Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

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)
PAPERLESS INC

115 BROADWAY
11 FL
NEW YORK, NY 10128

2b Employer Identification Number (EIN)
26-3488606

2c Plan Sponsor's telephone number
212-242-1288

2d Business code (see instructions)
454110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2019	MARGARET HIRSCHFELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	165
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)**	96
a(2) Total number of active participants at the end of the plan year	**6a(2)**	92
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	66
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	158
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	158
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	128
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2018

This Form is Open to Public Inspection.

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

A Name of plan
PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PAPERLESS INC

D Employer Identification Number (EIN)
26-3488606

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

COLUMBIA

ONE FINANCIAL CENTER
MA5-515-14-01
BOSTON, MA 02111

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

INVESCO

1555 PEACHTREE STREET NW
1800
ATLANTA, GA 30309

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

IVY FUNDS, INC.

6300 LAMAR AVENUE
P. O. BOX 29217
SHAWNEE MISSION, KS 66201

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PIONEER INVESTMENT MANAGEMENT, INC

13-1961193

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

STATE STREET CORPORATION

04-1867445

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

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

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)

ADP, LLC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	RECORD KEEPER	1595	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(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?
63 60 59 49 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

NATIONAL SECURITIES CORPORATION

255 EXECUTIVE DR
PLAINVIEW, NY 11803

(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?
49 99	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL SECURITIES CORPORATION	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADP BROKER-DEALER 22-3319984	0.005 BASIS POINTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA ONE FINANCIAL CENTER MA5-515-14-01 BOSTON, MA 02111	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO 1555 PEACHTREE STREET NW 1800 ATLANTA, GA 30309	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVY FUNDS, INC. 6300 LAMAR AVENUE P. O. BOX 29217 SHAWNEE MISSION, KS 66201	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PAPERLESS INC

D Employer Identification Number (EIN)
26-3488606

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE ST CASH SERIES US GOVT L		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST CO		
c EIN-PN 90-0337987-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	153671
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE ST INTL IDX SECLEND VIII		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST CO		
c EIN-PN 90-0337987-336	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	73144
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE ST RUSS SC IDX VIII		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST CO		
c EIN-PN 90-0337987-340	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	203487
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE ST S&P 500 IDX IX		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST CO		
c EIN-PN 90-0337987-344	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	595219
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE ST S&P MD CP IDX NL J		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST CO		
c EIN-PN 90-0337987-347	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	229736
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE ST US BD IDX SL VIII		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST CO		
c EIN-PN 90-0337987-362	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	63207
a Name of MTIA, CCT, PSA, or 103-12 IE:	STATE US INFL PROT BD IDX NL G		
b Name of sponsor of entity listed in (a):	STATE STREET BANK & TRUST CO		
c EIN-PN 90-0337987-363	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39186

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

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

A Name of plan
PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PAPERLESS INC

D Employer Identification Number (EIN)
26-3488606

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34607	153671
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1115091	1203979
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2515211	2470807
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3664909	3828457
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3664909	3828457

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)	428328	
	(B) Participants	2a(1)(B)	678861	
	(C) Others (including rollovers)	2a(1)(C)	27801	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1134990
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	981	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		981
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	196850	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		196850
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-105292
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-407791
c Other income	2c		477
d Total income. Add all **income** amounts in column (b) and enter total	2d		820215
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	651946	
(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)		651946
f Corrective distributions (see instructions)	2f		3126
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1595	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1595
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		656667
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		163548
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: SAMUEL GOLDSTEIN & CO, PC **(2)** EIN: 11-2478817

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		61929
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		367000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

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

A Name of plan
PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PAPERLESS INC

D Employer Identification Number (EIN)
26-3488606

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 57-1198022

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

DECEMBER 31, 2018

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SAMUEL GOLDSTEIN & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS

SAMUEL GOLDSTEIN (1917- 2000)
MICHAEL GOLDSTEIN, CPA (1947- 2010)
STUART GOLDSTEIN, CPA

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Paperless Inc. 401 (K) Profit Sharing Plan & Trust and Participants

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Paperless Inc. 401 (K) Profit Sharing Plan & Trust (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for accounting for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Basis for Disclaimer of Opinion
As permitted by **29 CFR 2520.103-8** of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the Trustee 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 trustee hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2018 and 2017and for the year ended December 31, 2018, and 2017 that the information provided to the plan administrator by the Trustee is complete and accurate.

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

Basis of Accounting
We draw attention to Note 2 to the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter – Supplemental Schedules
The supplemental schedules of assets (held at end of year) as of December 31, 2018, and the schedule of delinquent contributions for the year ended December 31, 2018 are required by the Department of Labor's (DOL) Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and 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 these supplemental schedules referred to above.

Report on Form and Content in Compliance with Department of Labor 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 Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SAMUEL GOLDSTEIN & CO., P.C.
Certified Public Accountants

Great Neck, New York
October 11, 2019

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

MODIFIED CASH BASIS

DECEMBER 31, 2018 and 2017

ASSETS:	**2018**	**2017**
Investments, at fair value:		
Mutual funds	$2,470,807	$2,515,211
Collective investment trusts	1,357,650	1,149,698
Total assets	3,828,457	3,664,909
LIABILITIES	-0-	-0-
Net assets available for benefits	$3,828,457	$3,664,909

See accompanying notes to the financial statements.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS

FOR THE YEAR ENDED DECEMBER 31, 2018

Additions:	**2018**
Investment income:	
Net (depreciation) in fair value of investments	$ (513,083)
Dividends	196,850
Interest	981
Other Income	477
Total investment (loss)	(314,775)
Contributions:	
Employer	428,328
Participants	678,861
Rollovers	27,801
Total contributions	1,134,990
Total Additions	820,215
Deductions:	
Benefits paid to participants	651,946
Corrective Distributions	3,126
Administrative expenses	1,595
Total deductions	656,667
Net increase	163,548
Net assets available for benefits -	
Beginning of year	3,664,909
End of year	$3,828,457

See accompanying notes to the financial statements.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Paperless Inc. (the Company) 401 (K) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution Plan covering all full-time employees of the Company, who have reached 21 years of age and have completed six months of eligible service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Board of Trustees and the Investment Consultant are responsible for determining the appropriateness of the Plans investment offerings and for monitoring the investment performance.

