

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 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 <u>VAN NESS FELDMAN EMPLOYEES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1979</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1979</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1979</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VAN NESS FELDMAN, LLP</u> <u>1050 THOMAS JEFFERSON STREET, NW</u> <u>WASHINGTON, DC 20007</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-1154904</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>202-298-1944</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1154904</u>	2c Plan Sponsor's telephone number <u>202-298-1944</u>	2d Business code (see instructions) <u>541110</u>	
2b Employer Identification Number (EIN) <u>52-1154904</u>					
2c Plan Sponsor's telephone number <u>202-298-1944</u>					
2d Business code (see instructions) <u>541110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	BRIAN ZAGON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	248
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)	143
a(2) Total number of active participants at the end of the plan year		6a(2)	138
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	102
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	245
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	245
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	245
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan VAN NESS FELDMAN EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VAN NESS FELDMAN, LLP	D Employer Identification Number (EIN) 52-1154904	

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
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO INC
94-1737782

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

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	71659	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ADEPTUS PARTNERS LLC

20-1835208

(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 50	AUDITOR	15750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 71	SECURITIES BROKER	12	Yes ☒ No ☐	Yes ☒ 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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES ONE FINANCIAL CENTER BOSTON, MA 02111	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS 111 HUNTINGTON AVE BOSTON, MA 02199	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEUBERGER BERMAN 605 THIRD AVENUE 36TH FLOOR NEW YORK, NY 10158	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>VAN NESS FELDMAN EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VAN NESS FELDMAN, LLP</u>	D Employer Identification Number (EIN) <u>52-1154904</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	53442	73931
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	785910	787759
(2) Participant contributions.....	1b(2)	23551	65839
(3) Other	1b(3)	3534	373
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14090	12241
(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)	382298	331560
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	76625734	86554814
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3372608	3652345

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	81261167	91478862

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	81261167	91478862
---	-----------	----------	----------

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)	729272	
(B) Participants	2a(1)(B)	2078230	
(C) Others (including rollovers).....	2a(1)(C)	141534	
(2) Noncash contributions.....	2a(2)		2949036
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17880	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17880
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		1837389
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1837389	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1837389
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		9692332
c Other income.....	2c		341761
d Total income. Add all income amounts in column (b) and enter total.....	2d		14838398
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4526304	
(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)		4526304
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	22728	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	12	
(4) Other.....	2i(4)	71659	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		94399
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4620703
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		10217695
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ADEPTUS PARTNERS, LLC

(2) EIN: 20-1835208

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c 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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan VAN NESS FELDMAN EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 VAN NESS FELDMAN, LLP	D Employer Identification Number (EIN) 52-1154904

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): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

VAN NESS FELDMAN
Employees' Retirement Plan

Financial Statements
with
Independent Auditor's Report

for the years ended December 31, 2021 and 2020

VAN NESS FELDMAN
Employees' Retirement Plan

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT.....	1-5
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits.....	6
Statements of Changes in Net Assets Available for Benefits.....	7
Notes to Financial Statements.....	8-18
SUPPLEMENTARY SCHEDULE:	
Schedule of Assets (Held at End of Year) – Schedule H, Line 4i.....	19-21

VAN NESS FELDMAN

Employees' Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS:		
Investments, at fair value ⁽¹⁾ (See Note 9)	\$ 90,207,159	\$ 79,998,342
Cash ⁽¹⁾	86,172	67,532
Receivables		
Employer contribution	787,759	785,910
Participant contributions	65,838	23,551
Notes receivable from participants	<u>331,934</u>	<u>385,832</u>
Total receivables	<u>1,185,531</u>	<u>1,195,293</u>
Total assets	<u>91,478,862</u>	<u>81,261,167</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 91,478,862</u></u>	<u><u>\$ 81,261,167</u></u>

⁽¹⁾ Participant directed

See accompanying notes and auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS (DEDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividends	\$ 1,837,389	\$ 1,225,638
Capital gains	5,057,254	2,637,647
Net appreciation in fair value of investments	<u>4,976,839</u>	<u>7,361,746</u>
Total investment income	11,871,482	11,225,031
Interest income on notes receivable from participants	17,880	22,041
Contributions:		
Employer (See Note 1)	729,272	776,368
Participants	2,078,230	2,116,644
Rollovers (See Note 1)	<u>141,534</u>	<u>75,000</u>
Total contributions	2,949,036	2,968,012
Benefits paid to participants	(4,526,303)	(3,898,164)
Investment fees	(3,421)	(3,418)
Administrative expenses	(68,251)	(64,606)
Professional fees	<u>(22,728)</u>	<u>(19,675)</u>
NET INCREASE	10,217,695	10,229,221
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>81,261,167</u>	<u>71,031,946</u>
End of year	<u><u>\$ 91,478,862</u></u>	<u><u>\$ 81,261,167</u></u>

See accompanying notes and auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS

1. Description of plan

Van Ness Feldman (Plan Sponsor) Employees' Retirement Plan (VNF ERP or Plan) is maintained to provide benefits to participants and beneficiaries upon their retirement, disability, death or other termination of employment.

