

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: [] a single-employer plan [] a DFE (specify)
[X] the first return/report [] the final return/report
[] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program
[] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: VENSURE RETIREMENT PLAN
1b Three-digit plan number (PN): 016
1c Effective date of plan: 03/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): SLAVIC INTEGRATED ADMINISTRATION INC.
2b Employer Identification Number (EIN): 39-2377547
2c Plan Sponsor's telephone number: 800-356-3009
2d Business code (see instructions): 561300

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	0
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	2812
	6b	0
	6c	376
	6d	3188
	6e	0
	6f	3188
	6g(1)	0
6g(2)	2247	
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 2F 2G 2J 2K 2T 3D 2W

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **12/31/2024**

A Name of plan VENSURE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	016
C Plan sponsor's name as shown on line 2a of Form 5500 SLAVIC INTEGRATED ADMINISTRATION INC.	D Employer Identification Number (EIN) 39-2377547	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	21330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 12/31/2024

A Name of plan <u>VENSURE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>016</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SLAVIC INTEGRATED ADMINISTRATION INC.</u>	D Employer Identification Number (EIN) <u>39-2377547</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST STABLE INCOME FUND

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

c EIN-PN <u>87-2323648-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35080</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 12/31/2024	
A Name of plan VENSURE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 016
C Plan sponsor's name as shown on line 2a of Form 5500 SLAVIC INTEGRATED ADMINISTRATION INC.	D Employer Identification Number (EIN) 39-2377547

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	301616
(2) Participant contributions	1b(2)	411274
(3) Other	1b(3)	1723
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	202767
(9) Value of interest in common/collective trusts	1c(9)	35080
(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)	27558388
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

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	0	28510848
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	0	28510848

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)	1325518	
(B) Participants.....	2a(1)(B)	3409130	
(C) Others (including rollovers).....	2a(1)(C)	1455402	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6190050
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)	2079	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2079
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	555226	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		555226
(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)		60
(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)		-879769
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5867646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	415314	
(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)		415314
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	22030	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	61	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		22091
j Total expenses. Add all expense amounts in column (b) and enter total	2j		437405

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5430241
l Transfers of assets:			
(1) To this plan	2l(1)		23412122
(2) From this plan	2l(2)		331515

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: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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		36894

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	
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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	
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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	
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e Was this plan covered by a fidelity bond?

4e	X		500000
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f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

4f		X	
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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	
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h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

4h		X	
-----------	--	---	--

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

4i	X		
-----------	---	--	--

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

4j		X	
-----------	--	---	--

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

4k		X	
-----------	--	---	--

l Has the plan failed to provide any benefit when due under the plan?

4l		X	
-----------	--	---	--

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m	X		
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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		
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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)
TRINET 401(K) PLAN	48-1304650	334

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 12/31/2024

A Name of plan <u>VENSURE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SLAVIC INTEGRATED ADMINISTRATION INC.</u>	D Employer Identification Number (EIN) <u>39-2377547</u>	

Part I	Distributions
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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	
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): <u>65-0708495</u>		
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A.

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **12/31/2024**

A Name of plan VENSURE RETIREMENT PLAN	B Three-digit Plan number (PN)..... ▶	016
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C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF SLAVIC INTEGRATED ADMINISTRATION INC.	D Administrator's EIN 39-2377547
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Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer 1MONEY CO.	2b EIN 99-2177452	2c Percentage of Total Contributions for the Plan Year 1.34	2d Aggregate Account Balances Attributable to Participating Employer 55314
2a Name of Participating Employer 42 DEGREES PROCESSING LLC	2b EIN 83-1757242	2c Percentage of Total Contributions for the Plan Year 0.24	2d Aggregate Account Balances Attributable to Participating Employer 9624

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
828 ADVISORS	92-0807863	0.19	7805
ACACIA GLASS LLC	46-2894081	0.00	207083
ACCESS ADVANTAGE, LLC	20-8285914	0.15	6150
AEYE HEALTH, INC.	32-0580486	0.25	9821
AISAP MEDICAL	99-3462219	0.05	1221
AMERICAN PAVING	47-2763986	0.02	899
ARBORCARE WITH ROPES N SADDLES, INC.	52-2386201	0.37	14632
AUTIFY, INC.	81-3777944	0.23	34612
AWAGER INC.	99-0539996	0.62	24777