Contributions
Each year, participants may contribute from 1% to 90% of annual compensation, as defined in the Plan document. Participants may select two types of Elective Deferrals, a Pre-Tax Elective Deferral, or a Roth Elective Deferral. Participants each year may contribute any combination of Pre-Tax Elective Deferrals and Roth Elective Deferrals (in whole percentages) of eligible earnings as defined in the Plan document. The total combined amount of eligible earnings that may be deferred either as Pre-Tax Elective Deferral or as a Roth Elective Deferral is subject to both the Plan's limit on the maximum deferral percentage, and the Internal Revenue Code limit on deferrals. Participants who attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct investment of their contributions into various investment options offered by the Plan. The Plan does not have an auto-enrollment provision. The Company will make a Safe Harbor Matching Contribution equal to 100% on the first 3% of eligible earnings that are deferred as an Elective Deferral and an additional 50% on the next 2% of eligible earnings that are deferred as an Elective Deferral. Participants must make Elective Deferrals in order to receive the Safe Harbor Matching Contribution. Safe Harbor Matching Contributions will be made following the last day of the Plan Year (December 31). Each year that the Company will make Safe Harbor Matching Contribution, participants will be notified at least 30 days (and no more than 90 days) prior to the beginning of the Plan Year that the Safe Harbor Matching Contributions will be made. If any employer Matching Contributions were contributed to the Plan before the Plan provided for Safe Harbor Matching Contributions, such Contributions are subject to the vesting, withdrawal, and distribution rules in the Plan documents. The Company may decide to make a nonselective contribution to the plan, although the company is not required to do so. The nonselective contribution will be allocated to all employees eligible to participate in the Plan. Participants must be an eligible participant employed on December 31 to receive this allocation. If participant employment is terminated prior to December 31 due to death, disability, or attainment of age 65, the Plan's normal retirement age, the participant will be eligible to receive any nonselective contribution that the Company may make for the year in which participant employment is terminated. Participant's share of the Nonselective Contribution is based upon the participant's compensation to total compensation of all participants eligible for non-elective contributions as specified in the Plan documents. The Company did not make a non-elective contribution in 2018 or 2017.

The Company made a Safe Harbor Matching Contribution of $428,328 in April 1, 2019 for the year ended December 31, 2018. And $369,999 in March 2018 for the year ended December 31, 2017

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Participant Accounts
Each participant's account is credited with the participant's contributions, rollovers and allocations of the Company's contribution and plan earnings, if any. Plan earnings are allocated based on participant account balances, as set forth in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants immediately vested both in their Nonelective Contributions, Company Matching Contributions, and safe harbor contributions. Participant contributions, rollovers, and earnings there on. Because Participants' Account Balances are always 100% vested, Participants can never have any contributions forfeited. Upon termination of employment, Participants are entitled to their entire account balance.

Notes Receivable from Participants
Participants may borrow from their fund account a minimum of $500 up to a maximum equal to the lesser of $50,000 reduced by the highest outstanding loan balance the participant had under the plan during the one-year period or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate will be the rate in effect in the month the loan is effective. The interest rate is the prime rate as published in The Wall Street Journal on the 14th of each month, plus two percentage points. This interest rate is effective for any loan processed as of the 16th day of the month. Loans must be fully paid within 5 years unless the loan is used for the purchase of a participants' primary residence. Loans used to purchase participants primary residence must be repaid within a period of no more than 30 years. Participants have to repay any outstanding loan before a new loan can be made. Loans are paid through weekly payroll deductions. As of December 31, 2018 and 2017, there were no participants' loans.

Payment of Benefits
Benefits are payable to the participant after they leave the Company for any reason (retirement, termination, disability or death);

Participants can receive their vested benefit in a single lump sum payment or have the payment paid as a "direct rollover" to an individual retirement account or individual retirement annuity (an "IRA") or to another employer's tax qualified plan. If eligible to establish a Roth IRA, participants may elect a direct rollover of the non-Roth portion of their vested benefit to a Roth IRA. If any portion of a participants vested benefit is attributable to Roth Elective Deferral or Roth Rollover Contributions, that portion may only be rolled over to a Roth IRA or to a 401 (k) plan that provides for Roth contributions.

If Participants Account Balance (excluding any rollover contribution account but including any outstanding loan balance account) is greater than $5,000 as of the applicable Valuation Date as provided under the Plan, in addition to either a lump sum or direct rollover, a Participant may choose to receive installments, request a partial withdrawal, or defer receiving payments until age 70 ½. If Participants choose to defer payments, their account will continue to be self-direct.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeited Accounts

When participants terminate employment, the non-vested portion of the participant's account as defined by the Plan, represents forfeiture. The plan document permits the use of forfeitures to reduce future employer contributions, offset plan administrative expenses or be reallocated among eligible participants for the Plan year. However, if a participant is reemployed and fulfills certain requirements, as defined in the Plan document, the account will be reinstated. At December 31, 2018 and 2017 there were no forfeitures.

