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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

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

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
BLUEDGE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

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)
NATIONAL REPROGRAPHICS INC. DBA BLUEDGE

575 EIGHTH AVENUE
SUITE 801
NEW YORK, NY 10018

2b Employer Identification Number (EIN)
13-5582590

2c Plan Sponsor's telephone number
212-366-7005

2d Business code (see instructions)
323100

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.	10/09/2023	CARL TABOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	151
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)**	107
a(2) Total number of active participants at the end of the plan year	**6a(2)**	132
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	40
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	174
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	174
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	97
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2J 2T 3D 3H 2E

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
BLUEDGE 401(K) PLAN	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
NATIONAL REPROGRAPHICS INC. DBA BLUEDGE	13-5582590

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)

BUCHBINDER

13-1578842

(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?
10	ACCOUNTANT	15800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 52 59 60 62 63 71 72	RECORDKEEPER	636	Yes [X] No [ ]	Yes [X] No [ ]	0	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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BLUEDGE 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
NATIONAL REPROGRAPHICS INC. DBA BLUEDGE

D Employer Identification Number (EIN)
13-5582590

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: FEDERATED HERMES CAPITAL PRESERVATI

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

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)
22-2712853-001	C	1056831

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)

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BLUEDGE 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL REPROGRAPHICS INC. DBA BLUEDGE

D Employer Identification Number (EIN)
13-5582590

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1705	203
(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)	108555	117706
(9) Value of interest in common/collective trusts	1c(9)	1002292	1056831
(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)	8297547	6627294
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1295563	1260964

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10705662	9062998
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10705662	9062998

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)	0	
(B) Participants	2a(1)(B)	171048	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		171048
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7	
(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)		
(E) Participant loans	2b(1)(E)	6518	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6525
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	403862	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		403862
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14430
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-1848771
c Other income	2c		-110009
d Total income. Add all **income** amounts in column (b) and enter total	2d		-1362915
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	236033	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		236033
f Corrective distributions (see instructions)	2f		7441
g Certain deemed distributions of participant loans (see instructions)	2g		20000
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	16275	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16275
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		279749
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1642664
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: BUCHBINDER TUNICK & CO **(2)** EIN: 13-1578842

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

5c 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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BLUEDGE 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL REPROGRAPHICS INC. DBA BLUEDGE

D Employer Identification Number (EIN)
13-5582590

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): 94-1687665

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) through (c)

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE

Financial Statements
and
Supplemental Schedules

December 31, 2022

BUCHBINDER

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE
Financial Statements and Supplemental Schedules
December 31, 2022

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BUCHBINDER

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors and Stockholders of
National Reprographics, Inc. d/b/a BluEdge

We have reviewed the accompanying financial statements of National Reprographics Inc. d/b/a BluEdge (the "Company"), which comprise the balance sheet as of December 31, 2022, and the related statements of operations, changes in stockholders' equity and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

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.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

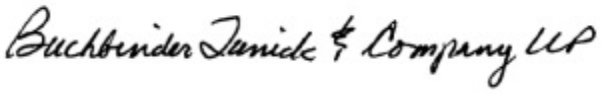
We are required to be independent of National Reprographics Inc. d/b/a BluEdge and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Supplementary Information

The accompanying supplementary information included in the schedules of cost of goods sold, delivery and selling expenses, and general and administrative expenses is presented for purposes of additional analysis and is not a required part of the basic financial statements. 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 supplementary information has been subjected to the review procedures applied in our review of the basic financial statements. We are not aware of any material modifications that should be made to the supplementary information. We have not audited the supplementary information and do not express an opinion on such information.



