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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
VISUAL GRAPHIC SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2018

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)
VISUAL GRAPHIC SYSTEMS, INC.

330 WASHINGTON AVENUE
CARLSTADT, NJ 07072

2b Employer Identification Number (EIN) 13-3079017

2c Plan Sponsor's telephone number 201-528-2700

2d Business code (see instructions) 541330

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.	10/15/2026	PAUL THEODORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	139
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	85
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	79
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	41
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	129
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	129
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	138
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	128
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	2
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 Characteristic Codes in the instructions:

2E 2J 2K 2I 2O 2T 2H 2Q 2F 3I 2G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VISUAL GRAPHIC SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VISUAL GRAPHIC SYSTEMS, INC.

D Employer Identification Number (EIN)
13-3079017

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BPA INTERNAL

6 RHOADS DRIVE, STE. 7
UTICA, NY 13502

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	25060	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BPAS FIDUCIARY SERVICES

6 RHOADS DRIVE, STE. 7
UTICA, NY 13502

16-1503696

(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?
14 57 17 19 64 15 37 38	TPA	8724	Yes [ ] No [X]	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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VISUAL GRAPHIC SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VISUAL GRAPHIC SYSTEMS, INC.

D Employer Identification Number (EIN)
13-3079017

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

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4166989-025	C	2442058

a Name of MTIA, CCT, PSA, or 103-12 IE: HB&T BLACKROCK LC EQ IND R

b Name of sponsor of entity listed in (a): HB&T BLACKROCK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1977743-202	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: HB&T BLACKROCK MSCI ACWI EXUS IND

b Name of sponsor of entity listed in (a): HB&T BLACKROCK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1977743-197	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: HB&T BLACKROCK SC EQ IND R

b Name of sponsor of entity listed in (a): HB&T BLACKROCK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1977743-201	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: HB&T BLACKROCK MC EQ IND R

b Name of sponsor of entity listed in (a): HB&T BLACKROCK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-1977743-198	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VISUAL GRAPHIC SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VISUAL GRAPHIC SYSTEMS, INC.

D Employer Identification Number (EIN)
13-3079017

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	203770	96000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	168106	132930
(9) Value of interest in common/collective trusts	1c(9)	3104016	3214552
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6578093	6946152
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	5360180	8020447
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	15414165	18410081
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i	31249	29253
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	31249	29253
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	15382916	18380828

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)	98946	
(B) Participants	2a(1)(B)	418456	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		517402
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	401312	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	11930	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		413242
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3419573	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3419573

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4350217
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1309708	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1309708
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		950
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41647	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		41647
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1352305
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2997912
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PKF OCONNOR DAVIES LLP **(2)** EIN: 27-1728945

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VISUAL GRAPHIC SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VISUAL GRAPHIC SYSTEMS, INC.

D Employer Identification Number (EIN)
13-3079017

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): 16-0516470

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

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

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

Financial Statements and Supplemental Schedule

Including Independent Auditors' Report

As of December 31, 2025 and 2024

and for the Year Ended December 31, 2025

Independent Auditors' Report

To the Plan Administrator of Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

Opinion

We have audited the financial statements of Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

PKF O'Connor Davies LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Responsibilities of Management for the Financial Statements (continued)

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

Woodcliff Lake, New Jersey
October 14, 2026

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

Statement of Net Assets Available for Benefits

As of December 31, 2025

	Allocated	Unallocated	Total
Assets			
Investments in Visual Graphic Systems, Inc			
Common stock at Fair Value	$ 6,817,391	$ 1,203,056	$ 8,020,447
Investments in mutual funds, at fair value	6,946,152	-	6,946,152
Investments in common/collective trusts, at fair value	3,214,552	-	3,214,552
Total Investments at Fair Value	16,978,095	1,203,056	18,181,151
Receivables			
Notes receivable from participants	132,930	-	132,930
Employer contribution receivable	96,000	-	96,000
Total Receivables	228,930	-	228,930
Total Assets	17,207,025	1,203,056	18,410,081
Liabilities			
Note payable	-	29,253	29,253
Total Liabilities	-	29,253	29,253
Net Assets Available for Benefits	$17,207,025	$ 1,173,803	$18,380,828

See accompanying notes to the financial statements.

