

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
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>VISUAL EDGE TECHNOLOGY, INC. 401(K) SAVINGS & RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1988</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VISUAL EDGE TECHNOLOGY, INC.</u> <u>3874 HIGHLAND PARK NW</u> <u>NORTH CANTON, OH 44720</u>	2b	Employer Identification Number (EIN) <u>94-2991858</u>
		2c	Plan Sponsor's telephone number <u>330-491-3346</u>
		2d	Business code (see instructions) <u>423400</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	MELISSA MORRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ 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 1044
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1044 6a(2) 1177 6b 4 6c 57 6d 1238 6e 0 6f 1238 6g 582 6h 90
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan VISUAL EDGE TECHNOLOGY, INC. 401(K) SAVINGS & RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VISUAL EDGE TECHNOLOGY, INC.	D Employer Identification Number (EIN) 94-2991858

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

(a) Name of insurance carrier GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	503091-01	437	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 2573010**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 1854210
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 31237
(4) Transferred from separate account **7c(4)** 2450235
(5) Other (specify below) **7c(5)** 41978▶ **LOAN PAYMENTS**(6) Total additions **7c(6)** 4377660**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4377660**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 180888
(2) Administration charge made by carrier **7e(2)** 282
(3) Transferred to separate account **7e(3)** 1623480
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 1804650**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2573010

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan VISUAL EDGE TECHNOLOGY, INC. 401(K) SAVINGS & RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VISUAL EDGE TECHNOLOGY, INC.	D Employer Identification Number (EIN) 94-2991858

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	039679	0	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT****b** Balance at the end of the previous year **7b** 1264137**c** Additions: (1) Contributions deposited during the year **7c(1)** 0
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 0
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1264137**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)** 1264137
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 1264137**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		0
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 VISUAL EDGE TECHNOLOGY, INC. 401(K) SAVINGS & RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VISUAL EDGE TECHNOLOGY, INC.	D Employer Identification Number (EIN) 94-2991858	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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(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)

IFP ADVISORS INC DBA INDEPENDENT FI

3030 N ROCKY POINT DR W STE 700
TAMPA, FL 33607

(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?
27	INVESTMENT ADVISOR	38634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	26346	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ENVESTNET RETIREMENT SOLUTIONS, LLC

1801 CALIFORNIA STREET
23RD FLOOR
DENVER, CO 80202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	12877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPOWER RETIREMENT ADVISORY SERVICE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	2604	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan VISUAL EDGE TECHNOLOGY, INC. 401(K) SAVINGS & RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 VISUAL EDGE TECHNOLOGY, INC.	D Employer Identification Number (EIN) 94-2991858	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	4425	3950
(2) Participant contributions	1b(2)	8819	69920
(3) Other.....	1b(3)	77042	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	484001	634712
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8552394	13583692
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1264137	2573010
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10390818	16865284

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	9467	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9467	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10381351	16865284
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	589213	
(B) Participants	2a(1)(B)	1908365	
(C) Others (including rollovers)	2a(1)(C)	807443	
(2) Noncash contributions	2a(2)	0	3305021
(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)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	27231	
(F) Other	2b(1)(F)	33180	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		60411
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	748504
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	748504	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		748504
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-2234735
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1879201

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	852319	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		852319
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	80461	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		80461
j Total expenses. Add all expense amounts in column (b) and enter total	2j		932780

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		946421
l Transfers of assets:			
(1) To this plan.....	2l(1)		5537512
(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: D'AMICO WAWRIN & COMPANY CPAS, LLC

(2) EIN: 82-1844788

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		68077
4b		X	

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

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 VISUAL EDGE TECHNOLOGY, INC. 401(K) SAVINGS & RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 VISUAL EDGE TECHNOLOGY, INC.		D Employer Identification Number (EIN) 94-2991858
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): 84-1455663 22-1211670		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Financial Statements and Supplemental Schedules
As of and for the Years Ended
December 31, 2018 and 2017



