

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
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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>VENTURE FORTHE, INC. 401(K) 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>01/01/2000</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>16-1538504</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>716-285-8070</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>561490</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2000</u>		2b Employer Identification Number (EIN) <u>16-1538504</u>		2c Plan Sponsor's telephone number <u>716-285-8070</u>		2d Business code (see instructions) <u>561490</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2000</u>											
2b Employer Identification Number (EIN) <u>16-1538504</u>											
2c Plan Sponsor's telephone number <u>716-285-8070</u>											
2d Business code (see instructions) <u>561490</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>VENTURE FORTHE, INC.</u> <u>3900 PACKARD ROAD</u> <u>NIAGARA FALLS, NY 14303</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.	10/19/2022	JOHN DZIEWIT
	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	707
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)	682
a(2) Total number of active participants at the end of the plan year		6a(2)	526
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	50
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	576
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	576
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	144
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 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) ☐ <u>0</u> 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 VENTURE FORTHE, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VENTURE FORTHE, INC.	D Employer Identification Number (EIN) 16-1538504	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

LANDMARK WEALTH MANAGEMENT

2410 N FOREST ROAD
SUITE 101
GETZVILLE, NY 14068

(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?
26 27 50	FINANCIAL ADVISOR	20924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P&A RETIREMENT PLAN SERVICES INC

17 COURT STREET
BUFFALO, NY 14202

16-1533601

(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?
13 15 37 50 60 63 64	TPA RECORDKEEPING	18961	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 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 VENTURE FORTHE, INC. 401(K) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VENTURE FORTHE, INC.				D Employer Identification Number (EIN) 16-1538504	
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: DFE					
b Name of sponsor of entity listed in (a): BROADRIDGE MATRIX					
c EIN-PN 75-3182674-001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 393452		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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
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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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan VENTURE FORTHE, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 VENTURE FORTHE, INC.	D Employer Identification Number (EIN) 16-1538504	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	198154	208958
(2) Participant contributions.....	1b(2)	4423	504
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	37393	89433
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3847490	4641181
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4087460	4940076

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4087460	4940076
---	-----------	---------	---------

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)	208958	
(B) Participants	2a(1)(B)	382393	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	591351
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	3474	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3474
(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)	300160	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		300160
(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)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		393452
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1288437
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	382430	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		382430
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		13506
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	18961	
(3) Investment advisory and management fees.....	2i(3)	20924	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39885
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		435821
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		852616
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: CHIAMPOU TRAVIS BESAW & KERSHNER LLC

(2) EIN: 16-1468002

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		375000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan VENTURE FORTHE, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 VENTURE FORTHE, INC.	D Employer Identification Number (EIN) 16-1538504

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): 75-3182674		
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 _____

VENTURE FORTHE, INC. 401(k) PLAN

Financial Statements as of and for the Years Ended
December 31, 2021 and 2020
and Supplemental Schedule as of
December 31, 2021
with
Independent Auditors' Report

VENTURE FORTHE, INC. 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Venture Forthe, Inc. 401(k) Plan
Niagara Falls, New York

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Venture Forthe, Inc. 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Venture Forthe, Inc. 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Venture Forthe, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Venture Forthe, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Venture Forthe, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Venture Forthe, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Chapman Tripp Brown + Keenan LLP

October 10, 2022

VENTURE FORTHE, INC. 401(k) PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020**

	2021	2020
ASSETS		
INVESTMENTS AT FAIR VALUE:		
Mutual funds	\$ 4,641,181	\$ 3,847,490
RECEIVABLES:		
Notes receivable from participants	89,433	37,393
Participant contributions	504	4,423
Employer contributions	208,958	198,154
	<u>298,895</u>	<u>239,970</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,940,076</u>	<u>\$ 4,087,460</u>

See notes to financial statements.