The following description of the VNF ERP provides only general information. Participants should refer to the summary plan description and the plan document, including amendments, for more complete information on the Plan's provisions.

General

The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code of 1986, as amended. The Plan covers all full-time employees of the firm who have completed one year of service (worked at least 1,000 hours for the firm) and attained age twenty-one (21). The entry dates of the Plan are January 1 and July 1 of each year. The Retirement Committee is responsible for oversight of the Plan. The Retirement Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may elect to contribute a percentage of annual compensation to the 401(k) Plan, up to the maximum statutory contribution limit. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. For the years ended December 31, 2021 and 2020, employee elective contributions were \$2,078,230 and \$2,116,644, respectively. Roth 401(k) contributions represented \$205,524 and \$203,559 of the total employee elective contributions for the years ended December 31, 2021 and 2020, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). For the years ended December 31, 2021 and 2020, employee rollover contributions were \$141,534 and \$75,000, respectively.

Effective January 1, 2020, the Plan includes an auto-enrollment provision whereby all newly eligible employees hired on or after the effective date and all employees who have not met the Plan's eligibility requirements as of the date immediately preceding the effective date are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions invested in a designated guaranteed investment account until changed by the participant.

Additional profit sharing amounts may be contributed at the option of the Plan Sponsor's board of directors and are invested in a portfolio of investments as directed by the Plan Sponsor. For the years ended December 31, 2021 and 2020, company contributions were authorized in the amounts of \$800,000 each year (\$787,759 and \$785,910, respectively, after the allocation of participant forfeitures). Contributions are subject to certain IRS limitations.

See accompanying auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS (continued)

1. Description of plan (continued)

Participant accounts

Each eligible participant's account is credited with an allocation of the company's contribution and Plan earnings. All allocations are based on a participant's compensation or account balances, as defined in the Plan. However, federal Social Security benefits have been taken into account in allocating company contributions. Each participant has a separate account for employee elective contributions to which actual earnings are added. The amount of benefits to which a participant is entitled is equal to the total of the participant's combined vested account balances.

Vesting

If a participant retires, dies, or becomes disabled, the participant immediately becomes fully vested in his or her company contribution account. However, benefits upon termination of employment for other reasons are based on the number of years of service completed by each participant. Both the pre-break and post-break service of a participant who has a break in service will count towards their years of service. A participant is one hundred percent (100%) vested in his or her company contribution account after six (6) years of service. The non-vested amount remaining in the company contribution account of a participant whose employment has terminated is allocated among the other qualifying participants. A participant is always one hundred percent (100%) vested in the employee elective contributions, plus actual earnings.

Forfeited accounts

Participants who terminate employment before they are fully vested forfeit their non-vested balances. Forfeited balances of terminated participants who elect to allow their account balances to stay in the Plan remain unallocated for up to five years, as defined by the Plan, at which time they are used to reduce Plan Sponsor contributions.

Forfeitures for the years ended December 31, 2021 and 2020 were \$100,039 and \$18,573, respectively. Forfeitures of \$72,577 and \$10,619 were used to offset the employer contributions for the years ended December 31, 2021 and 2020, respectively. The \$12,241 of remaining forfeitures as of December 31, 2021, will be used to offset the 2021 employer contribution, which will be funded during 2022.

Payment of benefits

Upon termination of service due to death, disability, retirement, or other termination of employment, a participant may elect to receive an amount equal to the value of the participant's vested interest in either a lump-sum distribution or installment payments. Installment payments shall be made from the trust at least annually and not over a period exceeding the joint life expectancy of the participant and the participant's beneficiary. Benefits are only taxable to a participant in the year they are paid. Benefits paid to terminated participants or their designated beneficiary and in-service distributions for the years ended December 31, 2021 and 2020 were \$4,526,303 and \$3,898,164, respectively.

See accompanying auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS (continued)

1. Description of plan (continued)

Rights under ERISA

Participants under the Plan are entitled to certain rights and protections under ERISA. Generally, participants are entitled to examine, obtain or receive information regarding the Plan, including Plan documents, financial information and the status of their benefits. ERISA also imposes obligations upon the people who are responsible for the operation of the Plan.