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

Statement of Net Assets Available for Benefits

As of December 31, 2024

	Allocated	Unallocated	Total
Assets			
Investments in Visual Graphic Systems, Inc			
Common stock at Fair Value	$ 4,489,158	$ 871,022	$ 5,360,180
Investments in mutual funds, at fair value	6,578,093	-	6,578,093
Investments in common/collective trusts, at fair value	3,104,016	-	3,104,016
Interest bearing cash	-	-	-
Total Investments at Fair Value	14,171,267	871,022	15,042,289
Receivables			
Notes receivable from participants	168,106	-	168,106
Employer contribution receivable	203,770	-	203,770
Total Receivables	371,876	-	371,876
Total Assets	14,543,143	871,022	15,414,165
Liabilities			
Payables			
Note Payable	-	31,249	31,249
Total Liabilities	-	31,249	31,249
Net Assets Available for Benefits	$14,543,143	$ 839,773	$15,382,916

See accompanying notes to the financial statements.

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

	Allocated	Unallocated	Total
Additions			
Investment income			
Net appreciation in fair value of investments	$ 888,482	$ -	$ 888,482
Net appreciation of Visual Graphic Systems, Inc. common stock, at Fair Value	2,227,976	432,289	2,660,265
Interest and dividends income	272,138	-	272,138
Total Investment Income	3,388,596	432,289	3,820,885
Interest income on notes receivable from participants	11,930	-	11,930
Contributions			
Participants	418,456	-	418,456
Employer	96,000	2,946	98,946
Total Contributions	514,456	2,946	517,402
Allocation of Visual Graphic Systems, Inc. Common stock, at Fair Value	100,255	-	100,255
Total Additions	4,015,237	435,235	4,450,472
Deductions			
Allocation of Visual Graphic Systems, Inc. Common stock, at Fair Value	-	100,255	100,255
Distributions to participants	1,309,708	-	1,309,708
Administrative expenses	41,647	-	41,647
Interest expense	-	950	950
Total deductions	1,351,355	101,205	1,452,560
Net Increase	2,663,882	334,030	2,997,912
Net assets available for benefits			
Beginning of year	14,543,143	839,773	15,382,916
End of year	$17,207,025	$ 1,173,803	$18,380,828

See accompanying notes to the financial statements.

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

Notes to Financial Statements

December 31, 2025

1. Description of Plan

The following description of the Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan (the "Plan") is provided for general purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

Visual Graphic Systems, Inc. (the “Company”) formed the Plan effective January 1, 2018. The Plan operates as a leveraged Employee Stock Ownership Plan (“ESOP”), and is designed to comply with Section 4975(e)(7) and the regulations of the Internal Revenue Code (“IRC”) regulations and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

On March 26, 2018, the Visual Graphic Systems, Inc 401(k) Savings Plan (the “401(k) Plan”) was merged into the Plan (the “Merger”) whereby all of the 401(k) Plan’s net assets were transferred into the Plan. On April 4, 2018, the Plan purchased 396,463 shares of the Company’s common stock for $176,000 (the “Stock Purchase”), a portion of which was financed by a note payable from the Company to the Plan (see Note 7).

The Plan consists of the employer stock account (the “ESOP Account”) and the participant directed investment accounts (the “401(k) Accounts”).

Capital Trustees LLC (“Capital”) was the trustee of the ESOP Account until December 20, 2024. Effective, December 20, 2024, Argent Trust Company (“Argent”) is appointed as the new trustee. Blue Ridge ESOP Associates (“Blue Ridge”) is the record-keeper of the ESOP Account. Hand Benefits & Trust Company (“HB&T”) is the trustee of the 401(k) Accounts. Benefit Plan Administrative Services, Inc. (“BPAS”) is the record-keeper of the 401(k) Accounts.

The note payable is collateralized by the unallocated shares of common stock acquired by the Plan. The Company has no rights against the shares of common stock once they are allocated under the ESOP. Accordingly, the financial statements of the Plan as of December 31, 2025 and 2024 and for the year ended December 31, 2025, present separately the assets and liabilities and changes therein pertaining to the accounts of employees with vested rights in the allocated stock (allocated) and the common stock not yet allocated to employees (unallocated).

1. Description of Plan (Continued)

Eligibility

An employee of the Company becomes an eligible participant in the ESOP Account upon attainment of age 21 and completion of 1 year of service. Participants are automatically entered into the ESOP Account on January 1 or July 1 coinciding with or immediately following completion of the eligibility requirements. Participants are automatically entered into the 401(k) Account for elective deferrals on the first day of a calendar month coinciding with or immediately following completion of six months of eligibility service. Participants who do not have at least 1,000 hours of service during such Plan year or are not employed on the last day of a Plan year are generally not eligible for an allocation of Company nonelective contributions for such year.