VENTURE FORTHE, INC. 401(k) PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME:		
Net appreciation in fair value of investments	\$ 393,452	\$ 363,994
Interest and dividends	300,160	78,242
Net investment income	<u>693,612</u>	<u>442,236</u>
INTEREST EARNED ON NOTES RECEIVABLE FROM PARTICIPANTS	3,474	3,113
CONTRIBUTIONS:		
Participant	382,393	347,072
Employer	208,958	198,154
Rollover	-	1,648
Total contributions	<u>591,351</u>	<u>546,874</u>
Total additions	1,288,437	992,223
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	395,936	153,766
Administrative expenses	39,885	29,415
Total deductions	<u>435,821</u>	<u>183,181</u>
NET INCREASE	852,616	809,042
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>4,087,460</u>	<u>3,278,418</u>
End of year	<u>\$ 4,940,076</u>	<u>\$ 4,087,460</u>

See notes to financial statements.

VENTURE FORTHE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

1. PLAN DESCRIPTION

The following is a brief description of the Venture Forthe, Inc. 401(k) Plan (the “Plan”) provided for general informational purposes. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a “safe harbor” defined contribution plan as permitted under Section 401(k) of the Internal Revenue Code (“IRC”). The Plan is funded by employee and employer contributions and covers all employees of Venture Forthe, Inc. (the “Company” or “Plan Sponsor”) who have completed at least 12 months and 1,000 hours of service, are at least 21 years of age, and are not covered by a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions – Participants may elect to contribute up to 100% of their compensation. Total contributions are subject to Internal Revenue Service (“IRS”) limitations. The safe harbor matching contribution is equal to 100% of employee contributions up to 3% of employee eligible compensation, plus 50% of salary deferrals between 3% and 5% of employee eligible compensation. This safe harbor matching contribution is fully vested and is referred to as a basic matching contribution. The Company may also make additional discretionary matching and profit sharing contributions. No discretionary matching or profit sharing contributions were made for the years ended December 31, 2021 and 2020.

Vesting – Participants are immediately vested in both their voluntary contributions and safe harbor matching contributions and the earnings thereon. Vesting in the discretionary matching and profit sharing contributions, and earnings thereon, are based on a graded vesting schedule with participants 100% vested after six years. Regardless of years of service, participants are fully vested upon disability or death.

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000, or up to 50% of their vested account balance. Loans are available on a reasonably equivalent basis and will only be made to participants who are creditworthy. Loans must be adequately secured and participants generally must use their vested interest in the Plan as security, provided the balance of all loans outstanding does not exceed 50% of their vested account balance. Generally, loan terms may not exceed five years. Borrowings bear interest based on a reasonable rate determined by the plan administrator (5.25% - 7.25% at December 31, 2021) and mature through October 2026. Principal and interest are paid through regular payroll deductions.

Forfeitures – Participants not fully vested in employer discretionary contributions upon separation from the Company, as defined in the Plan document, forfeit their non-vested balances, which are used to reduce administrative expenses of the Plan and then are allocated as employer discretionary profit sharing contributions. Any remaining forfeitures will be used to reduce basic matching contributions. There were no forfeitures available at December 31, 2021 and 2020.

1. **PLAN DESCRIPTION (continued)**

Participant Accounts – Each participant’s account is credited with the participant’s contribution and an allocation of the employer contributions and Plan earnings. Allocations of earnings are based on participant account balances.

Plan Termination – Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants shall become 100% vested and entitled to the amount of their account at the date of such termination.

Payment of Benefits – Benefits are determined by the final value of the participant’s account at the time of retirement, termination, disablement or death and are paid as lump-sum distributions. Employees are eligible for retirement at age 65. Distributions are also permitted in the event of financial hardship, as defined by the Plan. In addition, the Plan also allows for in-service distributions once a participant has attained the age of 59 1/2 years.

Administrative Expenses – Costs of administering the Plan were paid by both the Plan Sponsor and the participants for the years ended December 31, 2021 and 2020.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

Investment Valuation and Income Recognition – The Plan follows the guidance of accounting standards that establish a hierarchy for the determination of fair value, as well as disclosure requirements relative to those assets and liabilities. The hierarchy identifies three levels of input. Level 1 inputs are generally quoted market prices for identical assets or liabilities, which are actively traded, on an exchange. Level 2 inputs generally consist of market prices for identical assets which are not actively traded or market prices of similar assets or liabilities which are actively traded, on an exchange. Level 3 inputs are referred to as unobservable inputs and consist primarily of information derived by management where Level 1 and Level 2 inputs are not available. These may include such things as present value of expected future cash flows or other valuation methodologies. Under the hierarchy, Level 1 inputs are the most preferred followed by Level 2, and Level 3. Level 3 inputs are to be used when neither Level 1 nor Level 2 inputs are available.