Investment options

Each participant who performs an hour of service and is paid compensation during the Plan year may direct the funds in his or her employee contribution account and company contribution account in any of the following investment options:

Neuberger Berman Genesis Trust
American Funds EuroPacific Gr R6
MFS Value Fund R4
Loomis Sayles Bond Instl
Vanguard Inflation Protected Sec Inv
Vanguard Institutional Index
Vanguard Federal Money Market Inv
T. Rowe Price Mid-Cap Growth Fund
T. Rowe Price Growth Stock Fund
T. Rowe Price Retirement 2010, 2015, 2020, 2025, 2030, 2035, 2040, 2045,
2050, 2055 and 2060 Life Cycle Funds
Personal Self-Directed Brokerage Account.

Participants may change their investment options at any time. All investments in the employee elective deferral and company contribution Plan accounts are participant directed.

See accompanying auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS (continued)

1. Description of plan (continued)

Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 and are limited to no more than 3 outstanding loans at a time. The amount of the loans plus accrued interest shall not exceed fifty percent (50%) of the aggregate value of the participant's employee elective contribution account and the participant's vested interest in his or her company contribution account.

Under regulations provided by the Department of Labor and provisions of the Internal Revenue Code, loans to Plan participants have been restricted. Generally, loans will be limited to the lesser of fifty thousand dollars (\$50,000) or one-half of the employee's vested interest and must be repaid within five (5) years, unless the loan is used to purchase the participant's principal residence or if the participant is on authorized military leave extending beyond the 5 year maturity date. A loan that exceeds the limits will be treated as a taxable distribution to the extent of the excess.

Interest shall be charged at the prevailing rate and secured by the participant's entire account balance. The discretion of the trustees in making such loans shall not discriminate in favor of certain highly paid officers or stockholders of the sponsoring employer. Principal and interest are paid ratably through payroll deductions. The interest rate at December 31, 2021 ranged from 4.25% to 6.5%.

SECURE and CARES Acts

In 2020, certain provisions under the SECURE and CARES Acts relating to participant distributions were enacted. The SECURE and CARES Acts allow for utilization of these provisions immediately but require formal adoption of the amendments no later than the last day of the plan year beginning on or after January 1, 2022. The Plan has adopted these provisions.

2. Summary of accounting policies

This summary of significant accounting policies of VNF ERP is presented to assist in understanding the retirement Plan's financial statements. The financial statements and notes are representations of the trust's management who is responsible for their integrity and objectivity. These accounting principles have been consistently applied in the preparation of the financial statements.

Basis of accounting

The Plan follows the accrual basis of accounting for financial reporting purposes. The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America and have been consistently applied.

See accompanying auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS (continued)

2. Summary of accounting policies (continued)

Use of estimates

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

Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 9 for discussion of fair value measurements.

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

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. 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. Deemed loan defaults for the years ended December 31, 2021 and 2020 were \$0 and \$18,256, respectively.

Administrative and investment expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements. Certain investment fees incurred in connection with transactions made by participants of the Plan are paid through the participant's accounts and are included in net appreciation of fair value of investments. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. For the years ended December 31, 2021 and 2020, these fees were \$3,421 and \$3,418, respectively. Various service functions performed by Transamerica (see Note 3), at the discretion of the Plan's Sponsor, may incur one-time service fees payable quarterly. For the year ended December 31, 2021 and 2020, investment advisory and management fees were \$68,251 and \$64,606, respectively.

See accompanying auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS (continued)

2. Summary of accounting policies (continued)

Concentration of credit risk

Financial instruments which potentially subject the Plan to off-balance-sheet and concentration of credit risk consist of obligations to repurchase securities sold, outstanding commitments to purchase or sell instruments at predetermined prices, futures contracts, and interest rate and foreign currency swaps. Certain Plan investment managers have invested in these instruments. Credit risk represents potential loss on these investments. Exposure to loss will increase or decrease as investments are purchased and sold.

Payment of benefits

Benefits are recorded when paid.

Subsequent event evaluation

The Plan has evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued.

3. Investment advisor and custodians

The Plan Administrator engaged New England Pension Consultants (NEPC) to act as investment advisor for the trust's assets. While NEPC is the investment advisor of the account, the policy and ultimate investment decisions are those of the trustees. In 2017, the Retirement Committee eliminated the Van Ness Custom Option fund that was previously managed by NEPC. Any assets held in the fund were transferred to the respective participant's self-directed investment accounts. As of December 31, 2021 and 2020, there were no assets under NEPC management.