Hardship Withdrawals

Participants are also eligible to make hardship withdrawals from their deferred contributions in the event of certain financial hardships. In order to determine if a hardship exists, the Plan uses the facts and circumstances test as required by Internal Revenue Service ('IRS") regulations. The use of this method does not require a six-month suspension of elective deferrals.

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. That basis differs from generally accepted accounting principles in that participant and employer contributions as well as interest and dividend income are recognized when received instead of when they are earned, and payments to participants and administrative expenses are recognized when paid instead of when incurred.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, requires the Plan Administrator management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustees determine the Plan's valuation policies, utilizing information provided by the investment advisor, administrator and custodian.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividend income is recorded on the ex-dividend date. Net depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the cash basics. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain expenses are paid by the Plan to the contract administrator and are shown as administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

Reclassifications
Certain amounts in the 2017 financial statement has been reclassified for competitive, purposes to conform the presentation in 2018 financial statement.

NOTE 3 - INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2018 and 2017 and for the year ended December 31, 2018, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from Information provided by the Trustee Reliance Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets at December 31:

	2018	2017
Investments at fair value:		
Mutual Funds	$2,470,807	$2,515,211
Collective Investment Trusts	1,203,979	1,115,091
Money Market Fund	153,671	34,607
	$3,828,457	$3,664,909

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair Value hierarchy under 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

- 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

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

The assets 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.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Collective Investment Trusts: The collective investment trusts, (collectively, the "trust") are valued at the net asset value ("NAV") as determined by the custodian of the funds. The NAV, as provided by the custodian, is used as a practical expedient to estimated fair value. The NAV is based upon the fair value of investments in the trust, less any liabilities. Transactions may occur daily. Were the Plan to initiate a full redemption of the trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commissions. These funds are required to publish their daily net assets value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2018 and 2017:

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Money Market Funds	$153,671			$153,671
Mutual Funds	2,470,807	$ -0-	$ -0-	2,470,807
Total assets in fair value hierarchy	$2,624,478	$ -0-	$ -0-	$2,624,478
Investments measured at NAV: **(a-g)**				
Collective Investment Trusts				$ 1,203,979
Total investments				$ 3,823,457

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Money Market Funds	$34,607			$34,607
Mutual Funds	2,515,211	$ -0-	$ -0-	2,515,211
Total assets in fair value hierarchy	$2,549,818	$ -0-	$ -0-	$2,549,818
Investments measured at NAV: **(a-g)** Collective Investment Trust				$1,115,091
Total investments				$3,664,909

(a) State Street Cash Series U.S. Government Fund- Class L (the "Fund") was formed by State Street Bank under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of the Trust (the "Trust). The Fund seeks to maximize current income, to the extent consistent with the preservation of capital and liquidity and the maintenance of a stable $1.00 per net unit net asset value ("NAV"). However, there is no assurance the Fund will be able to maintain a stable net asset value per unit. The Fund records its investment in the Portfolio at fair value

(b) State Street International Index Securities Lending Series Fund- Class VIII (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of MSCI EAFE Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

(c) State Street Russell Small Cap Index Securities Lending Series- Class VIII (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Russell 2000 Index over the long term, while providing participants the ability to purchase and redeem units on as "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

(d) State Street S&P 500 Index Securities Lending Series Fund- Class IX (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the S&P 500 Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

(e) State Street S&P Midcap Index Non-Lending Series Fund- Class J (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the S&P Midcap 400 Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

(f) State Street U.S. Bond Index Securities Lending Series Fund- Class VIII (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Bloomberg Barclays U.S. Aggregate Bond Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

(g) State Street U.S. Inflation Protected Bond Index Non-Lending Series Fund- Class G (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Bloomberg Barclays U.S. Treasury Inflation Protected Securities (TIPS) Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

NOTE 5 - RELATED PARTY TRANSACTIONS PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by ADP's Retirement Services, the record keeper and Reliance Trust Company, the Trustee for the Plan and, therefore these transactions qualify as party in interest transactions. ADP's Retirement Services, Reliance Trust Company and the Plans investment consultant receive revenue from mutual fund service providers for services they provide to the Fund. The fees therefore are included in net appreciation in fair value of investments, as they are paid through revenue sharing rather than direct payment. The Plan sponsor pays directly any other fees related to the Plan's operation. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

NOTE 6 - RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investments securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants" account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7 - PROHIBITED TRANSACTIONS

During 2018, the Company failed to remit to the Plan's trustee certain employee contributions totaling $61,929 within the period prescribed by the Department of Labor regulations. Delays in remitting contributions to the trustee were due to the administrative errors and subsequently the Company made $61,929 contributions to the effected participants' accounts to compensate those participants for potential lost income of $1,218 due to the delays, plus the requisite excise tax of $57.

NOTE 8 - TAX STATUS

The Company adopted a Prototype Non-standardized Profit-Sharing Plan, which received a favorable opinion letter from the Internal Revenue Service (IRS) on July 8, 2014, which stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan Sponsor believes the Plan, as currently designed, is being operated in compliance with the applicable requirements of the IRC. And therefore was qualified as of the financial statement date.

