold Realty Trust	**	2,650
	TD Ameritrade	AMG Yacktmann Fund I	**	29,679
	TD Ameritrade	Amphenol Corp	**	1,177
	TD Ameritrade	Antero Midstream	**	26,806
	TD Ameritrade	Anthem Inc	**	4,816
	TD Ameritrade	Apple Inc	**	668,040
	TD Ameritrade	Aquabounty Tech	**	52,560
	TD Ameritrade	Astrazeneca	**	2,599
	TD Ameritrade	AT&T	**	107,902
	TD Ameritrade	Atmos Energy	**	9,917
		Subtotal to Page 14		\$ 33,639,926

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
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PLAN NUMBER: 001

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		Subtotal from Page 13		\$ 33,639,926
	TD Ameritrade	Ave Maria Mutual Funds	**	76,398
	TD Ameritrade	Bank of America	**	17,303
	TD Ameritrade	Bank of Montreal Microsectors FANG Index 3x Leverage ETN	**	162,932
	TD Ameritrade	Barrick Gold	**	17,353
	TD Ameritrade	Beazer Homes USA	**	1,667
	TD Ameritrade	Becton Dickinson & Comp	**	2,502
	TD Ameritrade	Berkshire Hathaway	**	7,884
	TD Ameritrade	Blackrock Dynamic High Income	**	20,347
	TD Ameritrade	Blackrock Floating Rate	**	52
	TD Ameritrade	Blackrock High Yield Bond	**	12,389
	TD Ameritrade	Blackstone Group	**	8,490
	TD Ameritrade	Bluestone Resources	**	19
	TD Ameritrade	Boeing	**	22,938
	TD Ameritrade	BP	**	29,686
	TD Ameritrade	Bristol Myers	**	6,203
	TD Ameritrade	Broadcom	**	8,757
	TD Ameritrade	Broadridge Financial Solutions	**	3,064
	TD Ameritrade	Brookfield Asset Management	**	1,114
	TD Ameritrade	Brookfield Renewable	**	2,972
	TD Ameritrade	Caledonia Mng Corp	**	318
	TD Ameritrade	Camden Property	**	999
	TD Ameritrade	Catabasis Pharmaceutical	**	856
	TD Ameritrade	Caterpillar Inc	**	14,562
	TD Ameritrade	Century Petroleum	**	-
	TD Ameritrade	Chipotle	**	13,867
	TD Ameritrade	Chromadex Corp	**	48,000
	TD Ameritrade	CISCO Systems Inc	**	24,867
	TD Ameritrade	Citigroup	**	106,816
	TD Ameritrade	CME Group	**	5,279
	TD Ameritrade	Coca Cola Company	**	22,976
	TD Ameritrade	Comcast Corp	**	2,934
	TD Ameritrade	Corning	**	96
	TD Ameritrade	Cyrusone Inc	**	3,438
	TD Ameritrade	Delta Airlines	**	10,053
	TD Ameritrade	Direxion Daily S&P 500 Bear 3x ETF	**	34,408
	TD Ameritrade	Discover Financial	**	11,810
	TD Ameritrade	DNP Select Income Fund	**	12,691
	TD Ameritrade	Domo Inc	**	46,552
	TD Ameritrade	Edwards Life Sciences	**	27,369
	TD Ameritrade	ERHC Energy Inc	**	-
	TD Ameritrade	Exxon Mobile Corp	**	59,233
	TD Ameritrade	Facebook	**	234,918
	TD Ameritrade	Fastenal	**	3,906
	TD Ameritrade	Fidelity Contrafund	**	116,999
	TD Ameritrade	Fidelity OTC	**	12,804
	TD Ameritrade	First Magestic Silver Corp	**	6,384
	TD Ameritrade	Flux Power	**	862
	TD Ameritrade	Ford	**	12,950
		Subtotal to Page 15		\$ 34,877,943