As of January 1, 2015, the custodian of both the employee elective deferral contribution accounts and the profit sharing funds is Transamerica Retirement Solutions Corporation. Each participant self-directs his or her account balance in the eligible investment options offered by the Plan. As of December 31, 2021 and 2020, the fair value of assets in custody was \$90,207,159 and \$79,998,342 respectively.

See accompanying auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS (continued)

4. Cumulative net assets available for benefits

Net assets available for benefits consist of the following:

	<u>2021</u>	<u>2020</u>
Company contributions	\$ 38,793,766	\$ 34,544,417
Elective contributions	<u>52,685,096</u>	<u>46,716,750</u>
Total	<u>\$ 91,478,862</u>	<u>\$ 81,261,167</u>

5. Plan termination

Although the sponsor has not expressed any intent to do so, Van Ness Feldman, LLP 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 one hundred percent (100%) vested in their accounts.

6. Tax status

On March 31, 2014, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the Plan Administrator believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Related party transactions and party-in-interest transactions

Certain Plan investments are managed by Transamerica, the custodian for the Plan, and State Street Bank and Trust, the trustee for the Plan, and therefore, these transactions qualify as party in interest transactions.

Effective January 1, 2014, Transamerica provides certain administrative services to the Plan pursuant to the adoption of the Plan's administrative service agreement between the Plan Sponsor and Transamerica. Under this agreement, the Plan incurs annual service charges of \$265 per participant account which is accrued monthly. These fees may be paid, in whole or in part, from revenue that Transamerica receives based upon the Plan's investment options.

See accompanying auditor's report.

VAN NESS FELDMAN
Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS
(continued)

7. Related party transactions and party-in-interest transactions (continued)

If revenue received by Transamerica from such mutual fund service providers exceeds the amount owed under the administrative service agreement, Transamerica remits the excess to the Plan's expense budget cash account on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. The excess amount as of December 31, 2021 totaled \$73,931. The Plan or Plan Sponsor may make a payment to Transamerica for administrative expenses not covered by revenue sharing.

Other reasonable expenses incurred in the administration of the Plan may be paid by the Plan. For the year ended December 31, 2021, the Plan paid \$22,728 for professional services.

8. Certified investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street Bank and Trust Company (the trustee of the Plan).

See accompanying auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS (continued)

9. Fair value measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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

See accompanying auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS (continued)

9. Fair value measurements (continued)

U.S. government securities: Valued using the pricing models maximizing the use of observable inputs for similar securities

Self-directed brokerage accounts: Accounts primarily consist of U.S. government securities, mutual funds and common stocks valued based on the methods described above.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021, and 2020:

Fair Value Measurements at December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 86,554,813	\$ -	\$ -	\$ 86,554,813
Self-directed brokerage accounts	3,552,348	99,998	-	3,652,346
Investments at fair value	<u>\$ 90,107,161</u>	<u>\$ 99,998</u>	<u>\$ -</u>	<u>\$ 90,207,159</u>

Fair Value Measurements at December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 76,625,734	\$ -	\$ -	\$ 76,625,734
Self-directed brokerage accounts	2,242,712	1,129,896	-	3,372,608
Investments at fair value	<u>\$ 78,868,446</u>	<u>\$ 1,129,896</u>	<u>\$ -</u>	<u>\$ 79,998,342</u>

See accompanying auditor's report.

VAN NESS FELDMAN
Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS
(continued)

10. Risk 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 investments securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The COVID-19 pandemic has developed rapidly during 2020, 2021 and 2022, with a significant number of cases. Measures taken by various governments to contain the virus have affected economic activity. These measures are designed to protect the overall public health, however, are expected to have material adverse impacts on domestic and foreign economies.

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

11. Subsequent events

Subsequent to December 31, 2021, the stock market experienced a significant decline in value. The plan administrator will continue to monitor the Plan's investment as it has successfully done in the past, but has no immediate plans to change its investment portfolio