**Visual Edge Technology, Inc. 401(k)
Savings and Retirement Plan**

Financial Statements and Supplemental Schedules
As of and for the Years Ended December 31, 2018 and 2017

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

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Independent Auditor's Report

To the Plan Administrator of the
Visual Edge Technology, Inc. 401(k)
Savings and Retirement Plan
North Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Visual Edge Technology 401(k) Savings and Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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 Great-West Trust Company, LLC (Great-West Trust), Great-West Life & Annuity Insurance Company (Great-West), Prudential Bank & Trust, F.S.B. (Prudential) and Prudential Retirement Insurance and Annuity Company (Prudential Retirement), the trustees and custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Great-West Trust and Great-West, the trustee and custodian, respectively

held the Plan's investment assets and executed investment transactions from February 1, 2018 to December 31, 2018, and that Prudential and Prudential Retirement, trustee and custodian, respectively, held the Plan's investment assets and executed investment transactions from January 1, 2017 to January 31, 2018. The Plan administrator has obtained a certification from Great-West Trust and Great-West as of December 31, 2018 and for the period from February 1, 2018 to December 31, 2018, that the information provided to the Plan administrator by Great-West Trust and Great-West is complete and accurate. The Plan administrator has obtained certifications from Prudential and Prudential Retirement as of December 31, 2017 and January 31, 2018 and for the year ended December 31, 2017 and the month ended January 31, 2018 that the information provided to the Plan administrator by Prudential and Prudential Retirement 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.

Emphasis of Matter - Plan Mergers

As further discussed in Notes 1 and 4, during 2018, five other existing plans were merged into the Plan. Our disclaimer of 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 Delinquent Participant Contributions for the year ended December 31, 2018, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

D'Amico Wawrin & Company

Akron, Ohio
October 15, 2019

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	<u>2018</u>	<u>2017</u>
Assets		
Investments at fair value (See Note 5)	\$ 13,583,692	\$ 8,552,394
Investments at contract value (See Note 6)	<u>2,573,010</u>	<u>1,264,137</u>
Total Investments	16,156,702	9,816,531
Receivables		
Employer contributions	3,950	4,425
Participant contributions	-	8,819
Other employer contributions	69,920	77,042
Notes receivable from participants	<u>634,712</u>	<u>484,001</u>
Total Receivables	708,582	574,287
Total Assets	16,865,284	10,390,818
Liabilities		
Other payable	<u>-</u>	<u>9,467</u>
Total Liabilities	<u>-</u>	<u>9,467</u>
Net Assets Available for Benefits	<u><u>\$ 16,865,284</u></u>	<u><u>\$ 10,381,351</u></u>

See accompanying notes to financial statements.

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	<u>2018</u>	<u>2017</u>
Additions (deductions) to Net Assets Attributed to		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (2,234,735)	\$ 1,100,569
Other income	-	20,724
Interest and dividends	<u>781,684</u>	<u>88,281</u>
Total Investment (Loss) Income	(1,453,051)	1,209,574
Interest income on notes receivable from participants	27,231	19,826
Contributions:		
Participants	1,908,365	735,066
Employer	589,213	267,556
Rollover	<u>807,443</u>	<u>1,924,852</u>
Total Contributions	3,305,021	2,927,474
Total Additions	1,879,201	4,156,874
Deductions from Net Assets Attributed to		
Benefits paid to participants	852,319	155,014
Administrative expenses	<u>80,461</u>	<u>28,415</u>
Total Deductions	<u>932,780</u>	<u>183,429</u>
Net Increase	946,421	3,973,445
Transfers of assets from other qualified plans (See Note 4)	5,537,512	42,742
Net Assets Available for Benefits		
Beginning of year	<u>10,381,351</u>	<u>6,365,164</u>
End of year	<u>\$ 16,865,284</u>	<u>\$ 10,381,351</u>

See accompanying notes to financial statements.