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 14		\$ 34,877,943
TD Ameritrade		Fortuna Silver Mines	**	8,240
TD Ameritrade		Franco Nevada Corp	**	6,302
TD Ameritrade		Freeport McMoran	**	15,612
TD Ameritrade		Galectin Therapeutics Inc	**	672
TD Ameritrade		Garrett Motion Inc	**	133
TD Ameritrade		General Mills	**	17,777
TD Ameritrade		Gilead Science	**	17,478
TD Ameritrade		Glaxo Smithkline PLC	**	3,680
TD Ameritrade		Global Funds China	**	8,290
TD Ameritrade		Goldman Sachs Group	**	19,778
TD Ameritrade		Goodyear Tire & Rubber Company	**	1,401
TD Ameritrade		Hartford Mutual Funds Equity Inc	**	11,892
TD Ameritrade		Hershey	**	20,884
TD Ameritrade		Home Depot	**	7,969
TD Ameritrade		Intel	**	10,248
TD Ameritrade		International Business Machines	**	50,352
TD Ameritrade		Invesco Senior Loan ETF	**	16,688
TD Ameritrade		Invesco DB Multi Sector	**	5,276
TD Ameritrade		Invesco S&P 500 HB ETF	**	11,638
TD Ameritrade		Invesco QQQ	**	15,687
TD Ameritrade		Irhythm Technologies	**	2,372
TD Ameritrade		Ishare S&P 500	**	63,816
TD Ameritrade		Ishares Dow Jones	**	55,460
TD Ameritrade		Ishares Floating Rate	**	6,543
TD Ameritrade		Ishares PFD and INC	**	21,258
TD Ameritrade		Ishares Russell 1000	**	11,575
TD Ameritrade		Ishares Russell 2000	**	11,764
TD Ameritrade		Ishares S&P Small 600	**	52,066
TD Ameritrade		Ishares Trust 20 year Bd	**	2,050
TD Ameritrade		Ishares Trust US Energy	**	10,828
TD Ameritrade		Ishares Trust US Momentum	**	11,452
TD Ameritrade		ISTAR Inc	**	5,940
TD Ameritrade		Janus Hend Global Research T	**	78,813
TD Ameritrade		Janus Henderson Research T	**	88,969
TD Ameritrade		Johnson & Johnson	**	54,296
TD Ameritrade		JP Morgan Chase	**	22,764
TD Ameritrade		JP Morgan Funds	**	261,257
TD Ameritrade		KaryoPharm Therapeutics	**	15,480
TD Ameritrade		Kraneshares Trust	**	8,949
TD Ameritrade		Lockheed Martin	**	2,485
TD Ameritrade		Lowes	**	5,136
TD Ameritrade		Lumen	**	1,950
TD Ameritrade		Macy's	**	3,206
TD Ameritrade		Mag Silver Corp	**	8,208
TD Ameritrade		Managed Portfolio Series	**	69,352
TD Ameritrade		Marathon Pet. Corp	**	13,235
TD Ameritrade		Mastercard	**	71,388
TD Ameritrade		McDonalds	**	45,572
		Subtotal to Page 16		\$ 36,134,124