VAN NESS FELDMAN
Employees' Retirement Plan

SUPPLEMENTARY SCHEDULE

VAN NESS FELDMAN

Employees' Retirement Plan

Van Ness Feldman Employees' Retirement Plan
 EIN: 52-1154904, Plan Number: 001
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including, maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	State Street Bank & Trust Co.	Cash Reserve Account	N/A	\$ 86,172
	Vanguard	Vanguard Institutional Fund	N/A	13,643,373
	T. Rowe Price	T. Rowe Price Retirement 2020	N/A	11,073,140
	T. Rowe Price	T. Rowe Price Retirement 2035	N/A	6,165,637
	T. Rowe Price	T. Rowe Price Retirement 2025	N/A	6,151,848
	T. Rowe Price	T. Rowe Price Mid Cap Growth	N/A	5,858,320
	T. Rowe Price	T. Rowe Price Retirement 2015	N/A	5,795,379
	T. Rowe Price	T. Rowe Price Retirement 2030	N/A	5,530,632
	T. Rowe Price	T. Rowe Price Growth Stock	N/A	5,420,467
	T. Rowe Price	T. Rowe Price Retirement 2010	N/A	4,263,085
	T. Rowe Price	T. Rowe Price Retirement 2040	N/A	4,171,721
	Neuberger Berman	Neuberger Berman Genesis	N/A	3,829,244
	T. Rowe Price	T. Rowe Price Retirement 2045	N/A	3,439,315
	Loomis Sayles	Loomis Sayles Bond Funds	N/A	3,214,153
	MFS	MFS Value R4	N/A	2,151,951
	Vanguard	Vanguard Federal MoneyMarket Fund	N/A	1,503,535
	Vanguard	Vanguard Inflation Protected	N/A	1,346,080
	American Funds	American Funds EuroPacific	N/A	1,179,726
	T. Rowe Price	T. Rowe Price Retirement 2050	N/A	1,103,307
	Schwab Money Market	734,882 shares - Money Market	N/A	734,882
	T. Rowe Price	T. Rowe Price Retirement 2055	N/A	679,730
	Schwab	Schwab S&P 500 Index Fund	N/A	489,656
	Schwab	Schwab US Aggregate Bond Index Fund	N/A	372,351
	Vanguard	Vanguard Total Stock Market Index Fund	N/A	171,387
	Schwab	2116.746 shares - Schwab US Div Equity ETF	N/A	171,098
	Tesla	158 shares - Common Stock	N/A	166,972
	Schwab	Schwab Intl Index Fund	N/A	158,326
	Microsoft	455.101 shares - Common Stock	N/A	153,061
	Schwab	963.807 shares - Schwab US Lcap ETF	N/A	109,701
	Schwab	1664.086 - Schwab US Tips ETF	N/A	104,655
	Facebook	311 shares - Common Stock	N/A	104,606
	US Government	Treasury Bonds	N/A	99,998
	First Trust	2445.303 shares - Morningstar Div ETF	N/A	86,955
	Powershares	2432.174 shares - BAB ETF	N/A	80,164
	Skyworks	400 shares - Common Stock	N/A	62,056
	Lam Research	80 shares - Common Stock	N/A	57,532
	Schwab	Schwab Small Cap Index Fund	N/A	53,916
	Bristol-Myers Squibb	745 shares - Common Stock	N/A	46,451
	Amazon	12 shares - Common Stock	N/A	40,012
	Nvidia	120.037 shares - Common Stock	N/A	35,304
	Phillip Morris	367.022 shares - Common Stock	N/A	34,867
	T. Rowe Price	T. Rowe Price Retirement 2060	N/A	34,170
	Imperial Brands	1450 shares - Common Stock	N/A	31,906
	Vanguard	405.433 shares - Vanguard Muni Bond ETF	N/A	22,262
	Motley Fool	601 shares - Small Cap ETF	N/A	22,051
	Avago Technologies	30 shares - Common Stock	N/A	19,962
	Schwab	305.473 shares - Schwab 5-10 Year Corp ETF	N/A	15,781
	Merck & Co	200 shares - Common Stock	N/A	15,328
	Invesco	326.303 shares - S&P 500 Enhanced	N/A	14,496

See accompanying notes and auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

Van Ness Feldman Employees' Retirement Plan
 EIN: 52-1154904, Plan Number: 001
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2021