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all non-union employees, as defined, of the companies listed below (collectively, the Company) who have completed six months of service, as defined, and attained 21 years of age:

- Visual Edge Technology, Inc.
- Graphic Enterprises, Inc.
- Graphic Enterprises Office Solutions, Inc.
- Copeco, Inc.
- Commonwealth Technology, Inc.
- WBS Technologies, Inc.
- Axion Business Technologies, Inc.
- Premier Business Technology, Inc.
- Copier Source, Inc. (effective July 1, 2017)
- Netwise Resources, LLC (effective July 1, 2017)
- TLC Office Systems, Inc. (effective July 1, 2017)
- XMC, Inc. (effective October 1, 2017)

During 2017 and 2018, the Company acquired several companies. The following is a list of those companies along with the effective date of the purchase and the date the employees who work at those companies joined the Plan.

Company Acquired	Effective Date of Acquisition	Date of Participation in the Plan
Axsa Imaging Solutions	October 31, 2017	April 1, 2018
Brady's Business Systems	December 31, 2017	October 1, 2018
Fastforward Digital Solutions	January 31, 2018	April 1, 2018
Zymphony	January 31, 2018	April 1, 2018
CopyRight	February 15, 2018	July 1, 2018
Counsel Office Systems	February 28, 2018	July 1, 2018
Midwest Office Automations	February 28, 2018	July 1, 2018
UBM United Business Systems, Inc.	February 28, 2018	October 1, 2018
AB Dick Document Solutions	March 30, 2018	July 1, 2018
A-COPI Technology First	March 30, 2018	July 1, 2018
Business Technology Partners	June 30, 2018	October 1, 2018
Dunn's Business Solutions	June 30, 2018	October 1, 2018
Office Systems of Vermont	June 30, 2018	October 1, 2018
N2N Technologies	June 30, 2018	October 1, 2018
KenMark Office Systems, Inc.	July 31, 2018	October 1, 2018
Mercury Document Imaging Co., Inc.	July 31, 2018	October 1, 2018
Technocom	July 31, 2018	October 1, 2018
Zeno Imaging	October 31, 2018	January 1, 2019

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

As a result of stock purchases during 2016 through 2018 the Company acquired the existing 401(k) plans of several companies. The Company merged the existing plans into the Plan during 2018. The following is a list of the companies acquired through stock purchases along with the effective date of the purchase and the effective date of the respective plan merger with the Plan.

<u>Company Acquired (Stock Purchase)</u>	<u>Effective Date of Acquisition</u>	<u>Date of Merger with the Plan</u>
Copier Source, Inc.	March 31, 2016	February 1, 2018
American Copy Service Center, Inc.	September 29, 2017	February 1, 2018
MCM Business Systems	October 31, 2017	February 1, 2018
Benchmark Business Solutions	November 30, 2017	May 1, 2018
Janco Business Systems, Inc.	January 31, 2018	October 1, 2018

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company's Retirement Plan Committee (Committee) is responsible for oversight of the Plan. The Committee also determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may contribute from 1% to 100% of annual compensation, as defined in the Plan. The Plan allows for voluntary after-tax (Roth) contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Plan provides a qualified non-elective contribution of 3% of compensation for all eligible employees of Commonwealth Technology, Inc. and MCM Business Systems. In addition, the Plan allows for discretionary employer matching contributions.

The Company authorized matching contributions of 10% of the first 6% of participant compensation contributed to the Plan during 2018 and 2017 for the following companies participating in the Plan:

- Visual Edge Technology, Inc.
- Graphic Enterprises, Inc.
- Graphic Enterprises Office Solutions, Inc.
- Copeco, Inc.
- WBS Technologies, Inc.
- Premier Business Technologies, Inc.

The Company authorized matching contributions of 100% of the first 3% of participant compensation contributed to the Plan during 2018 and 2017 for the following companies participating in the Plan:

- TLC Office Systems, Inc.
- American Copy Service Center, Inc.
- Axion Business Technologies, Inc.
- UBM United Business Systems, Inc.
- A-COPI Technology First
- Janco Business Systems, Inc.