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AXILION SMART MOBILITY INC	85-3019800	0.05	1877
BACKSLASH SECURITY INC	30-1320139	0.19	7839
BERKELEY COMMUNICATIONS LLC	85-1221286	0.26	8771
BLINQIO	35-2804118	0.03	1176
BLYTHE SERVICING LLC	93-2305987	0.02	919
BOARDS.COM INC.	99-3459111	0.27	10726
BRACELET USA LLC	61-2213402	0.04	214078
BUILT ENVIRONMENT OPTIMISATION LLC	30-1364668	0.09	3393
BUSH BROTHERS PROVISION CO LLC	59-1370103	1.99	2281838

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHAIZ INC	38-4232558	0.04	1482
CIRCLE SEAFOODS QALICB, INC.	93-1513086	0.09	3546
CITYSIDE NETWORKS, LLC	86-2127933	4.11	484500
CLASSIC FOOTBALL COMPANY (US), INC.	99-2640698	0.05	1663
COINIS LTD	87-2694193	0.11	4253
COMMON JUSTICE, INC.	82-0993366	2.34	1093273
CONCRETE MASONRY CHECKOFF	92-2314664	0.25	9863
CORPORATE AIRCRAFT HOLDINGS LLC	87-1145444	0.01	332
CRONOS CONTRACTORS, LLC	39-2057446	0.19	7411

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CROSS OCEAN PARTNERS MANAGEMENT LP	38-4016186	1.15	45600
CRYSTALLINE HEALTH & BEAUTY INC	83-2534042	0.19	7694
DIABLO VALLEY SWEEPING SERVICE LLC	47-1977688	0.14	5455
DOC LAB INC	92-0648585	0.36	40777
DOVER STAFFING	58-2254612	0.01	303
DRIZZLEX, INC.	84-3652129	0.01	417
DUALITY SYSTEMS	85-0500664	0.09	3713
DUENDE SOFTWARE LLC	85-2486343	0.01	400
EAGLES BLUFF CLUB, LLC	47-1113318	0.09	45266

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAST ATLANTA PAINTING COMPANY & CO-ADOPTING COMPANY	20-5344581	1.79	899318
ENACT SYSTEMS, INC.	30-0766412	0.67	26009
ENCAPSULITE INTERNATIONAL, INC.	04-2963126	0.28	11135
ENTRO SECURITY, INC.	92-3003203	0.86	33822
EQUDIGITAL INC. DBA JUMPR	93-2235506	0.15	5792
EVAL DOCS, INC.	47-4052633	0.68	27139
EXTRAYEAR AI	99-2733557	0.26	10316
EYEPOP.AI, INC	92-1905090	0.57	22542
EZDUCK LLC	61-2202225	0.03	1193

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FANTASY ADVANTAGE, INC.	35-2753126	0.03	1246
FEARFREE LLC	81-4630654	1.41	537721
FEELBETTER US. INC	88-1283754	0.09	3545
FELDMAN KODSI, PLLC	87-1449346	0.29	11622
FIRMUS AI, INC.	36-5090463	0.29	11494
FLEET LEASE DISPOSAL, INC.	59-1951844	1.58	4017357
FLUID STACK INC	36-5007834	0.14	5435
FNJ SUMMIT, INC.	84-3688419	0.03	1204
FOOTHOLD AMERICA INC.	82-1808434	9.42	4097048

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FORM FACTORY	82-5178433	0.16	6305
FUSION SPECIALTY AMERICAS INSURANCE SERVICES LLC	85-0829272	0.51	20609
GAR VENTURES, LLC DBA GAR PRODUCTS	92-0937333	0.74	29276
GEN LABS INC.	99-2014616	1.04	42636
GENBIO.AI, INC.	99-2788760	0.06	2433
GITPOD INC	85-2446507	0.31	12431
GIZMODO	99-2737198	0.66	26633
GREAT LAKES HOUSING SERVICES	27-2296093	0.20	7944
GREEN DELIVERY INC.	83-3215101	0.04	1687

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GREENSCREENS AI, LLC	85-1279104	1.63	65463
HACO-ATLANTIC, INC. DBA ATLANTIC MACHINE TOOLS, INC.	76-0035707	0.09	3432
HARMONYA, INC.	86-2197625	0.32	12858
HEADPHONES, INC.	82-0658925	0.06	2218
HEIDI HEALTH CORP	30-1414237	0.23	8883
HM SOLUTIONS INCORPORATED	46-1490348	0.26	10362
HOLE SPECIALIST, INC.	76-0494153	0.23	9233
ID5 TECHNOLOGY INC	86-3236779	3.04	834412
IN4ALL	93-0900111	0.34	39555