(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
	IntegraMed America	156 shares - Common Stock	N/A	11,010
	Mastercard	30 shares - Common Stock	N/A	10,780
	Disney	58 shares - Common Stock	N/A	8,984
	Enphase Energy	47 shares - Common Stock	N/A	8,598
	Affirm	84 shares - Common Stock	N/A	8,447
	Apple	44 shares - Common Stock	N/A	7,813
	Schwab	64.848 shares - Schwab US Brd Mkt ETF	N/A	7,328
	Palantir	400 shares - Common Stock	N/A	7,284
	Starbucks	50.418 shares - Common Stock	N/A	5,897
	Altria	117.923 shares - Common Stock	N/A	5,588
	Costco	9 shares - Common Stock	N/A	5,109
	Schwab	Schwab Value Advantage	N/A	5,035
	JP Morgan	31.367 shares - Common Stock	N/A	4,967
	Fiverr International	41 shares - Common Stock	N/A	4,662
	Schwab	26.116 shares - Schwab US Lcap Gro ETF	N/A	4,276
	Cisco Systems	66.89 shares - Common Stock	N/A	4,239
	Schwab	40.938 shares - Schwab US Scap ETF	N/A	4,192
	Berkshire Hathaway	13 shares - Common Stock	N/A	3,887
	Sector Spdr Engy Select	58.609 shares - Index Fund	N/A	3,253
	Ford Motors	150.757 shares - Common Stock	N/A	3,131
	Bank of America	70 shares - Common Stock	N/A	3,114
	Converted Organics	12 shares - Common Stock	N/A	3,028
	Alphabet Inc. Class C	1 share - Common Stock	N/A	2,894
	AT&T	113.034 shares - Common Stock	N/A	2,781
	Schwab	Schwab Global Real Market Index Fund	N/A	2,656
	Powershares	34.281 shares - PBW ETF	N/A	2,448
	Chevron	20.506 shares - Common Stock	N/A	2,406
	Morgan Stanley	23.534 shares - Common Stock	N/A	2,310
	Rivian Automotive	22 shares - Common Stock	N/A	2,281
	Brit Amer Tobacco	56.846 shares - Common Stock	N/A	2,127
	Clover Health	500 shares - Common Stock	N/A	1,860
	Zoom	10 shares - Common Stock	N/A	1,839
	CVS	17.519 shares - Common Stock	N/A	1,807
	Redfin	45 shares - Common Stock	N/A	1,728
	Intel	33.461 shares - Common Stock	N/A	1,723
	Exxon Mobil	25 shares - Common Stock	N/A	1,530
	Tweeter Home Entertainment Group	35 shares - Common Stock	N/A	1,513
	Autotate	30 shares - Common Stock	N/A	1,484
	Royal Dutch Shell	26.782 shares - Common Stock	N/A	1,161
	Visa	5 shares - Common Stock	N/A	1,084
	SPDR Nuveen	20.192 shares - Spdr Nuveen Blmbrg ETF	N/A	1,045
	Zillow	15 shares - Common Stock	N/A	958
	Anheuser Busch	15 shares - Common Stock	N/A	908
	Streettracks Index	21.2 shares - Index Fund	N/A	903
	Conoco Philips	11.8 shares - Common Stock	N/A	852
	Schwab	28.504 shares - Schw Emg Mkt Eq ETF	N/A	844
	Schwab	21.55 shares - Schw Intl Eq ETF	N/A	838
	Advanced Micro Devices	5 shares - Common Stock	N/A	720
	General Electric	6.004 shares - Common Stock	N/A	567
	Horizons	25.252 shares - Nasdaq ETF	N/A	560

See accompanying notes and auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

Van Ness Feldman Employees' Retirement Plan
 EIN: 52-1154904, Plan Number: 001
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2021

(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
	Roche	10 shares - Common Stock	N/A	517
	Wells Fargo	10 shares - Common Stock	N/A	480
	Lucid Group	10 shares - Common Stock	N/A	381
	Schwab	6.13 shares - Sch US Agg Bnd ETF	N/A	330
	Wynn Resorts	2 shares - Common Stock	N/A	170
	Tpco Holdings	105 shares - Common Stock	N/A	146
	Nokia	22 shares - Common Stock	N/A	137
*	Participant Loans	Notes Receivable with interest rates of 4.25% - 6.5%	-	\$ 331,934
				\$ 90,625,265

Column (a) * denotes a party-in-interest to the plan.

Column (d) is blank as all investments are participant directed.

See accompanying notes and auditor's report.

Schedule C, Line 2(h) Formula Descriptions

Van Ness Feldman Employees Retirement Plan

EIN No.: 52-1154904, Plan No. 001

Plan Year Ending: 12/31/2021

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES

04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
LOOMIS SAYLES	LOOMIS SAYLES BOND	1/1/2021	12/31/2021	0.600
MFS	MFS VALUE FUND CLASS R4	1/1/2021	12/31/2021	0.450
NEUBERGER BERMAN	NEUBERGER BERMAN GENESIS TRUST	1/1/2021	12/31/2021	1.200
T ROWE PRICE	T. ROWE PRICE MID-CAP GROWTH	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2010	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2020	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2030	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2040	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2015	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2025	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2035	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2045	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2050	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T ROWE PRICE RETIREMENT 2055	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T. ROWE PRICE GROWTH STOCK	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T. ROWE PRICE RETIREMENT 2060	1/1/2021	12/31/2021	0.450
T ROWE PRICE	T. ROWE PRICE RETIREMENT 2065	1/12/2021	12/31/2021	0.450