An investment’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.

The following is a description of the valuation methodology used for investments measured at fair value as of December 31, 2021 and 2020:

Mutual funds: Valued based on the quoted market price available on an active market, which represents net asset values of the shares held by the Plan at year end.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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 different fair value measurements at the reporting date.

The Plan presents in the statements of changes in net assets available for benefits the net appreciation in fair value of investments, which includes unrealized and realized gains and losses on investments that were held or sold during the year.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recognized on the ex-dividend date.

Payment of Benefits – Benefit payments to participants are recorded when paid.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Subsequent Events – The Plan has evaluated the effects of all subsequent events through October 10, 2022, the date the financial statements were available to be issued, to determine if events or transactions occurring through that date require potential adjustment or disclosure in the financial statements.

3. FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures. For additional information on how the Plan measures fair value refer to Note 2 – Summary of Significant Accounting Policies. The following table summarizes the Level 1 assets of the Plan for which fair values are determined on a recurring basis at December 31:

	2021	2020
Mutual funds (Level 1)	\$ 4,641,181	\$ 3,847,490

4. INCOME TAX STATUS

The Plan has adopted a Prototype Non-standardized Profit Sharing Plan (the “Pre-approved Plan”). The Pre-approved Plan received an Opinion Letter from the IRS dated March 31, 2008, stating that the form of the Plan is acceptable under Section 401 of the Code for use by employers for the benefit of their employees. Accordingly, no provision has been made for Federal income taxes in the accompanying financial statements.

5. SUMMARY OF CUSTODIAN INFORMATION

The following is a summary of unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule. The information was prepared by Matrix Trust Company, the Plan's custodian, and furnished to the Plan Sponsor. The custodian has certified that the information is complete and accurate:

- a. Fair value of investments held by the custodian at December 31:

	2021	2020
Mutual funds	\$ 4,641,181	\$ 3,847,490

- b. Additions to net assets available for plan benefits for the years ended December 31:

	2021	2020
Net appreciation in fair value of investments	\$ 393,452	\$ 363,994
Interest and dividends	300,160	78,242

- c. All investment balances in Note 3, except the classification of investments within the fair value hierarchy.
- d. Schedule of Assets (Held at End of Year),
excluding notes receivable from participants

See Supplemental Schedule on
page 11.

* * * * *

VENTURE FORTHE, INC. 401(k) PLAN

EIN: 16-1538504

PLAN NUMBER: 001

FORM 5500: SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
		Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		<u>Mutual funds:</u>		
The Vanguard Group, Inc.		Vanguard 500 Index Fund Admiral Shares	**	\$ 975,777
The Vanguard Group, Inc.		Vanguard Target Retirement 2030	**	683,568
The Vanguard Group, Inc.		Vanguard Target Retirement 2040	**	455,808
Dimensional Fund Advisors		DFA Global Equity Portfolio	**	378,054
The Vanguard Group, Inc.		Vanguard Mid Cap Index Fund Admiral Shares	**	358,507
The Vanguard Group, Inc.		Vanguard Total Bond Market Index Fund Admiral Shares	**	297,512
The Vanguard Group, Inc.		Vanguard REIT Index Fund Admiral Shares	**	246,243
Dimensional Fund Advisors		DFA US Small Cap Portfolio	**	237,401
Dodge & Cox Funds		Dodge & Cox Income Fund	**	227,041
The Vanguard Group, Inc.		Vanguard Target Retirement 2060	**	182,602
Dimensional Fund Advisors		DFA Emerging Markets Portfolio	**	157,930
Dimensional Fund Advisors		DFA International Small Company Portfolio	**	81,723
Dimensional Fund Advisors		DFA Large Cap International	**	70,971
The Vanguard Group, Inc.		Vanguard Target Retirement 2055	**	65,934
The Vanguard Group, Inc.		Vanguard Target Retirement 2050	**	54,597
The Vanguard Group, Inc.		Vanguard Inflation Protected Securities Fund	**	52,340
The Vanguard Group, Inc.		Vanguard Target Retirement 2035	**	40,592
The Vanguard Group, Inc.		Vanguard Target Retirement 2045	**	36,412
The Vanguard Group, Inc.		Vanguard Target Retirement 2025	**	20,592
MetLife Securities, Inc.		MetLife Stable Value Solutions (J)	**	12,327
The Vanguard Group, Inc.		Vanguard Target Retirement 2020	**	5,250
		<u>Notes receivable from participants:</u>		
Notes receivable from participants		Interest rate at 5.25-7.25% maturing through October 2026	\$ -0-	89,433