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INTEGRATED HR SERVICES LLC	93-2808472	0.37	74796
ISTITUTO MARANGONI MIAMI INC	81-3271756	0.05	1803
JLF EMPLOYMENT, LLC	93-4207065	0.05	1863
JONES & JONES MANAGEMENT GROUP, INC	95-2754836	1.96	1814577
LEGACY PAPER AND PACKAGING, LLC	81-1253498	2.14	85049
LEWISBURG PIZZA, LLC	20-2602162	1.60	58597
LIGHTNING STEP TECHNOLOGIES, LLC	81-1718416	0.94	37418
LIMBIC, INC.	38-4311296	0.31	12258
LINX SECURITY	92-1990836	0.08	3175

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LOYACONA & LOYACONA BUILDING CONSULTANTS	99-2160655	0.61	24360
LUMIA SECURITY INC.	99-4462432	0.48	18962
MADRE, INC	13-3280194	2.21	87143
MALTEGO US, INC	30-1408625	0.11	4466
MAXHUB (US) CO., LTD.	36-5007713	0.89	117867
MEDIAMAX NETWORK LLC	14-1890020	1.60	63420
MEDIS MEDICAL IMAGING SYSTEMS, INC.	43-1997910	1.20	47139
MEERO CORP.	35-2834683	0.48	15522
MIDSUMMER STUDIOS INC	93-1724996	0.98	148490

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MILK DIVA LLC	83-2435334	0.19	7363
MONTEREY STRUCTURAL STEEL, INC.	71-0895591	0.48	19206
MOON BLUE LLC	93-4444785	0.08	3312
MSP IT PARTNERS, LLC	81-4446989	0.95	239931
NATURAL & RELAXED SALON, INC.	46-0761451	0.14	5138
NATURA-LIKE DENTAL	84-4433988	0.28	66330
NEAR ONE US CORP	99-1530567	0.57	22995
NEW HOPE TREATMENT CENTER	82-5415966	0.28	11048
NEWELL MEDIA, LLC	82-4268172	0.05	1891

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NKJGB INC.	99-3530970	0.30	14838
OTTO DMS, INC.	99-0679076	0.42	196881
PAGE TECHNOLOGY, INC.	99-3891094	0.27	10668
PANGEA VENTURES, LLC	26-3740239	0.08	3169
PATHID, INC.	99-4217214	0.14	5557
PAVE FINANCE INC	87-1515154	2.08	83669
PEERSOURCE PARTNERS, LLC & CO-ADOPTING COMPANIES	45-3024054	2.33	1317353
PHASEV TRIALS INC	93-3002511	0.05	2151
PHINYX.AI	99-0554584	0.29	11398

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PI-CARDIA INC	35-2837190	1.11	44213
PP&H PROPERTY MANAGEMENT LLC	93-4138020	0.15	5868
PQ SHIELD, INC.	88-0530893	0.28	11072
PROCACCI DEVELOPMENT CORPORATION	59-1890272	1.78	2766915
PROLION INC.	85-2558323	1.27	51275
PROMPT SECURITY INC	93-3078880	0.05	1636
PROXIMA, INC.	99-2903749	0.81	32678
Q (CUE) INC.	99-0507324	0.44	14389
RECROMAX, LLC	90-0827860	0.22	467281

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REECO TM INC	61-2028278	0.20	7793
REP AI TECHNOLOGIES INC.	32-0771539	0.29	11443
RESTAURANT ACAPULCO LLC	81-2568175	0.11	2747
REVOLUTION RESOURCES EMPLOYEECO, LLC	82-4168589	0.86	34186
RIVER RUN SOLUTIONS LLC	88-4379442	0.25	9882
RIVES CONSULT, LLC	40-0030228	0.18	7302
ROCK AND SOUL FOREVER FOUNDATION INC.	20-5397606	0.42	305990
ROSS BROTHERS CONSTRUCTION	33-0935782	0.00	137
RUNNA	37-2144360	0.23	9437

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RYFT DATA INC	99-3989092	0.02	628
SALV AI INC	93-2459926	0.03	1029
SARANAC AUTO SERVICES LLC	85-4208931	0.25	10632
SATORI RAMEN BAR LTD	83-2222926	0.04	1681
SCOUTBEE INC.	83-3152008	0.07	2966
SELECT PROPERTIES, INC. DBA SELECT ROW	85-0388553	2.50	1059327
SELECT SAVVY, LLC	87-0849020	0.39	14752
SEQERA, INC.	36-5106046	3.70	146768
SILENT PUSH INC	35-2689252	0.35	13796