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 15		\$ 36,134,124
TD Ameritrade	Merck		**	2,209
TD Ameritrade	Microchip Technology		**	3,177
TD Ameritrade	Microsoft		**	189,080
TD Ameritrade	Mondelez Intl Inc		**	5,331
TD Ameritrade	Neovasc Inc		**	64
TD Ameritrade	Netflix Com		**	37,851
TD Ameritrade	Nextera Energy		**	5,029
TD Ameritrade	Northern Lights		**	56,870
TD Ameritrade	Novagold Resources		**	6,769
TD Ameritrade	Occidental Petroleum Corp		**	3,209
TD Ameritrade	Occidental Petroleum Corp Warrant		**	157
TD Ameritrade	One World Universe		**	570
TD Ameritrade	Oneok Inc		**	1,535
TD Ameritrade	Optimumbank Hldgs		**	34
TD Ameritrade	Oragenics Inc		**	150
TD Ameritrade	Orbital Energy		**	85
TD Ameritrade	Pacer Trendpilot Fund of Funds ETF		**	48,094
TD Ameritrade	Pan American Silver Corp		**	9,118
TD Ameritrade	Pepsico Inc		**	40,868
TD Ameritrade	Pharmacyte Biotech Inc		**	128
TD Ameritrade	Pimco ETF Trust Inv Grd Corp Bd		**	10,068
TD Ameritrade	Pimco Investments Income		**	11,036
TD Ameritrade	Plug Power		**	6,782
TD Ameritrade	Pretium Resources		**	4,305
TD Ameritrade	Akre Focus Fund Retail Class		**	24,927
TD Ameritrade	Proshares K-1 Free Crude Oil Strategy ETF		**	8,213
TD Ameritrade	Quorvo		**	66,508
TD Ameritrade	Resideo Technologies		**	1,063
TD Ameritrade	Rite Aid Corp		**	1,219
TD Ameritrade	Royal Gold Inc		**	8,951
TD Ameritrade	RoyalDutch Shell A		**	409
TD Ameritrade	RoyalDutch Shell B		**	8,044
TD Ameritrade	Sandstorm Gold Ltd		**	5,378
TD Ameritrade	Schwab Corp		**	2,334
TD Ameritrade	Schwab Markettrack All Equity Portfolio		**	40,525
TD Ameritrade	Seabridge Gold Inc		**	6,848
TD Ameritrade	Industrial Select Sector SPDR Fund		**	10,981
TD Ameritrade	Technology Select Sector SPDR Fund		**	11,702
TD Ameritrade	Consumer Discretionary Select Sector SPDR Fund		**	11,255
TD Ameritrade	Sequans Communication		**	453
TD Ameritrade	ICON Equity Fund Investor Class		**	203,226
TD Ameritrade	Silvercorp Metals		**	6,048
TD Ameritrade	Silvercrest Metals		**	5,590
TD Ameritrade	Sophiris Bio Inc		**	34
TD Ameritrade	Southern Co Com		**	14,121
TD Ameritrade	Southern Copper Corp		**	9,850
TD Ameritrade	Spider Series Trust		**	17,634
TD Ameritrade	Spirit Airlines		**	18,338
	Subtotal to Page 17			\$ 37,060,294

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 16		\$ 37,060,294
	TD Ameritrade	Sprott Physical Gold & Silver	**	19,381
	TD Ameritrade	Starbucks Corp	**	2,888
	TD Ameritrade	T Rowe Price Equity Index	**	11,410
	TD Ameritrade	Taiwaan Semiconductor	**	2,944
	TD Ameritrade	Target	**	2,295
	TD Ameritrade	Tesla Inc	**	229,343
	TD Ameritrade	Texas Instrument	**	3,611
	TD Ameritrade	TJX Cos Inc	**	5,053
	TD Ameritrade	Union Pacific Corp	**	31,421
	TD Ameritrade	United States Steel	**	25,155
	TD Ameritrade	UPS	**	12,798
	TD Ameritrade	US Treasury Note	**	53,195
	TD Ameritrade	Vaneck Vectors BDC Income ETF	**	16,572
	TD Ameritrade	Vaxart Inc	**	211
	TD Ameritrade	VBI Vaccines	**	14,575
	TD Ameritrade	Vici Properties	**	6,069
	TD Ameritrade	Wabtec	**	146
	TD Ameritrade	Walgreens Boots	**	30,980
	TD Ameritrade	Walt Disney Company	**	31,707
	TD Ameritrade	Wells Fargo & Com	**	9,054
	TD Ameritrade	Wheaton Precious Metals Corp	**	14,123
	TD Ameritrade	Wisdom Tree Emerging Currency Strategy Fund	**	22,255
	TD Ameritrade	Workday Inc	**	7,188
	Charles Schwab	Bank Sweep for Benefit Plans	**	61,931
	Charles Schwab	Container Store	**	9,540
	Charles Schwab	Covenant Logistics Group	**	4,443
	Charles Schwab	Duluth Holdings	**	2,640
	Charles Schwab	Foot Locker	**	9,099
	Charles Schwab	Freeport-McMoran	**	13,010
	Charles Schwab	Hibbett Sports	**	11,545
	Charles Schwab	LGI Homes	**	15,878
	Charles Schwab	Lowes Cos	**	32,213
	Charles Schwab	American Funds Europacific Growth Fund	**	16,712
	Charles Schwab	American Funds Growth Fund of America	**	65,187
	Charles Schwab	Apple Inc	**	274,046
	Charles Schwab	Cash Account	**	129
	Charles Schwab	Chesapeake Energy Co	**	8
	Charles Schwab	Moelis & Co	**	11,985
	Charles Schwab	Packaging Corp of America	**	27,582
	Charles Schwab	Plantronics	**	13,515
	Charles Schwab	Quanta Services	**	18,005
	Charles Schwab	Smile Direct Club	**	10,746
	Charles Schwab	Western Midstream Partners	**	13,820
	Charles Schwab	First Busey Corp	**	119,883
	Charles Schwab	iShares Core S&P 500 ETF	**	55,645
	Charles Schwab	iShares MSCI USA MOMNTUM ETF	**	69,561
	Charles Schwab	AB Income Fund Advisor Class	**	41,613
	Charles Schwab	Hartford Balance Income Fund	**	73,280
		Subtotal to Page 18		\$ 38,584,684