BUCHBINDER TUNICK & COMPANY LLP

New York, NY
August 22, 2023

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE
Balance Sheet
December 31, 2022
(UNAUDITED)

ASSETS

Current assets:	
Cash and cash equivalents	$ 2,236,322
Investments	8,799,165
Accounts receivable, net	4,900,538
Inventory	668,400
Prepaid expenses and other current assets	219,752
Prepaid taxes	5,021
Total current assets	16,829,198
Non-current assets:	
Property and equipment, net	4,227,507
Investment in LINK	1,924,088
Right-of-use asset - operating lease	2,648,469
Security deposits	108,327
Total non-current assets	8,908,391
Total assets	$ 25,737,589

LIABILITIES AND STOCKHOLDERS' EQUITY

Current liabilities:	
Accounts payable and accrued expenses	$ 456,055
Current portion of note payable	47,971
Income taxes payable	7,081
Payroll taxes payable	13,425
Current portion of lease liability - operating lease	846,608
Security deposits payable	1,500
Distributions payable	5
Total current liabilities	1,372,645
Non-current liabilities:	
Note payable, net of current portion	4,104
Lease liability - operating lease - less current portion	1,796,345
Total liabilities	3,173,094
Stockholders' equity:	
Common stock, $100 par value, 150 shares issued and outstanding	15,000
Retained earnings	22,549,495
Total stockholders' equity	22,564,495
Total liabilities and stockholders' equity	$ 25,737,589

See accompanying independent accountant's review report and notes to the financial statements.

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE
Statement of Operations
For the year ended December 31, 2022
(UNAUDITED)

Sales	$ 18,961,461
Cost of goods sold	13,812,309
Gross profit	5,149,152
Operating expenses:	
Delivery expenses	676,906
Selling expenses	2,655,164
General and administrative expenses	3,357,430
Total operating expenses	6,689,500
(Loss) from operations	(1,540,348)
Other income (loss):	
Interest income	13,720
Dividend income	310,015
Miscellaneous income	4,145
PPP loan forgiveness	2,000,000
Gain on investment in LINK	152,815
(Loss) on sale of investments	(89,904)
Unrealized (loss) on investments	(1,294,041)
Gain on disposition of equipment	76,444
Total other income	1,173,194
(Loss) before provision for income taxes	(367,154)
Provision for income taxes	14,164
Net (loss)	$ (381,318)

See accompanying independent accountant's review report and notes to the financial statements.

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE
Statement of Changes in Stockholders' Equity
For the year ended December 31, 2022
(UNAUDITED)

	Common Stock	Retained Earnings	Total
Balance, January 1, 2022	$ 15,000	$ 23,023,886	$ 23,038,886
Net (loss)	-	(381,318)	(381,318)
Distributions to stockholders	-	(93,073)	(93,073)
Balance, December 31, 2022	$ 15,000	$ 22,549,495	$ 22,564,495

See accompanying independent accountant's review report and notes to the financial statements.

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE
Statement of Cash Flows
For the year ended December 31, 2022
(UNAUDITED)

Cash flows from operating activities:	
Net (loss)	$ (381,318)
Adjustments to reconcile net (loss) to net cash provided by operating activities:	
Depreciation and amortization	1,404,415
(Gain) on investment in LINK	(152,815)
Loss on sale of investments	89,904
Unrealized loss on investments	1,294,041
Lease amortization	796,931
PPP loan forgiveness	(2,000,000)
(Gain) on disposition of equipment	(76,444)
(Increase) decrease in operating assets:	
Accounts receivable	192,918
Miscellaneous receivables	605,624
Inventory	(198,541)
Prepaid expenses and other current assets	(96,303)
Prepaid taxes	8,501
Increase (decrease) in operating liabilities:	
Accounts payable and accrued expenses	(147,259)
Lease liability - operating lease	(802,447)
Income taxes payable	(2,425)
Payroll taxes payable	(91,385)
Net cash provided by operating activities	443,397
Cash flows from investing activities:	
Purchase of marketable securities	(3,201,526)
Sale of marketable securities	3,335,516
Purchase of equipment	(2,219,281)
Proceeds from sale of equipment	76,444
Net cash (used in) investing activities	(2,008,847)
Cash flows from financing activities:	
Principal payments on note payable	(45,692)
Distributions to stockholders	(93,073)
Net cash (used in) financing activities	(138,765)
Net (decrease) in cash and cash equivalents	(1,704,215)
Cash and cash equivalents, beginning of year	3,940,537
Cash and cash equivalents, end of year	$ 2,236,322
Supplemental disclosures of cash flow information:	
Cash paid during the year for:	
Income taxes	$ 8,088
Interest	$ 5,447

See accompanying independent accountant's review report and notes to the financial statements.