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

- Kenmark Office Systems, Inc.

The Company authorized match contributions of 100% of the first 4% of participant compensation contributed to the Plan during 2018 and 2017 for the following companies participating in the Plan:

- XMC, Inc.
- AB Dick Document Solutions
- Office Systems of Vermont

The Company authorized matching contributions of 100% of the first 3% of participant compensation contributed to the Plan plus 50% of the next 2% of participant compensation contributed to the Plan during 2018 for the following companies participating in the Plan:

- Benchmark Business Solutions
- Technocom

The Company authorized matching contributions of 50% of the first 6% of participant compensation contributed to the Plan during 2018 for the following company participating in the Plan:

- Zymphony

The Company did not authorize match contributions during 2018 and 2017 for the following companies participating in the Plan:

- Netwise Resources, LLC
- Copier Source, Inc.
- Axxa Imaging Solutions
- Brady's Business Systems
- Counsel Office Systems
- Midwest Office Automations
- Fastforward Digital Solutions
- N2N Technologies
- Business Technology Partners
- Mercury Document Imaging Co., Inc.
- Dunn's Business Solutions
- CopyRight

Profit sharing contributions may be made to the Plan solely at the discretion of the Company's Board of Directors. There were no discretionary profit sharing contributions authorized for 2018 and 2017. Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, any contributions by the Company, as well as allocations of Plan earnings. The Company's discretionary profit sharing contributions are allocated pro rata based on the participant's compensation in relation to the

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

compensation of all participants employed at the end of the plan year with 1,000 hours of service, as defined. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in voluntary contributions and qualified non-elective contributions, plus actual earnings thereon. The employer matching contributions and discretionary profit sharing contributions are subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Notes receivable from participants

Participants may borrow against their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable terms range from 1 - 5 years, or longer for the purchase of a principal residence. The loans are secured by the balance in the participant's account. The loan interest rate is 1% over the prime rate, as defined. No participant may have more than two outstanding loans. Principal and interest is paid ratably through payroll deductions.

Payment of benefits

Upon death, disability, retirement or termination of services, a participant's voluntary contributions plus the vested amount of Company matching contributions, the vested amount of the Company's non-elective contributions, and earnings thereon are paid in a single lump sum payment as provided by the Plan. If the participant's account is between \$1,000 and \$5,000, the Plan may make an automatic rollover of the participant's vested interest in his or her account to a qualified individual retirement account. If the participant's account balance is less than \$1,000, the Plan may make an automatic lump sum distribution to the participant equal to the participant's vested interest in his or her account. Distributions of a participant's account balance may be authorized at any time by the Plan administrator under certain hardship conditions.

Forfeited accounts

At December 31, 2018 and 2017, forfeited non-vested accounts totaled \$29,490 and \$8,809, respectively. These accounts will be used to pay expenses of the Plan or to reduce future employer contributions to the Plan. During 2018 and 2017, forfeitures totaling \$-0- and \$5,649, respectively, were used to pay Plan expenses.

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees and insurance companies. See Note 5 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

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

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

Subsequent Events

The Plan has evaluated subsequent events through October 15, 2019, the date the financial statements were available to be issued.

3. Information Certified by the Trustees and Custodians

In accordance with 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has elected to restrict the scope of the auditor's examination with regard to statements or information prepared and certified by Great-West Trust Company, LLC (Great-West Trust), Great-West Life & Annuity Insurance Company (Great-West), Prudential Bank & Trust, F.S.B. (Prudential) and Prudential Retirement Insurance and Annuity Company (Prudential Retirement).