VAN NESS FELDMAN

Employees' Retirement Plan

Van Ness Feldman Employees' Retirement Plan
 EIN: 52-1154904, Plan Number: 001
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including, maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	State Street Bank & Trust Co.	Cash Reserve Account	N/A	\$ 86,172
	Vanguard	Vanguard Institutional Fund	N/A	13,643,373
	T. Rowe Price	T. Rowe Price Retirement 2020	N/A	11,073,140
	T. Rowe Price	T. Rowe Price Retirement 2035	N/A	6,165,637
	T. Rowe Price	T. Rowe Price Retirement 2025	N/A	6,151,848
	T. Rowe Price	T. Rowe Price Mid Cap Growth	N/A	5,858,320
	T. Rowe Price	T. Rowe Price Retirement 2015	N/A	5,795,379
	T. Rowe Price	T. Rowe Price Retirement 2030	N/A	5,530,632
	T. Rowe Price	T. Rowe Price Growth Stock	N/A	5,420,467
	T. Rowe Price	T. Rowe Price Retirement 2010	N/A	4,263,085
	T. Rowe Price	T. Rowe Price Retirement 2040	N/A	4,171,721
	Neuberger Berman	Neuberger Berman Genesis	N/A	3,829,244
	T. Rowe Price	T. Rowe Price Retirement 2045	N/A	3,439,315
	Loomis Sayles	Loomis Sayles Bond Funds	N/A	3,214,153
	MFS	MFS Value R4	N/A	2,151,951
	Vanguard	Vanguard Federal MoneyMarket Fund	N/A	1,503,535
	Vanguard	Vanguard Inflation Protected	N/A	1,346,080
	American Funds	American Funds EuroPacific	N/A	1,179,726
	T. Rowe Price	T. Rowe Price Retirement 2050	N/A	1,103,307
	Schwab Money Market	734,882 shares - Money Market	N/A	734,882
	T. Rowe Price	T. Rowe Price Retirement 2055	N/A	679,730
	Schwab	Schwab S&P 500 Index Fund	N/A	489,656
	Schwab	Schwab US Aggregate Bond Index Fund	N/A	372,351
	Vanguard	Vanguard Total Stock Market Index Fund	N/A	171,387
	Schwab	2116.746 shares - Schwab US Div Equity ETF	N/A	171,098
	Tesla	158 shares - Common Stock	N/A	166,972
	Schwab	Schwab Intl Index Fund	N/A	158,326
	Microsoft	455.101 shares - Common Stock	N/A	153,061
	Schwab	963.807 shares - Schwab US Lcap ETF	N/A	109,701
	Schwab	1664.086 - Schwab US Tips ETF	N/A	104,655
	Facebook	311 shares - Common Stock	N/A	104,606
	US Government	Treasury Bonds	N/A	99,998
	First Trust	2445.303 shares - Morningstar Div ETF	N/A	86,955
	Powershares	2432.174 shares - BAB ETF	N/A	80,164
	Skyworks	400 shares - Common Stock	N/A	62,056
	Lam Research	80 shares - Common Stock	N/A	57,532
	Schwab	Schwab Small Cap Index Fund	N/A	53,916
	Bristol-Myers Squibb	745 shares - Common Stock	N/A	46,451
	Amazon	12 shares - Common Stock	N/A	40,012
	Nvidia	120.037 shares - Common Stock	N/A	35,304
	Phillip Morris	367.022 shares - Common Stock	N/A	34,867
	T. Rowe Price	T. Rowe Price Retirement 2060	N/A	34,170
	Imperial Brands	1450 shares - Common Stock	N/A	31,906
	Vanguard	405.433 shares - Vanguard Muni Bond ETF	N/A	22,262
	Motley Fool	601 shares - Small Cap ETF	N/A	22,051
	Avago Technologies	30 shares - Common Stock	N/A	19,962
	Schwab	305.473 shares - Schwab 5-10 Year Corp ETF	N/A	15,781
	Merck & Co	200 shares - Common Stock	N/A	15,328
	Invesco	326.303 shares - S&P 500 Enhanced	N/A	14,496

See accompanying notes and auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

Van Ness Feldman Employees' Retirement Plan
EIN: 52-1154904, Plan Number: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2021