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 17		\$ 38,584,684
	Charles Schwab	Janus Henderson Triton Fund	**	30,336
	Charles Schwab	Metropolitan West Total Bond Fund	**	24,985
	Charles Schwab	Vanguard Mid Cap Growth Fund	**	29,417
	Charles Schwab	Walgreens Boots Alliance	**	88,266
	Charles Schwab	Wisdom Tree Midcap ETF	**	19,894
	Gen III Provenance	Note Receivable	**	150,000
	Walco	Note Receivable	**	700,000
*	Participant loans	Interest rate of 4.25% - 6.50%, maturing from 2021 to 2024	-	215,318
				<u>\$ 39,842,900</u>

* - Party-in-interest to the Plan.

** Cost omitted for participant-directed investments

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

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

DECEMBER 31, 2020

EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Voya Financial	American Funds Capital Income Builder® - Class R-6	**	\$ 2,184
	Voya Financial	American Funds EuroPacific Growth Fund® - Class R-6	**	775,314
	Voya Financial	American Funds New Perspective Fund® - Class R-6	**	130,065
	Voya Financial	American Funds New World Fund® - Class R-6	**	32,873
	Voya Financial	American Funds The Growth Fund of America® - Class R-6	**	808,040
	Voya Financial	American Funds The Income Fund of America® - Class R-6	**	126,434
	Voya Financial	American Funds Washington Mutual Investors FundSM - Class R-6	**	519,196
	Voya Financial	ClearBridge Aggressive Growth Fund - Class IS	**	80,176
	Voya Financial	Columbia Large Cap Value Fund - Class 3 Shares	**	80,976
	Voya Financial	DFA Emerging Markets Portfolio - Institutional Class Shares	**	51,859
	Voya Financial	DFA Inflation-Protected Securities Portfolio - Institutional Class Shares	**	70,385
	Voya Financial	DFA Intermediate Government Fixed Income Portfolio - Inst Class Shares	**	139,933
	Voya Financial	DFA International Value Portfolio - Institutional Class Shares	**	51,207
	Voya Financial	DFA Real Estate Securities Portfolio - Institutional Class Shares	**	213,494
	Voya Financial	DFA Short-Term Extended Quality Portfolio - Institutional Class Shares	**	603,869
	Voya Financial	DFA U.S. Core Equity 1 Portfolio - Institutional Class Shares	**	767,396
	Voya Financial	DFA U.S. Large Cap Value Portfolio - Institutional Class Shares	**	290,417
	Voya Financial	DFA U.S. Targeted Value Portfolio - Institutional Class Shares	**	112,415
	Voya Financial	DFA U.S. Vector Equity Portfolio - Institutional Class Shares	**	5,195
	Voya Financial	Carillon Eagle Small Cap Growth Fund - Class R-6	**	621,731
	Voya Financial	Invesco Comstock Fund - Class R6	**	374,108
	Voya Financial	Invesco Corporate Bond Fund - Class R6	**	88,535
	Voya Financial	Invesco Equity and Income Fund - Class R6	**	598,492
	Voya Financial	Janus Henderson Forty Fund - Class N Shares	**	550,546
	Voya Financial	Loomis Sayles Strategic Income Fund - Class N Shares	**	696,729
	Voya Financial	Neuberger Berman Mid Cap Growth Fund - Class R6 Shares	**	1,154,644
	Voya Financial	Invesco Oppenheimer International Bond Fund - Class I Shares	**	11,476
	Voya Financial	PIMCO Commodity Real Return Strategy Fund - Institutional Class	**	93,069
	Voya Financial	PIMCO High Yield Fund - Institutional Class	**	161,734
	Voya Financial	PIMCO Total Return Fund - Institutional Class	**	535,603
	Voya Financial	Thornburg International Value Fund - Class R6	**	462,052
	Voya Financial	Vanguard® 500 Index Fund - Admiral Shares	**	3,482,375
	Voya Financial	Vanguard® Balanced Index Fund - Admiral Shares	**	1,172,926
	Voya Financial	Vanguard® Emerging Markets Stock Index Fund - Admiral Shares	**	630,989
	Voya Financial	Vanguard® Health Care Index Fund - Admiral Shares	**	361,085
	Voya Financial	Vanguard® LifeStrategy® Conservative Growth Fund - Investor Shares	**	464,638
	Voya Financial	Vanguard® LifeStrategy® Growth Fund - Investor Shares	**	1,962,436
	Voya Financial	Vanguard® LifeStrategy® Income Fund - Investor Shares	**	56,589
	Voya Financial	Vanguard® LifeStrategy® Moderate Growth Fund - Investor Shares	**	872,200
	Voya Financial	Vanguard® Mid-Cap Index Fund - Admiral Shares	**	766,806
	Voya Financial	Vanguard® Global Capital Cycle Fund - Investor Shares	**	50,421
	Voya Financial	Vanguard® Small-Cap Index Fund - Admiral Shares	**	958,042
	Voya Financial	Vanguard® Target Retirement 2015 Fund - Investor Shares	**	22,106
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Subtotal to Page 13