NOTE 9 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate it at any time, subject to the provisions of ERISA. Upon termination of the Plan, all participants would become 100% vested in their entire accounts.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

In accordance ERISA regulations Section 2520.103-1(b) (3), set forth below is a reconciliation of amounts appearing in the accompanying financial statements to amounts appearing on Form 5500:

	DECEMBER 31 2018	DECEMBER 31 2017
Reconciliation of Other Receivables		
Amounts per Page 3 of the financial statements:		
Notes receivable from participants	$ -0-	$ -0-
Amount per Form 5500, Schedule H Page 1 Part 1, Item 1 c (8)	$ -0-	$ -0-
Reconciliation of Investments		
Amounts per Page 3 of the financial statements:		
Investments, at fair value	$ 3,824,457	$ 3,664,909
Reconciliation of Net Gain on Sale of Assets and Unrealized Appreciation of Assets		
Amounts per Form 5500, Schedule H Part 1		
Value of interest in collective investment trust	$1,203,979	$ 1,115,091
Value of interest in mutual funds	2,470,807	2,515,211
Interest-bearing cash	153,671	34,607
	$ 3,828,457	$ 3,664,909
Amount per Page 4 of the financial statements		
Total investment loss	$ (314,775)	
Amount per Form 5500, Schedule H Pages 2 and 3 Part II		
Dividends from mutual funds	196,850	
Interest-bearing cash	981	
Net loss from collective investment trust	(105,292)	
Net loss from mutual funds	(407,791)	
Other Income	477	
	$(314,775)	

NOTE 11 - SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 11, 2019, the date the financial statements were available to be issued. There were no material adjustments or disclosures that resulted from the evaluation.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2018

Form 5500, Schedule H, Item 4i

EIN: 26-3488606
Plan No: 001

*(a) (1) (b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Par Value / No. of Shares	Maturity Date	Interest Rate	Cost	Current Value
Collective Investment Trusts					
*State St Intl IDX SECLEND VIII	5,329	N/A	N/A	$75,742	$73,144
*State ST Russ SC IDX VIII	10,751	N/A	N/A	206,443	203,487
*State ST S&P 500 IDX IX	29,406	N/A	N/A	546,360	595,219
*State ST S&P MD CP IDX NL J	11,780	N/A	N/A	226,541	229,736
*State ST US BD IDX SL VIII	5,883	N/A	N/A	61,643	63,207
*State ST US INFL PROT BD IDX NL	4,024	N/A	N/A	39,567	39,186
	Total Collective Investment Trusts			1,156,196	1,203,979
Mutual Funds					
*Columbia Contrarian Core	245	N/A	N/A	6,298	5,225
*T. Rowe Price Retirement 2055	27,061	N/A	N/A	403,251	357,478
*T. Rowe Price Retirement 2035	7,062	N/A	N/A	128,168	112,992
*T. Rowe Price Retirement 2045	43,597	N/A	N/A	762,134	670,960
*Invesco Comstock	664	N/A	N/A	16,282	14,283
*Columbia Disciplined Core	6,263	N/A	N/A	71,699	66,328
*T. Rowe Price Retirement 2025	391	N/A	N/A	6,663	5,940
*T. Rowe Price Retirement 2060	1	N/A	N/A	16	14
*T. Rowe Price Retirement 2015	2,192	N/A	N/A	32,399	28,173
*T. Rowe Price Retirement 2020	1,292	N/A	N/A	28,216	24,835
*T. Row Price Retirement 2050	32,498	N/A	N/A	480,438	421,821
*Ivy International Core EQTY	809	N/A	N/A	15,360	12,327
*BlackRock CAP Appreciation	2,432	N/A	N/A	51,693	45,819
*Fidelity Advisor Large CAP-	5,020	N/A	N/A	146,163	128,555
*Franklin Growth Fund R	779	N/A	N/A	62,193	69,849
*Franklin MUT GLB DISC	3,253	N/A	N/A	99,418	84,464
*Franklin Income Fund-	31,431	N/A	N/A	71,374	66,005
*Oppenheimer Disc MDCAP GRTH	4,302	N/A	N/A	75,259	67,587
*COL SEL COMM & INFO	1,664	N/A	N/A	105,058	91,700
*Pioneer bond fund-	4,179	N/A	N/A	40,786	39,447
*T. Rowe Price Retirement 2030	271	N/A	N/A	6,758	5,936
*T. Rowe Price Retirement 2040	6,658	N/A	N/A	172,062	151,069
	Total Mutual Funds			2,781,688	2,470,807
Money Market Funds					
State St Cash Series US Govt.	153,671	Demand	VAR	153,671	153,671
	Total investments, at fair value			$4,091,654	$3,828,457

* (1) Party-In-Interest to the Plan.

The above information has been certified by Reliance Trust Company (the Trustee) as complete and accurate.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4a –SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

MODIFIED CASH BASIS

FOR THE YEAR ENDED DECEMBER 31, 2018

TOTAL THAT CONSTITUTES NON-EXEMPT PROHIBITED TRANSACTIONS

Form, 5500, Schedule H, Item 4a

EIN: 26-3488606
Plan No: 001

Participant contributions Transferred late to the Plan Check here if late participant Loan repayment are included: [ ]	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Program	Total Fully Coverage Under Voluntary Fiduciary Prohibited Transaction Exemption 2002-51
$61,929	$-0-	$-0-	$-0-	$63,147

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

DECEMBER 31, 2018

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SAMUEL GOLDSTEIN & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS

SAMUEL GOLDSTEIN (1917- 2000)
MICHAEL GOLDSTEIN, CPA (1947- 2010)
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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Paperless Inc. 401 (K) Profit Sharing Plan & Trust and Participants

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Paperless Inc. 401 (K) Profit Sharing Plan & Trust (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for accounting for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Basis for Disclaimer of Opinion
As permitted by **29 CFR 2520.103-8** of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Reliance Trust Company, the Trustee 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 trustee hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2018 and 2017and for the year ended December 31, 2018, and 2017 that the information provided to the plan administrator by the Trustee is complete and accurate.