** Cost information for mutual funds omitted for participant-directed investments

Venture Forthe, Inc.
Venture Forthe, Inc. 401(k) Plan
Summary of All Participant Accounts
From 01/01/2021 to 12/31/2021

<u>Accounts</u>	<u>Beginning Balance</u>	<u>Contributions</u>	<u>Forfeitures</u>	<u>Gains / Losses</u>	<u>Loan Pmt./ Transfers</u>	<u>Loan Distr./ Distributions</u>	<u>Ending Balance</u>
<u>DFA Large Cap International I</u>							
Profit Sharing DFALX	\$ 4,587.07	\$ 0.00	\$ 0.00	\$ 439.76	\$ (1,284.48)	\$ 0.00	\$ 3,742.35
EE deferral DFALX	45,060.17	4,316.70	0.00	4,889.85	(7,641.14)	(528.10)	46,097.48
Roth DFALX	593.29	0.00	0.00	70.70	0.00	0.00	663.99
UR Rollover DFALX	49.93	0.00	0.00	6.53	0.00	(56.46)	0.00
SH Match DFALX	17,869.02	0.00	0.00	2,009.40	(332.97)	(465.82)	19,079.63
QNEC SafeHarbor DFALX	1,700.09	0.00	0.00	163.04	(476.07)	0.00	1,387.06
TOTAL DFA Large Cap International I	69,859.57	4,316.70	0.00	7,579.28	(9,734.66)	(1,050.38)	70,970.51
<u>DFA Emerging Markets I</u>							
Profit Sharing DFEMX	8,133.09	0.00	0.00	141.06	(324.65)	0.00	7,949.50
EE deferral DFEMX	94,037.38	10,657.73	0.00	1,435.55	(2,433.68)	(1,972.33)	101,724.65
Roth DFEMX	1,603.94	276.88	0.00	34.88	26.44	(259.29)	1,682.85
SH Match DFEMX	39,553.21	0.00	0.00	799.37	4,511.35	(1,237.55)	43,626.38
QNEC SafeHarbor DFEMX	3,014.35	0.00	0.00	52.51	(120.37)	0.00	2,946.49
TOTAL DFA Emerging Markets I	146,341.97	10,934.61	0.00	2,463.37	1,659.09	(3,469.17)	157,929.87
<u>DFA International Small Company I</u>							
Profit Sharing DFISX	3,459.91	0.00	0.00	447.73	(175.96)	0.00	3,731.68
EE deferral DFISX	48,363.63	5,410.94	0.00	6,125.79	(6,027.95)	(1,823.02)	52,049.39
Roth DFISX	1,038.27	221.50	0.00	143.14	21.15	(210.83)	1,213.23
UR Rollover DFISX	60.23	0.00	0.00	6.32	0.00	(66.55)	0.00
SH Match DFISX	21,633.15	0.00	0.00	2,723.16	183.09	(1,193.97)	23,345.43
QNEC SafeHarbor DFISX	1,282.34	0.00	0.00	165.95	(65.22)	0.00	1,383.07

Venture Forthe, Inc.
Venture Forthe, Inc. 401(k) Plan
Summary of All Participant Accounts
From 01/01/2021 to 12/31/2021