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FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
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	TD Ameritrade	Abbvie Inc	**	25,395
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	TD Ameritrade	Alphabet Inc A	**	40,311
	TD Ameritrade	Altria Group Inc	**	4,018
	TD Ameritrade	American Funds Invest Co of America	**	46,038
	TD Ameritrade	Amarin Corp	**	9,780
	TD Ameritrade	Amazon	**	146,562
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	TD Ameritrade	Americold Realty Trust	**	2,650
	TD Ameritrade	AMG Yacktman Fund I	**	29,679
	TD Ameritrade	Amphenol Corp	**	1,177
	TD Ameritrade	Antero Midstream	**	26,806
	TD Ameritrade	Anthem Inc	**	4,816
	TD Ameritrade	Apple Inc	**	668,040
	TD Ameritrade	Aquabounty Tech	**	52,560
	TD Ameritrade	Astrazeneca	**	2,599
	TD Ameritrade	AT&T	**	107,902
	TD Ameritrade	Atmos Energy	**	9,917
		Subtotal to Page 14		\$ 33,639,926

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 13		\$ 33,639,926
TD Ameritrade		Ave Maria Mutual Funds	**	76,398
TD Ameritrade		Bank of America	**	17,303
TD Ameritrade		Bank of Montreal Microsectors FANG Index 3x Leverage ETN	**	162,932
TD Ameritrade		Barrick Gold	**	17,353
TD Ameritrade		Beazer Homes USA	**	1,667
TD Ameritrade		Becton Dickinson & Comp	**	2,502
TD Ameritrade		Berkshire Hathaway	**	7,884
TD Ameritrade		Blackrock Dynamic High Income	**	20,347
TD Ameritrade		Blackrock Floating Rate	**	52
TD Ameritrade		Blackrock High Yield Bond	**	12,389
TD Ameritrade		Blackstone Group	**	8,490
TD Ameritrade		Bluestone Resources	**	19
TD Ameritrade		Boeing	**	22,938
TD Ameritrade		BP	**	29,686
TD Ameritrade		Bristol Myers	**	6,203
TD Ameritrade		Broadcom	**	8,757
TD Ameritrade		Broadridge Financial Solutions	**	3,064
TD Ameritrade		Brookfield Asset Management	**	1,114
TD Ameritrade		Brookfield Renewable	**	2,972
TD Ameritrade		Caledonia Mng Corp	**	318
TD Ameritrade		Camden Property	**	999
TD Ameritrade		Catabasis Pharmaceutical	**	856
TD Ameritrade		Caterpillar Inc	**	14,562
TD Ameritrade		Century Petroleum	**	-
TD Ameritrade		Chipotle	**	13,867
TD Ameritrade		Chromadex Corp	**	48,000
TD Ameritrade		CISCO Systems Inc	**	24,867
TD Ameritrade		Citigroup	**	106,816
TD Ameritrade		CME Group	**	5,279
TD Ameritrade		Coca Cola Company	**	22,976
TD Ameritrade		Comcast Corp	**	2,934
TD Ameritrade		Corning	**	96
TD Ameritrade		Cyrusone Inc	**	3,438
TD Ameritrade		Delta Airlines	**	10,053
TD Ameritrade		Direxion Daily S&P 500 Bear 3x ETF	**	34,408
TD Ameritrade		Discover Financial	**	11,810
TD Ameritrade		DNP Select Income Fund	**	12,691
TD Ameritrade		Domo Inc	**	46,552