Excluded employees include certain collectively bargained employees, leased employees, nonresident aliens without U.S.-source earned income, Puerto Rico residents, independent contractors, employees of nonparticipating related employers.

Contributions

Participants are automatically enrolled into the Plan at a contribution rate of 3% of their eligible compensation, which increases 1% annually on the first day of the Plan year until it reaches 10%, unless the participant elects otherwise. Each year participants may contribute 1% to 60% of their eligible compensation, as defined in the Plan agreement, on a pretax or Roth basis, subject to applicable IRC contribution limits. Upon proper notice and approval of the Plan Administrator, a participant may enter into a special salary reduction agreement permitting elective deferrals up to 100% of eligible compensation, subject to applicable contribution limits. The Company shall contribute to the Plan in cash sufficient to pay any currently maturing ESOP loan obligations. The Plan allows for discretionary matching contributions and discretionary nonelective contribution by the Company. For the year ended December 31, 2025, employer contributions totaled $98,946, consisting of a discretionary nonelective contribution of $96,000, paid in 2026, and $2,946 applied to ESOP loan principal and interest payments. No discretionary matching contributions were made to the Plan in 2025. Participants may also rollover amounts distributed from other qualified plans.

Participant accounts

Each participant's 401(k) account is credited with the participant’s contribution and allocations of (a) the Company’s matching and discretionary contribution, (b) Plan earnings and (c) charges to certain account maintenance and service fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account..

1. Description of Plan (Continued)

Each participant's ESOP Account is credited as of the last day of each Plan year with an allocation of shares of the Company's common stock released by the Trustee from the unallocated account and forfeitures of terminated participants' non-vested accounts. Participants generally must complete at least 1,000 Hours of Service during the Plan year and be employed on the last day of the Plan year to receive an allocation of Company nonelective contributions. These conditions are waived for participants whose employment terminates during the year due to Normal Retirement, Disability or death. Allocations are based on a participant's eligible compensation, related to total eligible compensation. Plan earnings are allocated to each participant's accounts based on the ratio of the participant's account balance.

Vesting

Participants are immediately and fully vested in their elective deferral account and qualified non-elective contribution account. Vesting of transferred 401(k) balances is governed by the applicable Merger provisions. A participant is also 100% vested in cash dividends that the participant elects to have reinvested in the Plan. For employer contributions made into the Plan, vesting in the Company's discretionary matching contributions and nonelective contributions is based on Years of Vesting Service, as defined in the Plan. A participant is generally 0% vested with fewer than three Years of Vesting Service and 100% vested with three or more years of vesting service.

Voting rights and Dividends

Argent shall vote all shares of Company common stock held by the Plan with respect to all corporate matters upon which Company shareholders are entitled or permitted to vote. Each participant in the Plan shall direct Argent as to voting of shares of the Company's common stock held in his or her account in the Plan. Dividends on the Company's common stock may be paid directly to participants at the discretion of the plan administrator. There were no dividends declared on the Company's common stock for the year ended 2025.

Investment Options

Upon enrollment in the Plan, participants may also direct their elective contributions and amounts in other accounts authorized by the Plan Administrator into the various investment options offered by the Plan. Participants may change their investment options at any time, subject to the Plan's diversification provisions for the Company Stock Fund.

1. Description of Plan (Continued)

Notes receivable from participants

Participants may not borrow from their ESOP Account, however, participants may borrow from their 401(k) Accounts a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. Loans must be repaid over a term not to exceed Five Years. The loans are secured by the balance in the participants 401(k) account and bear interest at prime rate plus 1%. Principal and interest are paid ratably through payroll deductions or, for applicable terminated participants, through direct repayments.

Payment of benefits

Distributions from the Company Stock Fund are made in cash. If no written ESOP distribution policy is in effect, distributions from a participant's ESOP Account will be made in annual installments over a period not to exceed five years. Special rules will apply for balances over $1,415,000, the limit for 2025.

Participants are eligible to receive benefits payments when they terminate service or reach age 59 ½. On termination of service, a participant may elect to receive a distribution in the amount equal to the participant's vested interest in their account. Benefit payments are also permitted for death, disability and hardship. Participants may receive a hardship distribution for an immediate and heavy financial need from the participant's elective deferral account, subject to a $500 minimum amount. Upon termination of employment, a participant's vested account balance of $1,000 or less is distributed in a lump sum by the end of the following Plan year. Vested balances greater than $1,000 but not exceeding $5,000 are automatically rolled over to an IRA selected by the Plan Administrator unless the participant elects a direct payment or rollover. These provisions apply to both the ESOP and 401(k) portions of the participant's account. Rollover contributions and related earnings are excluded when determining whether the force-out threshold is met.