<u>Accounts</u>	<u>Beginning Balance</u>	<u>Contributions</u>	<u>Forfeitures</u>	<u>Gains / Losses</u>	<u>Loan Pmt./ Transfers</u>	<u>Loan Distr./ Distributions</u>	<u>Ending Balance</u>
TOTAL DFA International Small Company I	75,837.53	5,632.44	0.00	9,612.09	(6,064.89)	(3,294.37)	81,722.80
<u>DFA US Small Cap I</u>							
Profit Sharing DFSTX	\$ 6,319.82	\$ 0.00	\$ 0.00	\$ 1,771.60	\$ (712.52)	\$ 0.00	\$ 7,378.90
EE deferral DFSTX	115,662.30	11,265.10	0.00	33,639.95	(9,512.88)	(4,511.89)	146,542.58
Roth DFSTX	1,073.46	276.88	0.00	322.86	26.40	(291.30)	1,408.30
UR Rollover DFSTX	1,986.20	0.00	0.00	589.12	0.00	(89.06)	2,486.26
UR RothRollover DFSTX	436.14	0.00	0.00	128.22	0.00	0.00	564.36
SH Match DFSTX	56,429.87	0.00	0.00	16,556.43	5,623.32	(3,849.58)	74,760.04
QNEC SafeHarbor DFSTX	3,519.54	0.00	0.00	1,005.06	(264.12)	0.00	4,260.48
TOTAL DFA US Small Cap I	185,427.33	11,541.98	0.00	54,013.24	(4,839.80)	(8,741.83)	237,400.92
<u>DFA Global Equity I</u>							
Profit Sharing DGEIX	6,927.20	0.00	0.00	1,494.00	(309.04)	0.00	8,112.16
EE deferral DGEIX	188,720.18	14,144.12	0.00	42,030.74	(1,964.22)	(9,496.52)	233,434.30
Roth DGEIX	1,419.21	193.82	0.00	320.65	18.49	(190.52)	1,761.65
UR Rollover DGEIX	2,355.50	0.00	0.00	521.79	0.00	(88.33)	2,788.96
UR RothRollover DGEIX	159.63	0.00	0.00	35.64	0.00	0.00	195.27
SH Match DGEIX	99,348.79	0.00	0.00	22,263.75	9,428.72	(4,685.84)	126,355.42
QNEC SafeHarbor DGEIX	4,530.21	0.00	0.00	990.19	(114.53)	0.00	5,405.87
TOTAL DFA Global Equity I	303,460.72	14,337.94	0.00	67,656.76	7,059.42	(14,461.21)	378,053.63
<u>Dodge & Cox Income</u>							
Profit Sharing DODIX	19,078.21	0.00	0.00	(268.78)	6,784.58	0.00	25,594.01

Venture Forthe, Inc.
Venture Forthe, Inc. 401(k) Plan
Summary of All Participant Accounts
From 01/01/2021 to 12/31/2021

<u>Accounts</u>	<u>Beginning Balance</u>	<u>Contributions</u>	<u>Forfeitures</u>	<u>Gains / Losses</u>	<u>Loan Pmt./ Transfers</u>	<u>Loan Distr./ Distributions</u>	<u>Ending Balance</u>
EE deferral DODIX	\$ 106,862.45	\$ 7,467.79	\$ 0.00	\$ (1,570.08)	\$ 34,727.83	\$ (1,306.73)	\$ 146,181.26
Roth DODIX	156.10	35.98	0.00	(3.06)	0.00	0.00	189.02
SH Match DODIX	33,374.71	0.00	0.00	(495.04)	13,299.80	(588.37)	45,591.10
QNEC SafeHarbor DODIX	7,070.91	0.00	0.00	(99.64)	2,514.59	0.00	9,485.86
TOTAL Dodge & Cox Income	166,542.38	7,503.77	0.00	(2,436.60)	57,326.80	(1,895.10)	227,041.25
<u>LOAN</u>							
LOAN	37,829.93	0.00	0.00	3,288.70	(33,939.34)	82,253.71	89,433.00
TOTAL LOAN	37,829.93	0.00	0.00	3,288.70	(33,939.34)	82,253.71	89,433.00
<u>WT CIT III for Metlife GAC 25554 CL J</u>							
Profit Sharing METRO8	217.86	0.00	0.00	1.61	0.00	0.00	219.47
EE deferral METRO8	8,711.48	118.28	0.00	27.31	0.00	(1,112.92)	7,744.15
Roth METRO8	0.01	0.00	0.00	0.00	0.00	0.00	0.01
SH Match METRO8	3,811.92	0.00	0.00	18.35	675.00	(553.29)	3,951.98
QNEC SafeHarbor METRO8	407.99	0.00	0.00	2.85	0.00	0.00	410.84
TOTAL WT CIT III for Metlife GAC 25554 CL J	13,149.26	118.28	0.00	50.12	675.00	(1,666.21)	12,326.45
<u>RECEIVABLE ACCOUNT</u>							
EE DEFERRAL REC	4,183.62	(4,183.62)	0.00	0.00	0.00	0.00	0.00
Pretax Deferrals Receivable	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ROTH REC	280.47	(280.47)	0.00	0.00	0.00	0.00	0.00
SH MATCH REC	0.00	208,958.22	0.00	0.00	0.00	0.00	208,958.22
SH MATCH RECEIVABLE	198,154.31	0.00	0.00	0.00	(198,154.31)	0.00	0.00