TD Ameritrade		Edwards Life Sciences	**	27,369
TD Ameritrade		ERHC Energy Inc	**	-
TD Ameritrade		Exxon Mobile Corp	**	59,233
TD Ameritrade		Facebook	**	234,918
TD Ameritrade		Fastenal	**	3,906
TD Ameritrade		Fidelity Contrafund	**	116,999
TD Ameritrade		Fidelity OTC	**	12,804
TD Ameritrade		First Magestic Silver Corp	**	6,384
TD Ameritrade		Flux Power	**	862
TD Ameritrade		Ford	**	12,950
		Subtotal to Page 15		\$ 34,877,943

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 14		\$ 34,877,943
TD Ameritrade		Fortuna Silver Mines	**	8,240
TD Ameritrade		Franco Nevada Corp	**	6,302
TD Ameritrade		Freeport McMoran	**	15,612
TD Ameritrade		Galectin Therapeutics Inc	**	672
TD Ameritrade		Garrett Motion Inc	**	133
TD Ameritrade		General Mills	**	17,777
TD Ameritrade		Gilead Science	**	17,478
TD Ameritrade		Glaxo Smithkline PLC	**	3,680
TD Ameritrade		Global Funds China	**	8,290
TD Ameritrade		Goldman Sachs Group	**	19,778
TD Ameritrade		Goodyear Tire & Rubber Company	**	1,401
TD Ameritrade		Hartford Mutual Funds Equity Inc	**	11,892
TD Ameritrade		Hershey	**	20,884
TD Ameritrade		Home Depot	**	7,969
TD Ameritrade		Intel	**	10,248
TD Ameritrade		International Business Machines	**	50,352
TD Ameritrade		Invesco Senior Loan ETF	**	16,688
TD Ameritrade		Invesco DB Multi Sector	**	5,276
TD Ameritrade		Invesco S&P 500 HB ETF	**	11,638
TD Ameritrade		Invesco QQQ	**	15,687
TD Ameritrade		Irhythm Technologies	**	2,372
TD Ameritrade		Ishare S&P 500	**	63,816
TD Ameritrade		Ishares Dow Jones	**	55,460
TD Ameritrade		Ishares Floating Rate	**	6,543
TD Ameritrade		Ishares PFD and INC	**	21,258
TD Ameritrade		Ishares Russell 1000	**	11,575
TD Ameritrade		Ishares Russell 2000	**	11,764
TD Ameritrade		Ishares S&P Small 600	**	52,066
TD Ameritrade		Ishares Trust 20 year Bd	**	2,050
TD Ameritrade		Ishares Trust US Energy	**	10,828
TD Ameritrade		Ishares Trust US Momentum	**	11,452
TD Ameritrade		ISTAR Inc	**	5,940
TD Ameritrade		Janus Hend Global Research T	**	78,813
TD Ameritrade		Janus Henderson Research T	**	88,969
TD Ameritrade		Johnson & Johnson	**	54,296
TD Ameritrade		JP Morgan Chase	**	22,764
TD Ameritrade		JP Morgan Funds	**	261,257
TD Ameritrade		KaryoPharm Therapeutics	**	15,480
TD Ameritrade		Kraneshares Trust	**	8,949
TD Ameritrade		Lockheed Martin	**	2,485
TD Ameritrade		Lowes	**	5,136
TD Ameritrade		Lumen	**	1,950
TD Ameritrade		Macy's	**	3,206
TD Ameritrade		Mag Silver Corp	**	8,208
TD Ameritrade		Managed Portfolio Series	**	69,352
TD Ameritrade		Marathon Pet. Corp	**	13,235
TD Ameritrade		Mastercard	**	71,388
TD Ameritrade		McDonalds	**	45,572
		Subtotal to Page 16		\$ 36,134,124