Forfeitures

Forfeitures are available to reduce Company contributions' and/or administrative expenses incurred in the operations of the Plan. The balance in the forfeiture account at December 31, 2025 and 2024, was $0 for both the years. There were no forfeited non-vested accounts used to reduce administrative expenses during the year ended December 31, 2025.

1. Description of Plan (Continued)

Put option

The Company shall issue a put option to each participant who receives a distribution of Company common stock that is not readily tradable on an established market. The put option shall permit the participant to sell the Company common stock at fair value. For a total distribution, the Company may pay for the purchase in substantially equal installments, at least annually, over no more than five years, beginning within 30 days after exercise of the put option, with adequate security and reasonable interest. For an installment distribution, payment must be made within 30 days after exercise of the put option.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in the Company common stock into investments that are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a 6-year period. In each of the first 5 years, a participant may diversify up to 25% of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. The election to diversify must be made within 90 days after the end of each plan year during the diversification period, and the value of such common stock will be invested as directed by such participant within 180 days after the end of such plan year.

Repurchase of Shares

Under the provisions of the Plan, the Company is obligated to repurchase participant shares which have been distributed under the terms of the Plan as long as the shares are not publicly traded or if the shares are subject to trading limitations. The Company did not repurchase any shares from participants during the year ended December 31, 2025.

2. Summary of 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.

Estimates related to the valuation of Visual Graphic Systems, Inc. common stock are of particular significance. The Company believes the independent appraisal provides a reasonable estimate of the value of its common stock. Due to the significance of the assumptions required in the valuation, the actual value could materially differ had a ready market for the securities existed.

Fair Value Measurement, Investment Valuation and Income Recognition

The Plan follows U.S. GAAP guidance on Fair Value Measurements which defines fair value and establishes a fair value hierarchy organized into three levels based on the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

The Plan’s investment in common stock of the Company was valued using Level 3 inputs based on a valuation performed by an independent appraiser.

Mutual funds held by the Plan are valued at fair value based on the daily closing price as reported by the funds. All of the mutual funds are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

2. Summary of Accounting Policies (Continued)

The common/collective trusts are valued at net asset value (“NAV”) of units held by the Plan. The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

Concentration of Risk

The Company’s common stock is exposed to various risks, such as interest rate, credit and market risks, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with the investment in common stock and to uncertainties inherent in estimates and assumptions, it is reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect amounts reported in the statements of net assets available for benefits.

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. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded upon a distributable event.

Payment of Benefits

Benefits are recorded when paid.

2. Summary of Accounting Policies (Continued)

Administrative Expenses

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

Subsequent Events

Subsequent events were evaluated through October 14, 2026, the date the financial statements were available to be issued.

3. Investments

The Plan's investments in the Visual Graphic Systems, Inc. common stock at December 31, are presented in the following table:

	2025		2024	
	Allocated	**Unallocated**	**Allocated**	**Unallocated**
Visual Graphic Systems, Inc. Common stock:				
Number of shares	336,994	59,469	332,038	64,425
Cost	$ 149,600	$ 26,400	$ 147,400	$ 28,600
Estimated fair value	$ 6,817,391	$ 1,203,056	$ 4,489,158	$ 871,022

3. Investments (Continued)

The following are the major categories of investments measured at fair value on a recurring basis at December 31, 2025 and 2024 grouped by the fair value hierarchy:

	Level 1	Level 3	Other Investments Measured at NAV*	Total
December 31, 2025				
Mutual Funds	$ 6,946,152	$ -	$ -	$ 6,946,152
Visual Graphic Systems, Inc. common stock	-	8,020,447	-	8,020,447
Common/collective trusts	-	-	3,214,552	3,214,552
Total	$ 6,946,152	$ 8,020,447	$ 3,214,552	$18,181,151

	Level 1	Level 3	Other Investments Measured at NAV*	Total
December 31, 2024				
Mutual Funds	$ 6,578,093	$ -	$ -	$ 6,578,093
Visual Graphic Systems, Inc. common stock	-	5,360,180	-	5,360,180
Common/collective trusts	-	-	3,104,016	3,104,016
Total	$ 6,578,093	$ 5,360,180	$ 3,104,016	$15,042,289

(*) Pursuant to U.S. GAAP guidance, investments where fair value is measured using NAV per share as a practical expedient are not categorized within the fair value hierarchy.