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<u>Accounts</u>	<u>Beginning Balance</u>	<u>Contributions</u>	<u>Forfeitures</u>	<u>Gains / Losses</u>	<u>Loan Pmt./ Transfers</u>	<u>Loan Distr./ Distributions</u>	<u>Ending Balance</u>
TOTAL RECEIVABLE ACCOUNT	202,618.40	204,494.13	0.00	0.00	(198,154.31)	0.00	208,958.22
<u>Vanguard Total Bond Market Index Adm</u>							
Profit Sharing VBTLX	\$ 28,580.02	\$ 0.00	\$ 0.00	\$ (699.38)	\$ (442.98)	\$ 0.00	\$ 27,437.66
EE deferral VBTLX	183,097.69	16,177.40	0.00	(4,612.85)	3,594.72	(8,695.55)	189,561.41
Roth VBTLX	846.32	451.08	0.00	(22.27)	39.63	(312.86)	1,001.90
UR Rollover VBTLX	132.38	0.00	0.00	(3.10)	0.00	(129.28)	0.00
SH Match VBTLX	65,611.21	0.00	0.00	(1,649.46)	10,152.61	(5,488.07)	68,626.29
QNEC SafeHarbor VBTLX	11,325.83	0.00	0.00	(277.28)	(164.17)	0.00	10,884.38
TOTAL Vanguard Total Bond Market Index Adm	289,593.45	16,628.48	0.00	(7,264.34)	13,179.81	(14,625.76)	297,511.64
<u>Vanguard Target Retirement 2055 Fund</u>							
EE deferral VFFVX	28,597.10	13,028.36	0.00	4,782.09	(849.87)	(2,737.69)	42,819.99
Roth VFFVX	4,249.01	87.21	0.00	262.65	0.00	(2,278.89)	2,319.98
SH Match VFFVX	12,501.77	0.00	0.00	2,103.97	10,023.21	(3,834.47)	20,794.48
TOTAL Vanguard Target Retirement 2055 Fund	45,347.88	13,115.57	0.00	7,148.71	9,173.34	(8,851.05)	65,934.45
<u>Vanguard 500 Index Admiral</u>							
Profit Sharing VFIAX	23,891.15	0.00	0.00	6,476.02	(566.50)	0.00	29,800.67
EE deferral VFIAX	506,744.58	51,511.16	0.00	136,967.89	(4,059.95)	(80,110.08)	611,053.60
Roth VFIAX	2,909.80	276.65	0.00	808.28	26.39	(274.21)	3,746.91
UR Rollover VFIAX	5,376.69	0.00	0.00	1,489.59	0.00	(110.93)	6,755.35
UR RothRollover VFIAX	536.14	0.00	0.00	148.24	0.00	0.00	684.38
SH Match VFIAX	246,656.28	0.00	0.00	67,370.76	31,943.31	(41,154.96)	304,815.39