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 15		\$ 36,134,124
TD Ameritrade	Merck		**	2,209
TD Ameritrade	Microchip Technology		**	3,177
TD Ameritrade	Microsoft		**	189,080
TD Ameritrade	Mondelez Intl Inc		**	5,331
TD Ameritrade	Neovasc Inc		**	64
TD Ameritrade	Netflix Com		**	37,851
TD Ameritrade	Nextera Energy		**	5,029
TD Ameritrade	Northern Lights		**	56,870
TD Ameritrade	Novagold Resources		**	6,769
TD Ameritrade	Occidental Petroleum Corp		**	3,209
TD Ameritrade	Occidental Petroleum Corp Warrant		**	157
TD Ameritrade	One World Universe		**	570
TD Ameritrade	Oneok Inc		**	1,535
TD Ameritrade	Optimumbank Hldgs		**	34
TD Ameritrade	Oragenics Inc		**	150
TD Ameritrade	Orbital Energy		**	85
TD Ameritrade	Pacer Trendpilot Fund of Funds ETF		**	48,094
TD Ameritrade	Pan American Silver Corp		**	9,118
TD Ameritrade	Pepsico Inc		**	40,868
TD Ameritrade	Pharmacyte Biotech Inc		**	128
TD Ameritrade	Pimco ETF Trust Inv Grd Corp Bd		**	10,068
TD Ameritrade	Pimco Investments Income		**	11,036
TD Ameritrade	Plug Power		**	6,782
TD Ameritrade	Pretium Resources		**	4,305
TD Ameritrade	Akre Focus Fund Retail Class		**	24,927
TD Ameritrade	Proshares K-1 Free Crude Oil Strategy ETF		**	8,213
TD Ameritrade	Quorvo		**	66,508
TD Ameritrade	Resideo Technologies		**	1,063
TD Ameritrade	Rite Aid Corp		**	1,219
TD Ameritrade	Royal Gold Inc		**	8,951
TD Ameritrade	RoyalDutch Shell A		**	409
TD Ameritrade	RoyalDutch Shell B		**	8,044
TD Ameritrade	Sandstorm Gold Ltd		**	5,378
TD Ameritrade	Schwab Corp		**	2,334
TD Ameritrade	Schwab Markettrack All Equity Portfolio		**	40,525
TD Ameritrade	Seabridge Gold Inc		**	6,848
TD Ameritrade	Industrial Select Sector SPDR Fund		**	10,981
TD Ameritrade	Technology Select Sector SPDR Fund		**	11,702
TD Ameritrade	Consumer Discretionary Select Sector SPDR Fund		**	11,255
TD Ameritrade	Sequans Communication		**	453
TD Ameritrade	ICON Equity Fund Investor Class		**	203,226
TD Ameritrade	Silvercorp Metals		**	6,048
TD Ameritrade	Silvercrest Metals		**	5,590
TD Ameritrade	Sophiris Bio Inc		**	34
TD Ameritrade	Southern Co Com		**	14,121
TD Ameritrade	Southern Copper Corp		**	9,850
TD Ameritrade	Spider Series Trust		**	17,634
TD Ameritrade	Spirit Airlines		**	18,338
		Subtotal to Page 17		\$ 37,060,294