Note 1 - Nature of Business

National Reprographics Inc. (the "Company"), incorporated in New York, operates as an information management and digital imaging service bureau. Effective November 1, 2016, the Company started doing business as BluEdge.

On December 31, 2020, the Company purchased certain assets and assumed certain liabilities of Vernon SAL, Inc. for $788,174.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Cash and Cash Equivalents

The Company considers all short-term debt securities purchased with a maturity of three months or less to be cash equivalents.

Investments

Investments are carried at fair value with unrealized gains and losses included in net income.

The Company's investments are exposed to various risks, such as interest rate, market, currency and credit risks. Due to the level of risk associated with the Company's investments, it is at least reasonably possible that changes in risks in the near term would materially affect the assets reported in the financial statements.

Inventory

Inventory is valued at the lower of cost or market, with cost determined using the first-in, first-out method.

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Accounts Receivable

Accounts receivable are recorded at the invoiced amount and do not bear interest. The allowance for doubtful accounts is the Company's best estimate of the amount of probable credit losses in the Company's existing accounts receivable; however, changes in circumstances relating to accounts receivable may result in a requirement for additional allowances in the future. The Company determines the allowance based on historical write-off experience, current market trends and, for larger accounts, the ability to pay outstanding balances. The Company continually reviews its allowance for doubtful accounts. Past due balances over 90 days and other higher risk amounts are reviewed individually for collectability. In addition, the Company maintains a general reserve for all invoices by applying a percentage based on the age category. Account balances are charged against the allowance after all collection efforts have been exhausted and the potential for recovery is considered remote.

The Company provided an allowance for possible uncollectible accounts and sales returns in the amount of $315,085 at December 31, 2022.

Advertising and Promotion

The Company expenses advertising costs as incurred and are reported in selling expenses. Advertising expense for the year ended December 31, 2022 amounted to $52,995.

Property and Equipment

Property and equipment are carried at cost. Repairs and maintenance and small equipment purchases are expensed as incurred. Depreciation and amortization charges are provided for using either accelerated or straight-line methods over the estimated useful lives of the property.

Note 2 - Summary of Significant Accounting Policies (Continued)

Impairment of Long-lived Assets

The Company periodically reviews its long-lived assets for impairment by comparing the carrying value of assets with their estimated future undiscounted cash flows. If it is determined that an impairment loss has occurred, the loss would be recognized during that period. The impairment loss is calculated as the difference between the carrying values of the asset and the present value of estimated net cash flows or comparable market values, giving consideration to recent operating performance and pricing trends. Management believes that there are no impairment losses related to long-lived assets as of December 31, 2022.

Revenue and Cost Recognition

Revenue is recognized in accordance with ASC Topic 606, the core principle of which is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled to receive in exchange for those goods or services. To achieve this core principle, five basic criteria must be met before revenue can be recognized: (1) identify the contract with a customer; (2) identify the performance obligations in the contract; (3) determine the transaction price; (4) allocate the transaction price to performance obligations in the contract; and (5) recognize revenue when or as the Company satisfies a performance obligation.

In the normal course of business, the Company generates revenue through the sale of finished products. The Company accounts for revenue when both parties to the contract have approved the contract, the rights and obligations of the parties are identified, payment terms are identified, and collectability of consideration is probable. Revenue and cost of sales are recognized when the respective products are shipped to customers. Additionally, the Company places employees and equipment in customer locations. Revenue related to those operations is recognized on a monthly basis based on customer contracts.

Concentration of Customer

The Company extends credit to its customers in the ordinary course of business and does not believe that it is exposed to any significant credit risk. At December 31, 2022, 19% of the accounts receivable balance was due from one customer.