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QNEC SafeHarbor VFIAX	\$ 15,024.16	\$ 0.00	\$ 0.00	\$ 4,107.28	\$ (209.96)	\$ 0.00	\$ 18,921.48
TOTAL Vanguard 500 Index Admiral	801,138.80	51,787.81	0.00	217,368.06	27,133.29	(121,650.18)	975,777.78
<u>Vanguard Target Retirement 2050 Fund</u>							
EE deferral VFIFX	25,292.83	20,861.29	0.00	4,735.67	656.75	(13,659.26)	37,887.28
Roth VFIFX	2,756.54	2,194.71	0.00	609.96	139.12	(4,967.47)	732.86
UR Rollover VFIFX	1,701.65	0.00	0.00	246.12	0.00	(1,947.77)	0.00
SH Match VFIFX	17,230.88	0.00	0.00	2,757.45	6,955.83	(10,967.00)	15,977.16
TOTAL Vanguard Target Retirement 2050 Fund	46,981.90	23,056.00	0.00	8,349.20	7,751.70	(31,541.50)	54,597.30
<u>Vanguard Target Retirement 2040 Fund</u>							
Profit Sharing VFORX	10,049.95	0.00	0.00	1,358.04	0.00	0.00	11,407.99
EE deferral VFORX	279,438.01	27,587.06	0.00	36,767.35	3,476.33	(56,872.44)	290,396.31
UR Rollover VFORX	20,110.22	0.00	0.00	2,746.20	0.00	0.00	22,856.42
SH Match VFORX	139,592.20	0.00	0.00	17,480.08	21,795.75	(54,348.23)	124,519.80
QNEC SafeHarbor VFORX	5,873.44	0.00	0.00	754.48	0.00	0.00	6,627.92
TOTAL Vanguard Target Retirement 2040 Fund	455,063.82	27,587.06	0.00	59,106.15	25,272.08	(111,220.67)	455,808.44
<u>Vanguard Real Estate Index Admiral</u>							
Profit Sharing VGSLX	7,522.30	0.00	0.00	2,851.31	(342.62)	0.00	10,030.99
EE deferral VGSLX	108,273.39	10,766.87	0.00	44,430.13	18,940.62	(25,491.26)	156,919.75
Roth VGSLX	1,042.01	415.07	0.00	432.15	39.55	(371.66)	1,557.12
UR Rollover VGSLX	7,483.54	0.00	0.00	1,089.65	2,330.80	(10,903.99)	0.00
SH Match VGSLX	55,738.10	0.00	0.00	21,197.05	20,549.00	(25,194.65)	72,289.50

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QNEC SafeHarbor VGSLX	\$ 4,028.64	\$ 0.00	\$ 0.00	\$ 1,544.28	\$ (126.87)	\$ 0.00	\$ 5,446.05
TOTAL Vanguard Real Estate Index Admiral	184,087.98	11,181.94	0.00	71,544.57	41,390.48	(61,961.56)	246,243.41
<u>Vanguard Mid Cap Index Admiral</u>							
Profit Sharing VIMAX	12,803.59	0.00	0.00	2,543.17	(2,625.83)	0.00	12,720.93
EE deferral VIMAX	190,754.18	19,630.10	0.00	43,377.82	(15,416.66)	(7,439.75)	230,905.69
Roth VIMAX	1,445.07	276.88	0.00	345.93	26.48	(276.36)	1,818.00
SH Match VIMAX	87,651.11	0.00	0.00	20,088.07	4,658.11	(5,022.92)	107,374.37
QNEC SafeHarbor VIMAX	5,534.14	0.00	0.00	1,127.20	(973.28)	0.00	5,688.06
TOTAL Vanguard Mid Cap Index Admiral	298,188.09	19,906.98	0.00	67,482.19	(14,331.18)	(12,739.03)	358,507.05
<u>Vanguard Inflation-Protected Secs Inv</u>							
Profit Sharing VIPSX	135.02	0.00	0.00	6.43	0.00	0.00	141.45
EE deferral VIPSX	31,044.26	7,921.29	0.00	1,483.01	708.56	(7,039.07)	34,118.05
Roth VIPSX	868.27	451.08	0.00	43.56	39.66	(327.93)	1,074.64
SH Match VIPSX	16,449.50	0.00	0.00	715.43	3,766.58	(4,227.51)	16,704.00
QNEC SafeHarbor VIPSX	288.04	0.00	0.00	13.63	0.00	0.00	301.67
TOTAL Vanguard Inflation-Protected Secs Inv	48,785.09	8,372.37	0.00	2,262.06	4,514.80	(11,594.51)	52,339.81
<u>Vanguard Target Retirement 2030 Fund</u>							
Profit Sharing VTHRX	13,645.12	0.00	0.00	1,429.39	0.00	0.00	15,074.51
EE deferral VTHRX	361,009.55	73,666.71	0.00	39,668.05	1,918.98	(31,604.26)	444,659.03
Roth VTHRX	9,377.03	2,600.00	0.00	1,073.67	0.00	0.00	13,050.70
UR Rollover VTHRX	2,046.28	0.00	0.00	214.22	0.00	(82.47)	2,178.03