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 16		\$ 37,060,294
TD Ameritrade		Sprott Physical Gold & Silver	**	19,381
TD Ameritrade		Starbucks Corp	**	2,888
TD Ameritrade		T Rowe Price Equity Index	**	11,410
TD Ameritrade		Taiwaan Semiconductor	**	2,944
TD Ameritrade		Target	**	2,295
TD Ameritrade		Tesla Inc	**	229,343
TD Ameritrade		Texas Instrument	**	3,611
TD Ameritrade		TJX Cos Inc	**	5,053
TD Ameritrade		Union Pacific Corp	**	31,421
TD Ameritrade		United States Steel	**	25,155
TD Ameritrade		UPS	**	12,798
TD Ameritrade		US Treasury Note	**	53,195
TD Ameritrade		Vaneck Vectors BDC Income ETF	**	16,572
TD Ameritrade		Vaxart Inc	**	211
TD Ameritrade		VBI Vaccines	**	14,575
TD Ameritrade		Vici Properties	**	6,069
TD Ameritrade		Wabtec	**	146
TD Ameritrade		Walgreens Boots	**	30,980
TD Ameritrade		Walt Disney Company	**	31,707
TD Ameritrade		Wells Fargo & Com	**	9,054
TD Ameritrade		Wheaton Precious Metals Corp	**	14,123
TD Ameritrade		Wisdom Tree Emerging Currency Strategy Fund	**	22,255
TD Ameritrade		Workday Inc	**	7,188
Charles Schwab		Bank Sweep for Benefit Plans	**	61,931
Charles Schwab		Container Store	**	9,540
Charles Schwab		Covenant Logistics Group	**	4,443
Charles Schwab		Duluth Holdings	**	2,640
Charles Schwab		Foot Locker	**	9,099
Charles Schwab		Freeport-McMoran	**	13,010
Charles Schwab		Hibbett Sports	**	11,545
Charles Schwab		LGI Homes	**	15,878
Charles Schwab		Lowes Cos	**	32,213
Charles Schwab		American Funds Europacific Growth Fund	**	16,712
Charles Schwab		American Funds Growth Fund of America	**	65,187
Charles Schwab		Apple Inc	**	274,046
Charles Schwab		Cash Account	**	129
Charles Schwab		Chesapeake Energy Co	**	8
Charles Schwab		Moelis & Co	**	11,985
Charles Schwab		Packaging Corp of America	**	27,582
Charles Schwab		Plantronics	**	13,515
Charles Schwab		Quanta Services	**	18,005
Charles Schwab		Smile Direct Club	**	10,746
Charles Schwab		Western Midstream Partners	**	13,820
Charles Schwab		First Busey Corp	**	119,883
Charles Schwab		iShares Core S&P 500 ETF	**	55,645
Charles Schwab		iShares MSCI USA MOMNTUM ETF	**	69,561
Charles Schwab		AB Income Fund Advisor Class	**	41,613
Charles Schwab		Hartford Balance Income Fund	**	73,280
		Subtotal to Page 18		\$ 38,584,684

See Independent Auditor's Report.

FGMK, LLC EMPLOYEES 401(k) PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4iDECEMBER 31, 2020
EMPLOYER IDENTIFICATION NUMBER: 36-2929601

PLAN NUMBER: 001

(a)	(b) Identity of borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		Subtotal from Page 17		\$ 38,584,684
	Charles Schwab	Janus Henderson Triton Fund	**	30,336
	Charles Schwab	Metropolitan West Total Bond Fund	**	24,985
	Charles Schwab	Vanguard Mid Cap Growth Fund	**	29,417
	Charles Schwab	Walgreens Boots Alliance	**	88,266
	Charles Schwab	Wisdom Tree Midcap ETF	**	19,894
	Gen III Provenance	Note Receivable	**	150,000
	Walco	Note Receivable	**	700,000
*	Participant loans	Interest rate of 4.25% - 6.50%, maturing from 2021 to 2024	-	215,318
				<u>\$ 39,842,900</u>

* - Party-in-interest to the Plan.

** Cost omitted for participant-directed investments

See Independent Auditor's Report.