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income (loss) and interest earned on notes receivable from participants, was obtained from information supplied to the Plan administrator and certified as complete and accurate by Great-West Trust and Great-West as of December 31, 2018 and for the period from February 1, 2018 to December 31, 2018 and by Prudential and Prudential Retirement as of December 31, 2017 and for the period from January 1, 2017 to December 31, 2017 and January 1, 2018 to January 31, 2018. Auditing procedures have not been performed on this information except to compare such information to the information included in the accompanying financial statements.

4. Transfer of Assets

Effective September 29, 2017 the Plan was amended to accept direct rollovers of notes receivable from participants from the qualified plan of a participant's former employer. During 2018 and 2017 direct rollovers of notes receivable from participants totaling \$23,607 and \$42,742, respectively, were transferred to the Plan and are included in transfers on the 2018 and 2017 statements of changes in net assets available for benefits.

As discussed in Note 1, the Company acquired the existing 401(k) plans of several companies. The Company merged the existing plans into the Plan during 2018. As a result of these mergers transfers of assets consisting of investments, notes receivable from participants and contributions receivable totaling \$5,513,905 were transferred to the Plan during 2018 and are included in transfers of assets from other qualified plans on the 2018 statement of changes in net assets available for benefits.

5. 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 market 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 are described as follows:

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

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 observable for substantially the full term of the asset or liability.

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

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

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

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

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

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

Assets at Fair Value as of December 31, 2018:				
	Level 1	Level 2	Level 3	Total
Investments				
Mutual funds	\$ 13,583,692	\$ -	\$ -	\$ 13,583,692
	<u>\$ 13,583,692</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,583,692</u>

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

	Assets at Fair Value as of December 31, 2017:			
	Level 1	Level 2	Level 3	Total
Investments				
Mutual funds	\$ 8,552,394	\$ -	\$ -	\$ 8,552,394
	<u>\$ 8,552,394</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,552,394</u>

6. Fully Benefit-Responsive Investment Contracts

During 2018, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Great-West totaling \$2,573,010 at December 31, 2018. Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

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

The crediting interest rate is based on a formula established by the issuer but may not be less than zero percent. The interest crediting rate is reset quarterly.

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

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) a spin-off, (2) sale, (3) merger, or (4) termination of the contract. Upon occurrence of such events a market value adjustment or other withdrawal restriction may apply.

Either Great-West or the Plan sponsor may terminate the contract for any reason subject to a notice period of 75 days. Upon termination of the contract a market value adjustment or other withdrawal restriction may apply. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The Plan had a traditional fully benefit-responsive guaranteed investment contract with Prudential Retirement totaling \$1,264,137 at December 31, 2017. Prudential Retirement maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan.

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

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

Generally, there were not any events that could limit the ability of the Plan to transact at contract value paid within 90 days of notice or contract value paid over time. There were not any events that allowed the issuer to terminate the contract and which required the Plan to settle at an amount different than contract value paid either within 90 days of notice or over time. The contract was terminated by the Plan and settled at contract value in 2018 with notification to Prudential within 90 days of termination.

7. Party In Interest Transactions

Certain Plan investments are managed by Great-West Trust and Great-West, trustee and custodian, respectively of the Plan. Therefore, these transactions qualify as party in interest.

Certain Plan investments were managed by Prudential and Prudential Retirement. Prudential and Prudential Retirement were the trustee and custodian, respectively, through January 31, 2018 and, therefore, these transactions qualify as party in interest.

Prudential provided certain administrative services to the Plan pursuant to a service agreement between the Company and Prudential. Prudential received revenue from mutual fund service providers for services Prudential provided to the funds. This revenue was used to offset certain amounts owed to Prudential for its administrative services to the Plan.

If the revenue received by Prudential from such mutual fund service providers exceeded the amount owed under the service agreement, Prudential remitted the excess to the Plan's trust on a quarterly basis. Such amounts were applied to pay Plan administrative expenses or allocated to the accounts of participants. During 2017, \$20,724 was deposited to the trust and used to pay administrative expenses.