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

Basis of Accounting
We draw attention to Note 2 to the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter – Supplemental Schedules
The supplemental schedules of assets (held at end of year) as of December 31, 2018, and the schedule of delinquent contributions for the year ended December 31, 2018 are required by the Department of Labor's (DOL) Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and 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 these supplemental schedules referred to above.

Report on Form and Content in Compliance with Department of Labor 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 Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SAMUEL GOLDSTEIN & CO., P.C.
Certified Public Accountants

Great Neck, New York
October 11, 2019

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

MODIFIED CASH BASIS

DECEMBER 31, 2018 and 2017

ASSETS:	**2018**	**2017**
Investments, at fair value:		
Mutual funds	$2,470,807	$2,515,211
Collective investment trusts	1,357,650	1,149,698
Total assets	3,828,457	3,664,909
LIABILITIES	-0-	-0-
Net assets available for benefits	$3,828,457	$3,664,909

See accompanying notes to the financial statements.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS

FOR THE YEAR ENDED DECEMBER 31, 2018

Additions:	**2018**
Investment income:	
Net (depreciation) in fair value of investments	$ (513,083)
Dividends	196,850
Interest	981
Other Income	477
Total investment (loss)	(314,775)
Contributions:	
Employer	428,328
Participants	678,861
Rollovers	27,801
Total contributions	1,134,990
Total Additions	820,215
Deductions:	
Benefits paid to participants	651,946
Corrective Distributions	3,126
Administrative expenses	1,595
Total deductions	656,667
Net increase	163,548
Net assets available for benefits -	
Beginning of year	3,664,909
End of year	$3,828,457

See accompanying notes to the financial statements.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Paperless Inc. (the Company) 401 (K) Profit Sharing Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution Plan covering all full-time employees of the Company, who have reached 21 years of age and have completed six months of eligible service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan. The Board of Trustees and the Investment Consultant are responsible for determining the appropriateness of the Plans investment offerings and for monitoring the investment performance.

Contributions
Each year, participants may contribute from 1% to 90% of annual compensation, as defined in the Plan document. Participants may select two types of Elective Deferrals, a Pre-Tax Elective Deferral, or a Roth Elective Deferral. Participants each year may contribute any combination of Pre-Tax Elective Deferrals and Roth Elective Deferrals (in whole percentages) of eligible earnings as defined in the Plan document. The total combined amount of eligible earnings that may be deferred either as Pre-Tax Elective Deferral or as a Roth Elective Deferral is subject to both the Plan's limit on the maximum deferral percentage, and the Internal Revenue Code limit on deferrals. Participants who attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct investment of their contributions into various investment options offered by the Plan. The Plan does not have an auto-enrollment provision. The Company will make a Safe Harbor Matching Contribution equal to 100% on the first 3% of eligible earnings that are deferred as an Elective Deferral and an additional 50% on the next 2% of eligible earnings that are deferred as an Elective Deferral. Participants must make Elective Deferrals in order to receive the Safe Harbor Matching Contribution. Safe Harbor Matching Contributions will be made following the last day of the Plan Year (December 31). Each year that the Company will make Safe Harbor Matching Contribution, participants will be notified at least 30 days (and no more than 90 days) prior to the beginning of the Plan Year that the Safe Harbor Matching Contributions will be made. If any employer Matching Contributions were contributed to the Plan before the Plan provided for Safe Harbor Matching Contributions, such Contributions are subject to the vesting, withdrawal, and distribution rules in the Plan documents. The Company may decide to make a nonselective contribution to the plan, although the company is not required to do so. The nonselective contribution will be allocated to all employees eligible to participate in the Plan. Participants must be an eligible participant employed on December 31 to receive this allocation. If participant employment is terminated prior to December 31 due to death, disability, or attainment of age 65, the Plan's normal retirement age, the participant will be eligible to receive any nonselective contribution that the Company may make for the year in which participant employment is terminated. Participant's share of the Nonselective Contribution is based upon the participant's compensation to total compensation of all participants eligible for non-elective contributions as specified in the Plan documents. The Company did not make a non-elective contribution in 2018 or 2017.

The Company made a Safe Harbor Matching Contribution of $428,328 in April 1, 2019 for the year ended December 31, 2018. And $369,999 in March 2018 for the year ended December 31, 2017

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Participant Accounts
Each participant's account is credited with the participant's contributions, rollovers and allocations of the Company's contribution and plan earnings, if any. Plan earnings are allocated based on participant account balances, as set forth in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants immediately vested both in their Nonelective Contributions, Company Matching Contributions, and safe harbor contributions. Participant contributions, rollovers, and earnings there on. Because Participants' Account Balances are always 100% vested, Participants can never have any contributions forfeited. Upon termination of employment, Participants are entitled to their entire account balance.

Notes Receivable from Participants
Participants may borrow from their fund account a minimum of $500 up to a maximum equal to the lesser of $50,000 reduced by the highest outstanding loan balance the participant had under the plan during the one-year period or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate will be the rate in effect in the month the loan is effective. The interest rate is the prime rate as published in The Wall Street Journal on the 14th of each month, plus two percentage points. This interest rate is effective for any loan processed as of the 16th day of the month. Loans must be fully paid within 5 years unless the loan is used for the purchase of a participants' primary residence. Loans used to purchase participants primary residence must be repaid within a period of no more than 30 years. Participants have to repay any outstanding loan before a new loan can be made. Loans are paid through weekly payroll deductions. As of December 31, 2018 and 2017, there were no participants' loans.