(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
	IntegraMed America	156 shares - Common Stock	N/A	11,010
	Mastercard	30 shares - Common Stock	N/A	10,780
	Disney	58 shares - Common Stock	N/A	8,984
	Enphase Energy	47 shares - Common Stock	N/A	8,598
	Affirm	84 shares - Common Stock	N/A	8,447
	Apple	44 shares - Common Stock	N/A	7,813
	Schwab	64.848 shares - Schwab US Brd Mkt ETF	N/A	7,328
	Palantir	400 shares - Common Stock	N/A	7,284
	Starbucks	50.418 shares - Common Stock	N/A	5,897
	Altria	117.923 shares - Common Stock	N/A	5,588
	Costco	9 shares - Common Stock	N/A	5,109
	Schwab	Schwab Value Advantage	N/A	5,035
	JP Morgan	31.367 shares - Common Stock	N/A	4,967
	Fiverr International	41 shares - Common Stock	N/A	4,662
	Schwab	26.116 shares - Schwab US Lcap Gro ETF	N/A	4,276
	Cisco Systems	66.89 shares - Common Stock	N/A	4,239
	Schwab	40.938 shares - Schwab US Scap ETF	N/A	4,192
	Berkshire Hathaway	13 shares - Common Stock	N/A	3,887
	Sector Spdr Engy Select	58.609 shares - Index Fund	N/A	3,253
	Ford Motors	150.757 shares - Common Stock	N/A	3,131
	Bank of America	70 shares - Common Stock	N/A	3,114
	Converted Organics	12 shares - Common Stock	N/A	3,028
	Alphabet Inc. Class C	1 share - Common Stock	N/A	2,894
	AT&T	113.034 shares - Common Stock	N/A	2,781
	Schwab	Schwab Global Real Market Index Fund	N/A	2,656
	Powershares	34.281 shares - PBW ETF	N/A	2,448
	Chevron	20.506 shares - Common Stock	N/A	2,406
	Morgan Stanley	23.534 shares - Common Stock	N/A	2,310
	Rivian Automotive	22 shares - Common Stock	N/A	2,281
	Brit Amer Tobacco	56.846 shares - Common Stock	N/A	2,127
	Clover Health	500 shares - Common Stock	N/A	1,860
	Zoom	10 shares - Common Stock	N/A	1,839
	CVS	17.519 shares - Common Stock	N/A	1,807
	Redfin	45 shares - Common Stock	N/A	1,728
	Intel	33.461 shares - Common Stock	N/A	1,723
	Exxon Mobil	25 shares - Common Stock	N/A	1,530
	Tweeter Home Entertainment Group	35 shares - Common Stock	N/A	1,513
	Autotate	30 shares - Common Stock	N/A	1,484
	Royal Dutch Shell	26.782 shares - Common Stock	N/A	1,161
	Visa	5 shares - Common Stock	N/A	1,084
	SPDR Nuveen	20.192 shares - Spdr Nuveen Blmbrg ETF	N/A	1,045
	Zillow	15 shares - Common Stock	N/A	958
	Anheuser Busch	15 shares - Common Stock	N/A	908
	Streettracks Index	21.2 shares - Index Fund	N/A	903
	Conoco Philips	11.8 shares - Common Stock	N/A	852
	Schwab	28.504 shares - Schw Emg Mkt Eq ETF	N/A	844
	Schwab	21.55 shares - Schw Intl Eq ETF	N/A	838
	Advanced Micro Devices	5 shares - Common Stock	N/A	720
	General Electric	6.004 shares - Common Stock	N/A	567
	Horizons	25.252 shares - Nasdaq ETF	N/A	560

See accompanying notes and auditor's report.

VAN NESS FELDMAN

Employees' Retirement Plan

Van Ness Feldman Employees' Retirement Plan
 EIN: 52-1154904, Plan Number: 001
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2021

(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
	Roche	10 shares - Common Stock	N/A	517
	Wells Fargo	10 shares - Common Stock	N/A	480
	Lucid Group	10 shares - Common Stock	N/A	381
	Schwab	6.13 shares - Sch US Agg Bnd ETF	N/A	330
	Wynn Resorts	2 shares - Common Stock	N/A	170
	Tpco Holdings	105 shares - Common Stock	N/A	146
	Nokia	22 shares - Common Stock	N/A	137
*	Participant Loans	Notes Receivable with interest rates of 4.25% - 6.5%	-	\$ 331,934
				\$ 90,625,265

Column (a) * denotes a party-in-interest to the plan.

Column (d) is blank as all investments are participant directed.

See accompanying notes and auditor's report.