Note 2 - Summary of Significant Accounting Policies (Continued)

Leases

The Company accounts for leases in accordance with FASB ASC 842. The Company is a lessee in a noncancellable operating lease for office space, vehicles, and equipment. Leases are evaluated using the criteria outlined in FASB ASC 842 to determine whether they will be classified as operating leases or finance leases. The Company determines if an arrangement is a lease, or contains a lease, at inception of a contract and when terms of an existing contract are changed. The Company determines if an arrangement conveys the right to use an identified asset and whether the Company obtains substantially all of the economic benefits from and has the ability to direct the use of the asset. The Company recognizes a lease liability and ROU asset at the commencement date of the lease. Beginning January 1, 2022, operating lease ROU assets and related lease liabilities have been presented in the balance sheet.

Lease liabilities. A lease liability is measured based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or rate and are measured using the index or rate at the commencement date. Lease payments, including variable payments made based on an index or rate, are remeasured when any of the following occur: (1) the lease is modified (and the modification is not accounted for as a separate contract), (2) certain contingencies related to variable lease payments are resolved, or (3) there is a reassessment of any of the following: the lease term, purchase options, or amounts that are probable of being owed under a residual value guarantee. The discount rate is the rate implicit in the lease if it is readily determinable; otherwise, the Company uses its incremental borrowing rate. The implicit rates of the Company's leases are not readily determinable; accordingly, the Company uses its incremental borrowing rate based on the information available at the commencement date for each lease. The Company's incremental borrowing rate for a lease is the rate of interest it would have to pay on a collateralized basis to borrow an amount equal to the lease payments under similar terms and in a similar economic environment and geographic location. The Company determines its incremental borrowing rates by starting with the interest rates on recent borrowings and other observable market rates and adjusting those rates to reflect differences in the amount of collateral and the payment terms of the leases.

Note 2 - Summary of Significant Accounting Policies (Continued)

Leases (Continued)

ROU assets. A ROU asset is measured at the commencement date at the amount of the initially measured liability plus any lease payments made to the lessor before or after commencement date, minus any lease incentives received, plus any initial direct costs. Unless impaired, the ROU asset is subsequently measured throughout the lease term at the amount of the lease liability (that is the present value of the remaining lease payments), plus unamortized initial direct costs, plus (minus) any prepaid/accrued lease payments, less the unamortized balance of lease incentives received. Lease cost for lease payments is recognized on a straight-line basis over the lease term. Finance lease ROU assets are amortized on a straight-line basis over the shorter of the lease term or the remaining useful life of the asset.

Income Taxes

The Company, with the consent of its stockholders, has elected to be taxed as an S corporation under subchapter S of the Internal Revenue Code. The Company's results of operations are included pro rata in the individual federal and state income tax returns of its stockholders. Accordingly, no provision for federal income taxes has been made in the accompanying financial statements. The Company is subject to state franchise taxes in some of the states in which it conducts business. New York City and Philadelphia do not recognize S corporations, and, therefore, the Company is subject to New York City and Philadelphia income taxes.

Management has determined that the Company does not have any uncertain tax positions and associated unrecognized benefits that materially impact the financial statements or related disclosures. Since tax matters are subject to some degree of uncertainty, there can be no assurance that the Company or its stockholders or members will not be subject to additional tax, penalties, and interest as a result of such challenge. Generally, the Company's tax returns remain open for audit for three years for income tax examination.

Note 2 - Summary of Significant Accounting Policies (Continued)

Concentration of Credit Risk

The Company maintains its bank accounts in various financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to a maximum of $250,000. At times, the aggregate balances may exceed this limit. The Company believes that there is no significant risk with respect to these deposits.

The Company also invests in funds that are considered cash equivalents that are not FDIC insured. The Company believes that there is no significant risk with respect to these deposits.

Adoption of Accounting Standard

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. Under FASB ASC 842, leases are required to recognize assets and liabilities on the balance sheet for certain leases and provide enhanced disclosures. The Company adopted FASB ASC 842 as of January 1, 2022, which resulted in the recognition of operating right-of-use assets of $3,445,400, as well as operating lease liabilities totaling $3,445,400. No cumulative effect adjustment to retained earnings as of January 1, 2022, was necessary. FASB ASC 842 did not have a significant effect on the results of operations or cash flows for the year ended December 31, 2022.