Payment of Benefits
Benefits are payable to the participant after they leave the Company for any reason (retirement, termination, disability or death);

Participants can receive their vested benefit in a single lump sum payment or have the payment paid as a "direct rollover" to an individual retirement account or individual retirement annuity (an "IRA") or to another employer's tax qualified plan. If eligible to establish a Roth IRA, participants may elect a direct rollover of the non-Roth portion of their vested benefit to a Roth IRA. If any portion of a participants vested benefit is attributable to Roth Elective Deferral or Roth Rollover Contributions, that portion may only be rolled over to a Roth IRA or to a 401 (k) plan that provides for Roth contributions.

If Participants Account Balance (excluding any rollover contribution account but including any outstanding loan balance account) is greater than $5,000 as of the applicable Valuation Date as provided under the Plan, in addition to either a lump sum or direct rollover, a Participant may choose to receive installments, request a partial withdrawal, or defer receiving payments until age 70 ½. If Participants choose to defer payments, their account will continue to be self-direct.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeited Accounts

When participants terminate employment, the non-vested portion of the participant's account as defined by the Plan, represents forfeiture. The plan document permits the use of forfeitures to reduce future employer contributions, offset plan administrative expenses or be reallocated among eligible participants for the Plan year. However, if a participant is reemployed and fulfills certain requirements, as defined in the Plan document, the account will be reinstated. At December 31, 2018 and 2017 there were no forfeitures.

Hardship Withdrawals

Participants are also eligible to make hardship withdrawals from their deferred contributions in the event of certain financial hardships. In order to determine if a hardship exists, the Plan uses the facts and circumstances test as required by Internal Revenue Service ('IRS") regulations. The use of this method does not require a six-month suspension of elective deferrals.

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. That basis differs from generally accepted accounting principles in that participant and employer contributions as well as interest and dividend income are recognized when received instead of when they are earned, and payments to participants and administrative expenses are recognized when paid instead of when incurred.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, requires the Plan Administrator management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustees determine the Plan's valuation policies, utilizing information provided by the investment advisor, administrator and custodian.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividend income is recorded on the ex-dividend date. Net depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the cash basics. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Expenses
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain expenses are paid by the Plan to the contract administrator and are shown as administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

Reclassifications
Certain amounts in the 2017 financial statement has been reclassified for competitive, purposes to conform the presentation in 2018 financial statement.

NOTE 3 - INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2018 and 2017 and for the year ended December 31, 2018, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from Information provided by the Trustee Reliance Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedule related to the following assets at December 31:

	2018	2017
Investments at fair value:		
Mutual Funds	$2,470,807	$2,515,211
Collective Investment Trusts	1,203,979	1,115,091
Money Market Fund	153,671	34,607
	$3,828,457	$3,664,909

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair Value hierarchy under 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

- 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

---

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

The assets 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.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Collective Investment Trusts: The collective investment trusts, (collectively, the "trust") are valued at the net asset value ("NAV") as determined by the custodian of the funds. The NAV, as provided by the custodian, is used as a practical expedient to estimated fair value. The NAV is based upon the fair value of investments in the trust, less any liabilities. Transactions may occur daily. Were the Plan to initiate a full redemption of the trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commissions. These funds are required to publish their daily net assets value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2018 and 2017:

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Money Market Funds	$153,671			$153,671
Mutual Funds	2,470,807	$ -0-	$ -0-	2,470,807
Total assets in fair value hierarchy	$2,624,478	$ -0-	$ -0-	$2,624,478
Investments measured at NAV: **(a-g)**				
Collective Investment Trusts				$ 1,203,979
Total investments				$ 3,823,457

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Money Market Funds	$34,607			$34,607
Mutual Funds	2,515,211	$ -0-	$ -0-	2,515,211
Total assets in fair value hierarchy	$2,549,818	$ -0-	$ -0-	$2,549,818
Investments measured at NAV: **(a-g)** Collective Investment Trust				$1,115,091
Total investments				$3,664,909

(a) State Street Cash Series U.S. Government Fund- Class L (the "Fund") was formed by State Street Bank under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of the Trust (the "Trust). The Fund seeks to maximize current income, to the extent consistent with the preservation of capital and liquidity and the maintenance of a stable $1.00 per net unit net asset value ("NAV"). However, there is no assurance the Fund will be able to maintain a stable net asset value per unit. The Fund records its investment in the Portfolio at fair value

(b) State Street International Index Securities Lending Series Fund- Class VIII (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of MSCI EAFE Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

(c) State Street Russell Small Cap Index Securities Lending Series- Class VIII (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Russell 2000 Index over the long term, while providing participants the ability to purchase and redeem units on as "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

(d) State Street S&P 500 Index Securities Lending Series Fund- Class IX (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the S&P 500 Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

(e) State Street S&P Midcap Index Non-Lending Series Fund- Class J (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the S&P Midcap 400 Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

(f) State Street U.S. Bond Index Securities Lending Series Fund- Class VIII (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Bloomberg Barclays U.S. Aggregate Bond Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

(g) State Street U.S. Inflation Protected Bond Index Non-Lending Series Fund- Class G (the "Fund") was formed under the State Street Global Advisors Trust Company Investment Funds for Tax Exempt Retirement Plans Declaration of Trust (the "Trust"). The investment objective of the Fund is to approximate as closely as practicable, before expenses, the performance of the Bloomberg Barclays U.S. Treasury Inflation Protected Securities (TIPS) Index over the long term, while providing participants the ability to purchase and redeem units on an "as of" basis. The Fund's investments, including derivative instruments, are valued at fair value each business day.