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SILOBREAKER INC.	35-2844830	0.63	24501
SLAVIC INTEGRATED ADMINISTRATION INC.	10-0000005	0.00	3057
SMART BUILDING INTEGRATORS, LLC	87-1877132	0.19	7680
SOUNDINGS CONNECT, LLC	82-5019153	0.18	7068
SOVEREIGN PLASTICS LLC	84-3961456	0.02	825
STRONG COMPUTE SERVICES CORPORATION	99-1629329	0.06	2315
SUMMA ADVISERS LLC	98-1811273	0.10	4135
SUMMER AESTHETICS, LLC	99-3897902	0.07	2941
SUNUP SOLAR TECH SERVICES	47-1387427	1.20	47958

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SUPERFILIAE INC	86-2104557	0.14	5396
SUPERNORMAL TECHNOLOGIES, INC.	85-0622629	0.21	60022
TACTICAL MARKETING AUTOMATION LLC	82-1248284	0.03	1181
TECOSIM INC.	37-1993574	0.39	15713
THE HUSMAN GROUP DBA THE PHOENIX INSURANCE	27-1894666	0.03	1149
THE NEW TESORO CLUB	87-2695499	0.11	38794
THE TEA HOUSE LLC	87-3639984	0.43	16653
THENELL LAW GROUP PC	45-4378288	0.56	22300
TOUTON USA	75-3269092	0.28	11119

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TROOP TRAVEL INC	87-3169821	1.04	41670
ULTRASIGHT, INC.	30-1161961	0.72	25572
UNITED HOSPITALITY SERVICES, LLC	81-2892475	0.29	11460
USECURE, INC.	61-2196818	0.13	5071
VADOR VENTURES INC. DBA TOTAL QUALITY BUILDING SERVICES	52-1854495	0.93	1752634
VAIRE COMPUTING INC	99-1291609	0.21	8207
VC US SERVICES LLC	38-4322379	0.04	1692
VECTA LABS	82-1719787	0.36	14360
VEE, INC.	36-5013512	0.07	2580

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VENSICA INC	93-4770614	0.48	18542
VICTOR CAPITAL PARTNERS MANAGEMENT COMPANY LP	93-1573126	4.02	161180
VINTAGE MANAGEMENT US INC	99-2638390	0.09	3649
WEFI TECHNOLOGY GROUP LLC	83-2338819	1.54	66037
WING SECURITY INC.	35-2754861	0.05	1853
WISHING STAR FOUNDATION	94-3163746	0.24	10795
YR US MANAGEMENT, LLC DBA YOUR REFORMER	99-3945246	0.02	930

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Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID R55MBRFTU

VENSURE RETIREMENT PLAN
FINANCIAL STATEMENTS
December 31, 2024 and for the
Period March 1, 2024 through December 31, 2024

VENSURE RETIREMENT PLAN

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Independent Auditors' Report

Pooled Plan Provider Vensure Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audit of the financial statements of Vensure Retirement 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, 2024, the related statement of changes in net assets available for benefits for the period March 1, 2024 through December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 December 31, 2024, and for the period March 1, 2024 through December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying 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 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

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 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* 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 these 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 the 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 the 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 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 Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and delinquent participant contributions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules related to assets held by the trustee 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).

CBIZ CPAs P.C.

Indianapolis, Indiana
October 14, 2025

VENSURE RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024

ASSETS

Investments, at fair value (Note 7)	<u>\$ 27,593,468</u>
Receivables	
Notes receivable from participants	202,767
Employer contributions	301,616
Participant contributions	411,274
Other receivables	<u>1,723</u>
Total Receivables	<u>917,380</u>
Net Assets Available for Benefits	<u><u>\$ 28,510,848</u></u>

See accompanying notes to financial statements.

VENSURE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Period March 1, 2024 through December 31, 2024

Additions to Net Assets Attributed to:	
Investment income, including loan interest	\$ 557,305
Contributions	
Employer	1,325,518
Participants	3,409,130
Rollovers	1,455,402
	6,747,355
Deductions from Net Assets Attributed to:	
Net depreciation in fair value of investments, including realized gains and losses	879,709
Benefits paid to participants	415,314
Plan expenses	22,091
	1,317,114
Total Deductions	1,317,114
Net Increase in Net Assets Available for Benefits before Transfers	5,430,241
Transfers from other qualified plans	23,412,122
Transfers to other qualified plans	(331,515)
	28,510,848
Net Increase in Net Assets Available for Benefits	28,510,848
Net Assets Available for Benefits, Beginning of Period	-
Net Assets Available for Benefits, End of Period	\$ 28,510,848

See accompanying notes to financial statements.