3. Investments (Continued)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2025 and 2024:

Balance, January 1, 2024	$ 8,821,302
Net (depreciation) of Visual Graphic Systems, Inc. common stock	(3,461,122)
Balance, December 31, 2024	5,360,180
Net appreciation of Visual Graphic Systems, Inc.	2,660,265
Balance, December 31, 2025	$ 8,020,447

The following table provides quantitative information about Level 3 fair value measurements of the Plan's investment in the Company's common stock at December 31, 2025 and 2024. The table below is not intended to be all inclusive but provides the significant information on the Level 3 inputs.

December 31, 2025	**Fair Value**	**Primary Valuation Technique**	**Unobservable Inputs**
Visual Graphic Systems, Inc. Common stock	$ 8,020,447	Discounted Cash Flows	Discount Rate: 21.25%

December 31, 2024	**Fair Value**	**Primary Valuation Technique**	**Unobservable Inputs**
Visual Graphic Systems, Inc. Common stock	$ 5,360,180	Discounted Cash Flows	Discount Rate: 16.00%

For the foregoing valuation, the estimate of fair value is made at a point in time, based on relevant market data as well as the best information available about the investment. Fair value estimates for which no or limited observable market data is available are based on judgments regarding current economic conditions, liquidity discounts, credit and interest rate risks, loss experience and other factors. These estimates include significant uncertainty and judgments and cannot be determined with precision. As a result, such a calculation of fair value may not be realizable on a current sale or immediate settlement of the investment. In addition, changes in the underlying assumptions used in the fair value measurement techniques including discount rates, liquidity risks and estimates of future cash flows, could significantly affect these fair value estimates.

Because of the inherent uncertainty of valuation of Level 3 input risks, the estimated fair value may differ from the value that would have been used had a ready market for these investments existed, and the differences could be material.

4. Common/Collective Trusts

At December 31, 2025 and 2024, certain assets of the Plan were invested in Goldman Sachs Stable Value Collective Trust and AB U.S. Large Cap Growth Collective Investment Trust P2.

The Goldman Sachs Stable Value Collective Trust invests in fixed income instruments which underlie stable value contracts. The AB U.S. Large Cap Growth Collective Investment Trust seeks long-term capital growth through investments in large-cap growth equities.

The NAV per unit of each trust is determined each business day. Issuances and redemptions may be on such days, based upon the NAV per unit as of the valuation date last preceding the date on which such order to contribute or redeem assets is received. The trustee of each trust, in its sole discretion reserves the right to value any contribution or redemption as of the next succeeding valuation date or another date as the trustee deems appropriate. The investments valued at NAV have no unfunded commitments at December 31, 2025 and 2024.

5. 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 will become 100% vested in their accounts.

Upon termination, the Company directs the trustee to pay all liabilities and expenses of the ESOP and to sell shares of financed common stock held as a collateral to the extent it determines such sale is necessary in order to repay the loan. Subsequently, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan agreement and the IRC.

6. Tax Status

The Plan obtained a determination letter dated October 12, 2018, in which the IRS stated that the Plan, as designed, is in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the letter, however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine examination by taxing jurisdictions; however, there are currently no examination for any tax periods in progress.

7. Note Payable

The stock purchase was partially financed by a loan from the Company to the Plan in the amount of $44,000 (the “ESOP Loan”). The ESOP Loan accrues interest at the annual rate of 3.04% and requires annual principal and interest payments of $2,946 payable on December 31 of each year.

The unallocated shares are pledged as collateral for the Plan’s debt to the Company. As the debt is repaid, shares are released from collateral and allocated to eligible participants based on the proportion of debt service paid in the year. As a result of the December 31, 2025 ESOP Loan payments made, 4,956 shares were committed to be released for allocation (the “Released Shares”). The estimated fair value of the Released Shares at December 31, 2025 was $100,255 ($20.23 per share).

Future principal payments due on the ESOP Loan, through its maturity on December 31, 2037, are as follows

Year		
2026	$	2,057
2027		2,119
2028		2,184
2029		2,250
2030		2,318
Thereafter		18,325
Total	$	29,253

8. Related-Party and Party In Interest Transactions

The Plan invests in Company common stock and has indebtedness guaranteed by the Company. These are related party and party-in-interest transactions.