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UR RothRollover VTHRX	\$ 434.13	\$ 0.00	\$ 0.00	\$ 45.20	\$ 0.00	\$ 0.00	\$ 479.33
SH Match VTHRX	171,501.40	0.00	0.00	18,354.59	33,781.52	(22,559.53)	201,077.98
QNEC SafeHarbor VTHRX	6,378.83	0.00	0.00	669.13	0.00	0.00	7,047.96
TOTAL Vanguard Target Retirement 2030 Fund	564,392.34	76,266.71	0.00	61,454.25	35,700.50	(54,246.26)	683,567.54
<u>Vanguard Target Retirement 2045 Fund</u>							
EE deferral VTIVX	16,997.30	7,577.66	0.00	2,698.07	39.58	(4,008.29)	23,304.32
Roth VTIVX	2,408.10	639.66	0.00	401.63	0.00	0.00	3,449.39
SH Match VTIVX	5,365.46	0.00	0.00	1,000.43	5,353.89	(2,061.59)	9,658.19
TOTAL Vanguard Target Retirement 2045 Fund	24,770.86	8,217.32	0.00	4,100.13	5,393.47	(6,069.88)	36,411.90
<u>Vanguard Target Retirement 2035 Fund</u>							
EE deferral VTTHX	14,792.77	15,197.41	0.00	2,362.29	0.00	(918.69)	31,433.78
UR Rollover VTTHX	112.71	0.00	0.00	13.35	0.00	(126.06)	0.00
SH Match VTTHX	5,117.02	0.00	0.00	765.26	4,031.11	(755.28)	9,158.11
TOTAL Vanguard Target Retirement 2035 Fund	20,022.50	15,197.41	0.00	3,140.90	4,031.11	(1,800.03)	40,591.89
<u>Vanguard Target Retirement 2060 Fund</u>							
EE deferral VTTSX	50,525.34	27,318.94	0.00	8,756.16	3,457.99	(3,876.49)	86,181.94
Roth VTTSX	22,996.03	10,767.92	0.00	4,088.54	0.00	0.00	37,852.49
SH Match VTTSX	32,781.78	0.00	0.00	5,954.89	21,680.68	(1,849.30)	58,568.05
TOTAL Vanguard Target Retirement 2060 Fund	106,303.15	38,086.86	0.00	18,799.59	25,138.67	(5,725.79)	182,602.48
<u>Vanguard Target Retirement 2025 Fund</u>							

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EE deferral VTTVX	\$ 217.02	\$ 19,793.68	\$ 0.00	\$ 818.45	\$ 0.00	\$ (236.73)	\$ 20,592.42
SH Match VTTVX	0.00	0.00	0.00	(5.39)	1,194.59	(1,189.20)	0.00
TOTAL Vanguard Target Retirement 2025 Fund	217.02	19,793.68	0.00	813.06	1,194.59	(1,425.93)	20,592.42
<u>Vanguard Target Retirement 2020 Fund</u>							
EE deferral VTWNX	112.20	2,341.93	0.00	59.18	0.00	(94.77)	2,418.54
Roth VTWNX	1,240.92	426.83	0.00	86.46	0.00	0.00	1,754.21
SH Match VTWNX	624.83	0.00	0.00	47.02	470.03	(65.11)	1,076.77
TOTAL Vanguard Target Retirement 2020 Fund	1,977.95	2,768.76	0.00	192.66	470.03	(159.88)	5,249.52
Grand Total Account Balances	4,087,937.92	590,846.80	0.00	656,724.15	0.00	(395,936.59)	4,939,572.28
Current base suspense account is			\$	0.05			
Current match suspense account is			\$	0.00			
Current post-tax match suspense account is			\$	0.00			
Current other suspense account is			\$	0.00			
Total all accounts including suspense accounts			\$	4,939,572.33			