8. Plan Termination

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

9. Tax Status

The Plan adopted a prototype non-standardized profit sharing plan with a cash or deferred arrangement sponsored by Great-West Trust. Great-West Trust has received an opinion letter

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

dated March 31, 2014 from the IRS stating that the prototype plan is acceptable under Section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Although the Plan has been amended since the date of the opinion letter, the Plan administrator believes that the Plan and related trust is designed and operating in accordance with applicable sections of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

10. Risks and Uncertainties

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

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the statement of changes in net assets available for benefits for the year ended December 31, 2017, to Form 5500:

	<u>2017</u>
Net increase per the financial statements	\$ 3,973,445
Current year contributions receivable	-
Prior year contributions receivable	1,144
Current year excess contributions payable	-
Prior year excess contributions payable	<u>(17,199)</u>
Net increase per Form 5500	<u>\$ 3,957,390</u>

12. Voluntary Correction Program

Due to a conversion to a new payroll system in 2017, certain computational and coding errors were identified relating to participant deferrals, Company contributions calculations, and the definition of compensation. Corrective contributions to participant accounts, including lost earnings, have been identified by the Company. The Company plans to make a Voluntary Correction Program (VCP) submission to the IRS under the Employee Plans Compliance Resolution System (EPCRS) in 2019 outlining the foregoing operational issues and proposed resolution and

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

Notes to Financial Statements

corrective action. The estimate for the corrective contributions was based upon the Plan provisions and was limited by various IRC regulations. An estimate of \$69,920 and \$77,042 is recorded as other employer contributions receivable as of December 31, 2018 and 2017, respectively, in the accompanying statements of net assets available for benefits. The estimate also includes lost earnings. These amounts will be remitted by the Company and credited to participants' accounts as soon as administratively possible, upon approval by the IRS. These amounts have been estimated based on the proposed corrective action in the EPCRS. Any differences in the estimated and final correction methods, as agreed upon with the IRS, will be reflected in future years. Although the VCP submission is pending with the IRS, all corrective action, as required by the IRS, will be taken by the Company. No provision for income taxes has been included in the Plan's financial statements related to the foregoing matters because the Company believes that the Plan continues to be qualified, and the tax status of the related trust continues to be tax exempt.

13. Delinquent Employee Deferral Transmittals

During 2017, the Company failed to remit certain participant contributions in a timely manner. The Company identified eight instances totaling \$52,012 in which participant contributions were remitted to the Plan in violation of DOL regulations. The Company is in the process of correcting the 2017 late contributions with a Voluntary Fiduciary Correction Program (VFCP) submission.

During 2016, the Company failed to remit certain participant contributions in a timely manner. The Company identified four instances totaling \$16,065 in which participant contributions were remitted to the Plan in violation of DOL regulations. The Company is in the process of correcting the 2016 late contributions with a Voluntary Fiduciary Correction Program (VFCP) submission.

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

For the Year Ended December 31, 2018

EIN: 94-2991858 Plan Number: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late participant loan repayments are included: ☐				
2016			\$ 16,065	
2017			52,012	
Total			\$ 68,077	

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan

December 31, 2018

EIN: 94-2991858 Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	AB High Income Z	Mutual Fund	**	\$ 331,973
	American Funds Fundamental Investors R6	Mutual Fund	**	1,235,217
	Carillon Eagle Mid Cap Growth R6	Mutual Fund	**	888,698
	Cohen & Steers Instl Realty Shares	Mutual Fund	**	135,964
	Delaware Emerging Markets R6	Mutual Fund	**	475,373
	Delaware Small Cap Value Instl	Mutual Fund	**	115,731
	Dodge & Cox Stock Fund	Mutual Fund	**	1,444,514
	Fidelity Small Cap Index	Mutual Fund	**	305,979
	Fidelity Total Market Index	Mutual Fund	**	744,192
	Goldman Sachs Growth & Inc Strat R6	Mutual Fund	**	1,013,312
	Hartford Schroders Intl Multi-CP Val SDR	Mutual Fund	**	1,205,754
	Janus Henderson Triton N	Mutual Fund	**	212,315
	Natixis U.S. Equity Opportunities Y	Mutual Fund	**	1,262,434
	Oppenheimer Global Opportunities I	Mutual Fund	**	562,651
	Pimco Income Instl	Mutual Fund	**	345,781
	Vanguard Developed Markets Index Admiral	Mutual Fund	**	676,278
	Vanguard Interm-Term Bond Index Admiral	Mutual Fund	**	381,659
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund	**	652,518
	Wells Fargo Spec Md CP Val R6	Mutual Fund	**	619,054
	Western Asset Core Plus Bond Fund I	Mutual Fund	**	974,295
*	Great-West Select Guaranteed Fund	Guaranteed Investment Contract	**	2,573,010
		Loans maturing through 2037 with interest rates ranging from 3.25% to 6.25%		
*	Participant Loans		-0-	634,712
				<u>\$ 16,791,414</u>