The Company elected the available practical expedients to account for its existing operating leases as operating leases, under the new guidance, without reassessing (a) whether the contracts contain leases under the new standard, (b) whether classification of capital leases or operating leases would be different in accordance with the new guidance, or (c) whether the unamortized initial direct costs before transition adjustments would have met the definition of initial direct costs in the new guidance at lease commencement.

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Company has evaluated subsequent events and transactions through August 22, 2023, the date that the financial statements were available to be issued.

Note 3 - Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820-10*, Fair Value Measurements and Disclosures,* defines fair value, establishes a framework for measuring fair value, establishes a three-level valuation hierarchy for disclosure of fair value measurements and enhances disclosure requirements for fair value measurements. The valuation hierarchy is based on the transparency of inputs to the valuation of the fair value of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1 - Represented by quoted prices that are available in an active market for identical assets or liabilities.

Level 2 - Represented by generally indirect information such as quoted prices for similar assets or liabilities in active markets, or quoted prices for identical or similar assets or liabilities in markets that are not active.

Level 3 - Represented by inputs that are unobservable and include the reporting entity's own assumptions about pricing.

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

Note 3 - Fair Value Measurements (Continued)

The 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, 2022.

Equity investments:

Equity investments consist of common stock and daily traded mutual funds. Securities held in common stock and daily traded mutual funds are generally valued based on quoted market prices in active markets obtained from exchange or dealer markets for identical assets, and are accordingly categorized as Level 1, with no valuation adjustments applied.

Private investment companies:

The value of private investment companies is valued using the net asset values provided by the underlying private investment companies as a practical expedient. The Company applies the practical expedient to private investment companies on an investment-by-investment basis, and consistently with the Company's entire position in a particular investment, unless it is probable that the fund will sell a portion of an investment at an amount different from the net asset value of the investment.

State of Israel bonds:

The fair value of sovereign government bonds is generally based on quoted prices in active markets. When quoted prices are not available, fair value is determined based on a valuation model that uses inputs that include interest rate yield curves, cross-currency basis index spreads, and sovereign credit spreads similar to the bond in terms of issuer, maturity and seniority.

The preceding valuation methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Company 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.

Note 3 - Fair Value Measurements (Continued)

The following table sets forth, by level, the Company's assets that were accounted for at fair value on a recurring basis as of December 31, 2022:

	(Level 1)	(Level 2)	Total
Investments in:			
Equity investments:			
Mutual funds	$ 285,299	$ -	$ 285,299
Common stocks	7,599,186	-	7,599,186
	7,884,485	-	7,884,485
Private investment companies*	-	-	752,760
State of Israel bonds	-	161,920	161,920
Total investments	$ 7,884,485	$ 161,920	$ 8,799,165

* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the balance sheet.

Note 3 - Fair Value Measurements (Continued)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2022:

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Private Investment Companies:				
Owl Rock Capital Corporation	$ 752,760	$ -	See (a)	See (a)

(a) Owl Rock Capital Corporation (ORCC) is a business development company formed primarily to originate and make loans to, and make debt and equity investments in, U.S. middle market companies. ORCC invests in senior secured or unsecured loans, subordinated loans or mezzanine loans and, to a lesser extent, equity-related securities, including warrants, preferred stock and similar forms of senior equity, which may or may not be convertible into a portfolio company's common equity. There are no unfunded commitments.

Note 4 - Investments

Investments at December 31, 2022 consisted of equities and bonds. Investments in marketable securities are presented at fair value, with realized and unrealized gains and losses included in the statement of operations.

Investments in securities are summarized as follows at December 31, 2022:

	Cost	Gross Unrealized Gain	Gross Unrealized (Loss)	Fair Value
Available-for-sale securities:				
Common stock	$ 5,541,774	$ 3,106,862	$ (296,690)	$ 8,351,946
Bonds	161,920	-	-	161,920
Mutual funds	196,499	88,800	-	285,299
Total investments	$ 5,900,193	$ 3,195,662	$ (296,690)	$ 8,799,165

During 2022, the Company sold securities for total proceeds of $3,335,516, resulting in realized losses of $89,904. For purposes of determining realized gains and losses, the cost of securities sold is based on specific identification.