VENSURE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Vensure Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Plan is a pooled employer plan (“PEP”) established and administered by Slavic Integrated Administration, Inc. (“Slavic” or “third party administrator”), the Pooled Plan Provider (“PPP”), effective March 1, 2024. The Plan was established under the provisions of the Setting Every Community Up for Retirement Enhancement Act of 2019 (the “SECURE Act”). The Plan is a defined contribution plan covering eligible employees of participant employers, and is intended to qualify under Internal Revenue Code of 1986, as amended (the “IRC”) sections 401(a) and 501(a). The Plan is intended to constitute a multiple employer plan, as described under IRC sections 410(a), 411, 413, and 415. Each participating employer elects their own provisions related to eligibility, contributions, notes receivable from participants, vesting, and payment of benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan is administered as a PEP, as defined in section 3(43) of ERISA, in accordance with the requirements of Section 413(e) of the IRC, the regulations thereunder, and other applicable authority. A PEP allows numerous unrelated businesses of any size to participate in a single retirement plan that is managed by a PPP who must register as such with the Department of Labor (“DOL”) and the Department of Treasury. The PPP is a named fiduciary of a PEP and acts as the plan administrator. The PPP has overall responsibility for the operation and administration of the Plan.

Participating employers in a PEP may have different plan provisions for their respective participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer. Employees of participating employers who are not excluded by certain provisions in the plan document may enter the Plan on various entry dates coinciding with or following the date on which those employees meet the eligibility requirements as outlined within their respective employer’s adoption agreement.

Plan Administration

Slavic has registered with the appropriate regulatory authorities to act as the PPP of the Plan and acts as the recordkeeper and third-party administrator of the Plan. Mid Atlantic Trust Company (“MATC” or “trustee”) serves as the trustee of the Plan.

Contributions

Eligible employees may contribute up to 100% of compensation of either their pre-tax or after-tax compensation, subject to the allowable limits established by the Internal Revenue Service (“IRS”). Employees may also contribute catch up contributions upon obtaining the age of 50. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan and may change their fund allocation percentages at any time.

Participating employers can elect to make safe harbor contributions to the Plan on the employee’s behalf, in which the employee is 100% vested in said contributions. Discretionary employer-provided matching contributions may be made to the Plan on the employee’s behalf. The match, if any, will be a discretionary percentage of the elective contributions made to the Plan by the employee. The employer will determine the amount of the discretionary matching contribution, or profit-sharing contribution, if any, that will be made to the Plan. Contributions are subject to certain limitations.

**VENSURE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024**

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Such contributions are excluded from the participant's taxable income for federal income tax purposes until received as a withdrawal from the Plan. Total participant contributions in any calendar year are limited to the applicable limit under the IRC Section 402(g). The Plan also provides that certain limitations may be imposed on participants' contributions in order to comply with statutory requirements.

Forfeitures

Forfeited balances of terminated participant's nonvested accounts are used to reduce future employer contributions or pay Plan expenses. Forfeitures totaling \$14,795 were used during the year ended December 31, 2024, to reduce employer contributions. Forfeitures available for future use were \$6,684 as of December 31, 2024.

Participant Investment Account Options

The Plan currently offers various mutual funds and common collective trusts as investment options for participants. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings. Allocations are based upon participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

The plan includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Vesting

Participants are immediately vested in their voluntary contributions and employer safe harbor contributions plus actual earnings thereon. Vesting of employer's matching contributions and discretionary contributions plus earnings thereon is based on various years of service. The vested portion of participant accounts containing discretionary employer contributions will be determined based on years of service with the employer through the date of termination of employment with the employer. The vesting schedule is determined by each adopting employer.

VENSURE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Upon termination of service, hardship, normal retirement date or age 59 1/2 a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the value of the participant's vested balance or elect to have benefits paid in the form of a direct rollover to an individual retirement account or other qualified retirement plan described in Section 401(a) of the IRC. If a participant dies or terminates employment due to becoming disabled while still an employee of the Company, the full amount of the participant's account will become 100% vested.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's policy is to prepare its financial statements on the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

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. Plan management determines the Plan's valuation policies utilizing information provided by the investment trustee. See Note 7 for discussion of fair value measurements.