* Indicates party-in-interest to the Plan.

** Cost is not required to be disclosed for participant directed investments.

Name of Plan:

Employer Identification No.: ► 94-2991858

Plan year (beginning/ending):▶ 01/01/2018 - 12/31/2018 Plan number:▶ 001

[illegible]

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan
01-JAN-18 to 31-DEC-18

22-JAN-19 08:05:56

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1GOIUX			1,166,316.52	1,013,312.55
1DEMZX			529,227.78	475,372.83
1SIDRX			1,495,217.61	1,205,753.70
1OGIIX			803,148.79	562,651.11
1VTMGX			773,456.30	676,278.11
1CSRIX			145,597.82	135,964.12
1DEVIX			150,419.25	115,730.63
1FSSNX			360,953.11	305,979.51
1JGMNX			254,524.68	212,315.30
1HRAUX			1,055,822.11	888,698.10
1VIMAX			745,313.70	652,517.71
1WFPRX			741,722.90	619,053.67
1RFNGX			1,488,973.84	1,235,216.82
1DODGX			1,745,822.39	1,444,513.63
1FSKAX			820,035.07	744,192.00
1NESYX			1,535,758.77	1,262,433.98
1AGDZX			361,560.16	331,973.13
1PIMIX			353,727.80	345,780.96
1VBILX			378,767.11	381,659.25
1WACPX			1,003,066.38	974,295.10
1GWSGF		2.150	2,514,611.46	2,543,519.23
			18,424,043.55	16,127,211.44
PARTICIPANT LOANS	VARIOUS	3.250-6.250	635,024.86	634,711.76
FORFEITURES			29,161.02	29,490.45

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Visual Edge Technology, Inc. 401(k) Savings and Retirement Plan
01-JAN-18 to 31-DEC-18

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1GOIUX Goldman Sachs Growth & Inc Strat R6
 1SIDRX Hartford Schrodgers Intl Multi-Cp Val SDR
 1VTMGX Vanguard Developed Markets Index Admiral
 1DEVIX Delaware Small Cap Value Instl
 1JGMNX Janus Henderson Triton N
 1VIMAX Vanguard Mid Cap Index Fund - Admiral
 1RFNGX American Funds Fundamental Investors R6
 1FSKAX Fidelity Total Market Index
 1AGDZX AB High Income Z
 1VBILX Vanguard Interm-Term Bond Index Adm
 1GWSGF Great-West Select Guaranteed Fund

1DEMZX Delaware Emerging Markets R6
 1OGIIX Oppenheimer Global Opportunities I
 1CSRIX Cohen & Steers Instl Realty Shares
 1FSSNX Fidelity Small Cap Index
 1HRAUX Carillon Eagle Mid Cap Growth R6
 1WFPRX Wells Fargo Spec Md Cp Val R6
 1DODGX Dodge & Cox Stock
 1NESYX Natixis US Equity Opportunities Y
 1PIMIX PIMCO Income Instl
 1WACPX Western Asset Core Plus Bond Fund I

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year