Note 5 - Investment in LINK

At December 31, 2022, the investment in LINK amounted to $1,924,088. The investment is accounted for under the equity method of accounting.

Note 6 - Franchise Fees

The Company receives a flat monthly fee from a franchise. At December 31, 2022, accounts receivable were $14,374, representing uncollected franchise income due from the franchisee.

Note 7 - Property and Equipment, Net

Property and equipment, net consist of the following at December 31, 2022:

Machinery and equipment	$ 18,115,635
Leasehold improvements	973,921
Furniture and fixtures	349,488
Computer software	1,156,975
Vehicles	211,396
Total	20,807,415
Less: accumulated depreciation and amortization	(16,579,908)
Property and equipment, net	$ 4,227,507

Depreciation and amortization expense for the year ended December 31, 2022, amounted to $1,404,415.

Note 8 - Note Payable

The Company executed a promissory note with a bank in the amount $219,000. Under the terms of the promissory note, the Company is required to make monthly payments in the amount of $4,121, including interest at 4.88% per annum. The promissory note is collateralized by certain equipment purchased with the principal proceeds. The balance due at December 31, 2022 was $52,075. During 2022, interest on the loan amounted to $3,758.

At December 31, 2022, maturities of the note payable are as follows:

Years Ending December 31,	Amount
2023	$ 47,971
2024	4,104
Total	$ 52,075

Note 9 - Paycheck Protection Program Loan

On February 5, 2021, the Company received loan proceeds in the amount of $2,000,000 under the Paycheck Protection Program ("PPP"). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly qualifying payroll expenses of the business. The loans and accrued interest are forgivable after twenty-four weeks as long as the borrower uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains 60% of its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the twenty-four-week period. The unforgiven portion of the PPP loan is payable over two years at an interest rate of 1%, with a deferral of payments for the first six months. On December 19, 2022, the forgiveness of the $2,000,000 loan under the Paycheck Protection Program was approved.

Note 10 - Lease Commitments

The Company has obligations as a lessee for office space, vehicles, and equipment with noncancelable terms in excess of one year. The Company has classified these leases as operating leases.

The balance sheet information related to the operating lease is as follows as of December 31, 2022:

Right-of-use asset - operating lease	$2,648,469
Current portion of lease liability - operating lease	$846,608
Lease liability - operating lease - less current portion	$1,796,345

The components of lease cost were as follows for the year ended December 31, 2022:

Lease expense:	
Operating lease cost	$975,683

Information associated with the measurement of the Company's operating lease obligation as of December 31, 2022, is as follows:

Weighted-average remaining lease term in years	2.6 years
Weighted-average discount rate	6.0%

Note 10 - Lease Commitments (Continued)

Maturities of lease liabilities under noncancellable operating leases as of December 31, 2022, are as follows:

Year	Amount
2023	$ 982,257
2024	996,471
2025	587,759
2026	176,168
2027	162,993
2028	13,610
Total undiscounted lease payments	2,919,258
Less imputed interest	(276,305)
Total lease liabilities	$ 2,642,953

Supplemental cash flow information related to the operating lease was as follows for the year ended December 31, 2022:

Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows - operating leases	$981,199
Right-of-use asset obtained in exchange for lease liabilities:	
Operating lease	$3,445,400
Reductions to right-of-use asset resulting from reduction to lease liabilities:	
Operating lease	$796,931

Lease expense relating to the above referenced operating leases for the year ended December 31, 2022 amounted to $975,683.