NOTE 5 - RELATED PARTY TRANSACTIONS PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by ADP's Retirement Services, the record keeper and Reliance Trust Company, the Trustee for the Plan and, therefore these transactions qualify as party in interest transactions. ADP's Retirement Services, Reliance Trust Company and the Plans investment consultant receive revenue from mutual fund service providers for services they provide to the Fund. The fees therefore are included in net appreciation in fair value of investments, as they are paid through revenue sharing rather than direct payment. The Plan sponsor pays directly any other fees related to the Plan's operation. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

NOTE 6 - RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investments securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants" account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7 - PROHIBITED TRANSACTIONS

During 2018, the Company failed to remit to the Plan's trustee certain employee contributions totaling $61,929 within the period prescribed by the Department of Labor regulations. Delays in remitting contributions to the trustee were due to the administrative errors and subsequently the Company made $61,929 contributions to the effected participants' accounts to compensate those participants for potential lost income of $1,218 due to the delays, plus the requisite excise tax of $57.

NOTE 8 - TAX STATUS

The Company adopted a Prototype Non-standardized Profit-Sharing Plan, which received a favorable opinion letter from the Internal Revenue Service (IRS) on July 8, 2014, which stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan Sponsor believes the Plan, as currently designed, is being operated in compliance with the applicable requirements of the IRC. And therefore was qualified as of the financial statement date.

NOTE 9 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate it at any time, subject to the provisions of ERISA. Upon termination of the Plan, all participants would become 100% vested in their entire accounts.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN

In accordance ERISA regulations Section 2520.103-1(b) (3), set forth below is a reconciliation of amounts appearing in the accompanying financial statements to amounts appearing on Form 5500:

	DECEMBER 31 2018	DECEMBER 31 2017
Reconciliation of Other Receivables		
Amounts per Page 3 of the financial statements:		
Notes receivable from participants	$ -0-	$ -0-
Amount per Form 5500, Schedule H Page 1 Part 1, Item 1 c (8)	$ -0-	$ -0-
Reconciliation of Investments		
Amounts per Page 3 of the financial statements:		
Investments, at fair value	$ 3,824,457	$ 3,664,909
Reconciliation of Net Gain on Sale of Assets and Unrealized Appreciation of Assets		
Amounts per Form 5500, Schedule H Part 1		
Value of interest in collective investment trust	$1,203,979	$ 1,115,091
Value of interest in mutual funds	2,470,807	2,515,211
Interest-bearing cash	153,671	34,607
	$ 3,828,457	$ 3,664,909
Amount per Page 4 of the financial statements		
Total investment loss	$ (314,775)	
Amount per Form 5500, Schedule H Pages 2 and 3 Part II		
Dividends from mutual funds	196,850	
Interest-bearing cash	981	
Net loss from collective investment trust	(105,292)	
Net loss from mutual funds	(407,791)	
Other Income	477	
	$(314,775)	

NOTE 11 - SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 11, 2019, the date the financial statements were available to be issued. There were no material adjustments or disclosures that resulted from the evaluation.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2018

Form 5500, Schedule H, Item 4i

EIN: 26-3488606
Plan No: 001

*(a) (1) (b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Par Value / No. of Shares	Maturity Date	Interest Rate	Cost	Current Value
Collective Investment Trusts					
*State St Intl IDX SECLEND VIII	5,329	N/A	N/A	$75,742	$73,144
*State ST Russ SC IDX VIII	10,751	N/A	N/A	206,443	203,487
*State ST S&P 500 IDX IX	29,406	N/A	N/A	546,360	595,219
*State ST S&P MD CP IDX NL J	11,780	N/A	N/A	226,541	229,736
*State ST US BD IDX SL VIII	5,883	N/A	N/A	61,643	63,207
*State ST US INFL PROT BD IDX NL	4,024	N/A	N/A	39,567	39,186
	Total Collective Investment Trusts			1,156,196	1,203,979
Mutual Funds					
*Columbia Contrarian Core	245	N/A	N/A	6,298	5,225
*T. Rowe Price Retirement 2055	27,061	N/A	N/A	403,251	357,478
*T. Rowe Price Retirement 2035	7,062	N/A	N/A	128,168	112,992
*T. Rowe Price Retirement 2045	43,597	N/A	N/A	762,134	670,960
*Invesco Comstock	664	N/A	N/A	16,282	14,283
*Columbia Disciplined Core	6,263	N/A	N/A	71,699	66,328
*T. Rowe Price Retirement 2025	391	N/A	N/A	6,663	5,940
*T. Rowe Price Retirement 2060	1	N/A	N/A	16	14
*T. Rowe Price Retirement 2015	2,192	N/A	N/A	32,399	28,173
*T. Rowe Price Retirement 2020	1,292	N/A	N/A	28,216	24,835
*T. Row Price Retirement 2050	32,498	N/A	N/A	480,438	421,821
*Ivy International Core EQTY	809	N/A	N/A	15,360	12,327
*BlackRock CAP Appreciation	2,432	N/A	N/A	51,693	45,819
*Fidelity Advisor Large CAP-	5,020	N/A	N/A	146,163	128,555
*Franklin Growth Fund R	779	N/A	N/A	62,193	69,849
*Franklin MUT GLB DISC	3,253	N/A	N/A	99,418	84,464
*Franklin Income Fund-	31,431	N/A	N/A	71,374	66,005
*Oppenheimer Disc MDCAP GRTH	4,302	N/A	N/A	75,259	67,587
*COL SEL COMM & INFO	1,664	N/A	N/A	105,058	91,700
*Pioneer bond fund-	4,179	N/A	N/A	40,786	39,447
*T. Rowe Price Retirement 2030	271	N/A	N/A	6,758	5,936
*T. Rowe Price Retirement 2040	6,658	N/A	N/A	172,062	151,069
	Total Mutual Funds			2,781,688	2,470,807
Money Market Funds					
State St Cash Series US Govt.	153,671	Demand	VAR	153,671	153,671
	Total investments, at fair value			$4,091,654	$3,828,457

* (1) Party-In-Interest to the Plan.