Fees incurred by the Plan for investment management services are reflected in investment returns. Under the BPAS fee arrangement, revenue sharing received by BPAS, and HB&T, an affiliate of BPAS, offsets BPAS’s annual platform fee. Any excess is retained by BPAS and its affiliates. The Plan or Plan Sponsor may pay administrative expenses not covered by revenue sharing.

Certain Plan investments are managed by HB&T, the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Certain employees, who may be participants in the Plan, perform administrative services for the Plan at no cost to the Plan.

8. Related-Party and Party In Interest Transactions (Continued)

Participants who are active employees of the Company may borrow from their accounts and such loans qualify as exempt party-in-interest transactions under ERISA. These loans are recorded as notes receivable from participants on the statements of net assets available for benefits.

9. Risks and Uncertainties

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

* * * * *

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

Supplemental Schedule

December 31, 2025

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

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

EIN: 13-3079017 Plan Number: 002

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
INVESTMENTS IN COMMON STOCK					
*	Visual Graphic Systems Inc. Stock	Common stock, 336,994 allocated shares		$149,600	$ 6,817,391
*	Visual Graphic Systems Inc. Stock	Common stock, 59,469 unallocated shares; collateral on ESOP loan to Visual Graphic Systems, Inc. - maturity 12/31/37, 3.04% interest		26,400	1,203,056
				176,000	8,020,447
MUTUAL FUNDS			**SHARES**		
	Ishares S&P 500 INDEX K		2,843	-	2,263,340
	Blackrock Lifepath Indx 2030 K		27,286	-	514,887
	Ishares MSCI TTL INTL INDEX K		38,785	-	504,592
	Blackrock Lifepath Index Ret K		32,613	-	485,929
	Blackrock Lifepath Indx 2050 K		16,262	-	443,800
	Principal Divers Int'l Inst'l		25,761	-	433,549
	Blackrock Lifepath Indx 2040 K		16,714	-	389,281
	Blackrock Lifepath Indx 2055 K		9,664	-	275,991
	T. Rowe Price DIV MID-CAP GRTH		5,531	-	260,383
	Blackrock Lifepath Indx 2035 K		10,829	-	230,552
	Ishares Russell MD-CAP INDEX K		12,847	-	199,002
	Blackrock Lifepath Indx 2045 K		7,309	-	188,070
	Ishares US AGGR BOND INDEX K		20,433	-	187,574
	Blackrock Lifepath Indx 2060 K		6,816	-	175,091
	Vanguard Equity Income Admiral		1,106	-	102,786
	NB Small Cap Growth TR Fndrs		7,552	-	82,867
	Victory Sycamore Est Val R6		1,694	-	76,314
	Columbia High Yield Bond Inst		3,625	-	40,601
	Ishares Russell 2000 SC IDX K		1,026	-	27,489
	DFA Real Securities I		620	-	24,597
	American Funds Europacific R6		298	-	18,062
	PIMCO Rae Fund'tl US Sm		1,177	-	13,685

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

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

EIN: 13-3079017 Plan Number: 002

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Blackrock Lifepath Index 2065 K	384	-	6,976
	Blackrock Lifepath Index 2070 K	62	-	734
	Total Mutual Funds		-	6,946,152
COMMON/COLLECTIVE TRUSTS				
	Goldman Sachs Stable Value CT	2,442,058	-	2,442,058
	AB US LG Cap Growth CIT P2	28,919	-	772,494
	Total Common/Collective Trusts		-	3,214,552
	Total Investments		-	18,181,151
*	**NOTES RECEIVABLE FROM PARTICIPANTS**	Interest rates between 4.25% and 9.5% with maturities through 2029	-	132,930
	Total Assets (Held at End of Year)		$ -	$18,314,081

*Indicates a party-in-interest as defined by ERISA

Visual Graphic Systems, Inc. Employee Stock Ownership 401(k) Plan

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

EIN: 13-3079017 Plan Number: 002

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Blackrock Lifepath Index 2065 K	384	-	6,976
	Blackrock Lifepath Index 2070 K	62	-	734
	Total Mutual Funds		-	6,946,152
COMMON/COLLECTIVE TRUSTS				
	Goldman Sachs Stable Value CT	2,442,058	-	2,442,058
	AB US LG Cap Growth CIT P2	28,919	-	772,494
	Total Common/Collective Trusts		-	3,214,552
	Total Investments		-	18,181,151
*	**NOTES RECEIVABLE FROM PARTICIPANTS**	Interest rates between 4.25% and 9.5% with maturities through 2029	-	132,930
	Total Assets (Held at End of Year)		$ -	$18,314,081

*Indicates a party-in-interest as defined by ERISA