Note 11 - Retirement Plans

Union Local 966 Pension Fund

The Company participates in a multiemployer pension plan which covers certain employees. The risks of participating in multiemployer plans are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

- If the Company chooses to stop participating in the multiemployer plan, the Company may be required to pay the multiemployer plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Company's participation in the multiemployer plan for the year ended December 31, 2022 is outlined in the following table. The "EIN/Pension Plan Number" row provides the multiemployer plan's Employee Identification Number ("EIN") and the three-digit plan number. The most recent Pension Protection Act ("PPA") zone status available in 2022 is based on information that the Company received from the multiemployer plan and is certified by the multiemployer plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" row indicates whether a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. The "Surcharge imposed" row indicates whether a surcharge was imposed by the multiemployer plan. The last row lists the expiration date of the collective-bargaining agreement to which the Company is subject.

Note 11 - Retirement Plans (Continued)

Union Local 966 Pension Fund (Continued)

The Pension Protection Act zone status and the expiration date of the collective bargaining agreement for each pension fund reflected below is based on the most recent information available.

Pension Fund	Union Local 966 Pension Fund
EIN/Pension plan number	13-2640882/001
Pension Protection Act zone status	Critical and declining as of December 31, 2022
FIP/RP Status Pending/Implemented	RP Implemented
Total Company contributions	$2,798
Company contributions are more than 5% of total plan contributions	No
Surcharge imposed	Yes
Expiration date of collective bargaining agreement	June 30, 2025

The Company also participates in a union health and welfare plan for the benefit of its employees. The contributions to the plan for the year ended December 31, 2022 were $10,680.

Defined Contribution Plan

The Company maintains a plan pursuant to Section 401(k) of the Internal Revenue Code that includes a safe harbor provision. Subject to the terms and conditions of the plan, each participating employee may contribute up to the federally designated limits. The Company may contribute 3% of eligible compensation as defined. Contributions are fully vested when made. The Company made no contributions for the year ended December 31, 2022.

SUPPLEMENTARY INFORMATION

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE
(Supplemental Schedules)
Schedule of Cost of Goods Sold
December 31, 2022
(UNAUDITED)

Inventory, beginning of year	$ 469,859
Purchases	4,136,176
Direct labor	3,749,757
Factory overhead:	
Salaries	730,423
Equipment maintenance	846,867
Depreciation	1,167,295
Leases	1,791,512
Liability insurance	247,915
Factory expenses	179,558
Payroll taxes	325,455
Health and disability insurance	594,492
Utilities	227,924
Union health and welfare	13,476
Total factory overhead	6,124,917
Inventory, end of year	(668,400)
Cost of goods sold	$ 13,812,309

See independent accountant's review report.

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE
(Supplemental Schedules)
Schedule of Delivery and Selling Expenses
December 31, 2022
(UNAUDITED)

Delivery expenses:		
Shipping	$	397,264
Truck expenses		151,029
Outside messenger service		38,746
Dispatchers		89,867
Total delivery expenses	$	676,906
Selling expenses:		
Sales, salaries and commissions	$	1,738,007
Advertising		52,995
Health, life and disability insurance		495,409
Payroll taxes		119,141
Conventions, travel and entertainment		148,325
Auto expense		101,287
Total selling expenses	$	2,655,164

See independent accountant's review report.

NATIONAL REPROGRAPHICS INC.
D/B/A BLUEDGE
(Supplemental Schedules)
Schedule of General and Administrative Expenses
December 31, 2022
(UNAUDITED)

General and administrative expenses:	
Officers' salaries	$ 1,054,552
Office salaries	749,776
Payroll taxes	129,535
Depreciation and amortization	231,084
Telecommunications	122,785
Payroll and miscellaneous taxes	14,918
Health, life and disability insurance	291,414
Office expenses	222,569
Collection expense	26,691
Professional and consulting fees	260,692
Computer expense	101,907
Interest expense	5,447
Recruitment expense	8,728
Holiday expense	14,540
Dues and subscriptions	38,842
Charitable contributions	12,018
Director's and financial advisory fees	61,596
Bad debt expense	10,336
Total general and administrative expenses	$ 3,357,430

See independent accountant's review report.