The above information has been certified by Reliance Trust Company (the Trustee) as complete and accurate.

PAPERLESS INC. 401 (K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4a –SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

MODIFIED CASH BASIS

FOR THE YEAR ENDED DECEMBER 31, 2018

TOTAL THAT CONSTITUTES NON-EXEMPT PROHIBITED TRANSACTIONS

Form, 5500, Schedule H, Item 4a

EIN: 26-3488606
Plan No: 001

Participant contributions Transferred late to the Plan Check here if late participant Loan repayment are included: [ ]	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Program	Total Fully Coverage Under Voluntary Fiduciary Prohibited Transaction Exemption 2002-51
$61,929	$-0-	$-0-	$-0-	$63,147

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

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

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**		
	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 through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**		

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

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

(1) Name: **(2)** EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a			
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			

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c			
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			
e	Was this plan covered by a fidelity bond?	4e			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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			
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			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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			
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			
l	Has the plan failed to provide any benefit when due under the plan?	4l			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST **EIN:** 26-3488606

Plan Sponsor's Name PAPERLESS INC **PN:** 001

(a)	(b) Identity of issue, 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
	COLUMBIA CONTRARIAN CORE R	REGISTERED INVESTMENT COMPANY		5,225
	T.ROWE PRICE RETIREMENT 2055-R	REGISTERED INVESTMENT COMPANY		357,478
	T.ROWE PRICE RETIREMENT 2035-R	REGISTERED INVESTMENT COMPANY		112,992
	T.ROWE PRICE RETIREMENT 2045-R	REGISTERED INVESTMENT COMPANY		670,960
	INVESCO COMSTOCK R	REGISTERED INVESTMENT COMPANY		14,283
	COLUMBIA DISCIPLINED CORE R	REGISTERED INVESTMENT COMPANY		66,328
	T.ROWE PRICE RETIREMENT 2025-R	REGISTERED INVESTMENT COMPANY		5,940

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST **EIN:** 26-3488606

Plan Sponsor's Name PAPERLESS INC **PN:** 001

(a)	(b) Identity of issue, 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
	T.ROWE PRICE RETIREMENT 2060-R	REGISTERED INVESTMENT COMPANY		14
	T.ROWE PRICE RETIREMENT 2015-R	REGISTERED INVESTMENT COMPANY		28,173
	T.ROWE PRICE RETIREMENT 2020-R	REGISTERED INVESTMENT COMPANY		24,835
	T.ROWE PRICE RETIREMENT 2050-R	REGISTERED INVESTMENT COMPANY		421,821
	IVY INTERNATIONAL CORE EQTY R	REGISTERED INVESTMENT COMPANY		12,327
	BLACKROCK CAP APPRECIATION R	REGISTERED INVESTMENT COMPANY		45,819
	FIDELITY ADVISOR LARGE CAP-M	REGISTERED INVESTMENT COMPANY		128,555

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST **EIN:** 26-3488606
Plan Sponsor's Name PAPERLESS INC **PN:** 001

(a)	(b) Identity of issue, 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
	FRANKLIN GROWTH FUND - R	REGISTERED INVESTMENT COMPANY		69,849
	FRANKLIN MUT GLB DISC - R	REGISTERED INVESTMENT COMPANY		84,464
	FRANKLIN INCOME FUND - R	REGISTERED INVESTMENT COMPANY		66,005
	OPPENHEIMER DISC MD CAP GRTH R	REGISTERED INVESTMENT COMPANY		67,587
	COL SEL COMM & INFO R	REGISTERED INVESTMENT COMPANY		91,700
	PIONEERBONDFUND-R	REGISTERED INVESTMENT COMPANY		39,447
	T.ROWE PRICE RETIREMENT 2030-R	REGISTERED INVESTMENT COMPANY		5,936

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST **EIN:** 26-3488606
Plan Sponsor's Name PAPERLESS INC **PN:** 001

(a)	(b) Identity of issue, 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
	T.ROWE PRICE RETIREMENT 2040-R	REGISTERED INVESTMENT COMPANY		151,069
	STATE ST CASH SERIES US GOVT L	COMMON/COLLECTIVE TRUST		153,671
	STATE ST INTL IDX SECLEND VIII	COMMON/COLLECTIVE TRUST		73,144
	STATE ST RUSS SC IDX VIII	COMMON/COLLECTIVE TRUST		203,487
	STATE ST S&P 500 IDX IX	COMMON/COLLECTIVE TRUST		595,219
	STATE ST S&P MD CP IDX NL J	COMMON/COLLECTIVE TRUST		229,736
	STATE ST US BD IDX SL VIII	COMMON/COLLECTIVE TRUST		63,207

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PAPERLESS INC 401K PROFIT SHARING PLAN & TRUST **EIN:** 26-3488606

Plan Sponsor's Name PAPERLESS INC **PN:** 001

(a)	(b) Identity of issue, 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
	STATE US INFL PROT BD IDX NL G	COMMON/COLLECTIVE TRUST		39,186