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: BluEdge 401(k) Plan **EIN:13-5582590**
Plan Sponsor's Name: National Reprographics Inc.dba BluEdge **PN:002**

(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
	ACCRUED INCOME	ACCRUED INCOME	203	203
	FEDERATED HERMES CPTL PRSV GM	COMMON / COLLECTIVE TRUSTS	264,082	264,083
	FEDERATED HERMES CPTL PRSV ISP	COMMON / COLLECTIVE TRUSTS	792,748	792,748
	LOAN FUND	LOANS	117,706	117,706
	AMERICAN CAP WORLD GR & INC R4	MUTUAL FUNDS	5,005	5,166
	AMERICAN FUNDS GLOBAL CL R4	MUTUAL FUNDS	23,905	24,683
	DWS ENHANCED COMMODITY STRTG A	MUTUAL FUNDS	7,534	5,240
	FEDERATED HERMES MD SM CP A GM	MUTUAL FUNDS	121,546	105,306
	FEDERATED HERMES MDT SMLL CP A	MUTUAL FUNDS	35,013	32,006
	ISHARES RUSSELL MID-CAP IDX K	MUTUAL FUNDS	1,488	1,419
	ISHARES S&P 500 INDEX FD INSTL	MUTUAL FUNDS	98,809	119,998
	JP MORGAN GOVERNMENT BD R3	MUTUAL FUNDS	4,167	3,788
	JP MORGAN GOVERNMENT R3 GM	MUTUAL FUNDS	784,859	693,308
	JP MORGAN U.S. EQUITY CL R3	MUTUAL FUNDS	689,583	788,600
	JP MORGAN U.S. EQUITY CL R3 GM	MUTUAL FUNDS	363,990	392,897
	JP MORGAN U.S. SMALL COMP R3	MUTUAL FUNDS	44,399	41,810
	JP MORGAN U.S. SML COMP R3 GM	MUTUAL FUNDS	111,311	101,448
	JPMORGAN SMID CAP EQUITY FD R4	MUTUAL FUNDS	42,207	35,135
	JPMORGAN SMID CP EQTY FD R4 GM	MUTUAL FUNDS	188,988	162,280

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: BluEdge 401(k) Plan **EIN:13-5582590**
Plan Sponsor's Name: National Reprographics Inc.dba BluEdge **PN:002**

(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
	LORD ABBETT HIGH YIELD FD R4	MUTUAL FUNDS	66,104	58,357
	MAINSTAY WINSLOW LRCP GR R2 GM	MUTUAL FUNDS	1,246,840	970,761
	MAINSTAY WINSLOW LRG CP GRT R2	MUTUAL FUNDS	229,166	177,052
	MFS INTERNAT DIVERSIFCTIN A GM	MUTUAL FUNDS	473,024	495,530
	MFS INTERNAT DIVERSIFICATION A	MUTUAL FUNDS	198,725	219,045
	MFS VAL FD CL A GM	MUTUAL FUNDS	951,969	965,386
	MFS VALUE FUND CL A	MUTUAL FUNDS	243,434	246,981
	PGIM TOTAL RETURN BD FD CL R4	MUTUAL FUNDS	32,934	27,742
	PGIM TOTAL RTRN BD FD CL R4 GM	MUTUAL FUNDS	802,212	670,194
	PIMCO GLB BOND OPPS USD GM	MUTUAL FUNDS	141,280	125,049
	PIMCO GLB BOND OPPS USD HDGD A	MUTUAL FUNDS	5,605	4,964
	PRINCIPAL INVESTORS GLB SEC A	MUTUAL FUNDS	2,260	1,691
	TRANSAMERICA SHORT TERM CL A	MUTUAL FUNDS	233	228
	VIRTUS VONTOBEL EMRG MRKTS A	MUTUAL FUNDS	24,821	19,098
	VIRTUS VONTOBEL EMRG MRKTS GM	MUTUAL FUNDS	180,592	132,132
	SELF-DIRECT ACCT	OTHER ASSETS	1,260,964	1,260,964
	UNINVESTED CASH	UNINVESTED CASH	0	0

Attachment to «planYr» Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: «PlanName» **EIN:«EIN»**
Plan Sponsor's Name: «SponsorName» **PN:«PN3»**