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

Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus 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.

Payment of Benefits

Benefits are recorded when paid.

**VENSURE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

Certain expenses of the Plan are paid by the Company and are not included in the statements of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, MATC, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate with respect to investments:

- Investments at fair value
- Notes receivable from participants
- Net depreciation in fair value of investments
- Interest and dividends
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE 4 - TAX STATUS

The Plan sponsor has adopted a volume submitter profit sharing plan with a cash or deferred arrangement ("CODA"). The volume submitter document has received an opinion letter from the IRS dated June 30, 2020, stating the Plan is qualified under Section 401(a) of the IRC. Although the Plan has not been issued an individual opinion letter and has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

VENSURE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of registered investment companies managed by Slavic and held by MATC. MATC, under terms of an investment contract, serves as the trustee and holds all the Plan's investment assets and executes transactions therein. MATC is the trustee as defined by the Plan and, therefore, the related transactions qualify as party-in-interest.

Slavic provides to the Plan certain accounting and administrative services for which the fees are charged to the Plan. Slavic also provides broker-related services to the Plan for which commissions are charged to the Plan.

NOTE 6 - ADMINISTRATIVE EXPENSES

Administrative expenses paid from the Plan represent recordkeeping and professional fees, which amounted to \$22,091 for the year ended December 31, 2024.

NOTE 7 - 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 Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASU") Topic 820 are described below:

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024.

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.

**VENSURE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024**

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Total
Mutual funds	\$ 27,558,388	\$ 27,558,388
Investments measured at NAV:		
Common collective trust *		35,080
Total assets at fair value		\$ 27,593,468

*In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - RISKS, UNCERTAINTIES, AND CONCENTRATIONS

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. At December 31, 2024, approximately 18% of the Plan's investments were invested in the Vanguard Total Stock Market Index Admiral Fund.

VENSURE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024

NOTE 10 - NON-EXEMPT TRANSACTIONS

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer.

Contributions amounting to \$36,894 were not remitted timely to the trust during the year ended December 31, 2024. Correction of the contributions for the year ended December 31, 2024, were pending as of the date the audit report was available to be issued.

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULES

VENSURE RETIREMENT PLAN
PLAN NUMBER 016, EIN 39-2377547
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, LINE 4i
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current value
	iShares MSCI EAFE International Index K	Mutual Fund	(1)	\$ 950,902
	Fidelity International Bond Index Fund	Mutual Fund	(1)	83,606
	Franklin Small-Mid Cap Growth Fund Class	Mutual Fund	(1)	58,703
	Fidelity 500 Index	Mutual Fund	(1)	1,606,478
	Fidelity US Bond Index	Mutual Fund	(1)	574,417
	Mfs Mid Cap Value Fund CL R6	Mutual Fund	(1)	57,250
	Invesco Oppenheimer Gold & Special Miner	Mutual Fund	(1)	59,086
	American Funds Bond Fund of America R6	Mutual Fund	(1)	24,568
	American Funds Growth and Income Portfol	Mutual Fund	(1)	10,310
	American Funds Growth Portfolio Class R-	Mutual Fund	(1)	13,382
	American Funds Conservative Growth and I	Mutual Fund	(1)	1,045
	American Funds American Balanced R6	Mutual Fund	(1)	72,687
	American Funds New World R6	Mutual Fund	(1)	133,319
	Victory Nasdaq 100 Index Fund R6 Shares	Mutual Fund	(1)	440,730
	Vanguard Intermediate-Term Bond Index Ad	Mutual Fund	(1)	1,813,999
	Vanguard Consumer Staples Index	Mutual Fund	(1)	802,975
	Vanguard Explorer Adm	Mutual Fund	(1)	23,628
	Vanguard Financials Index Admiral	Mutual Fund	(1)	24,039
	Vanguard Target Retirement 2055	Mutual Fund	(1)	1,561,606
	Vanguard Target Retirement 2050	Mutual Fund	(1)	1,676,167
	Vanguard Target Retirement 2040	Mutual Fund	(1)	863,816
	Vanguard Real Estate Index Admiral	Mutual Fund	(1)	5,433
	Vanguard Healthcare Index Admiral	Mutual Fund	(1)	26,375
	Vanguard Mid Cap Index Admiral	Mutual Fund	(1)	170,133
	Vanguard Information Technology Index Ad	Mutual Fund	(1)	329,012
	Vanguard Target Retirement 2065 Inv	Mutual Fund	(1)	317,561
	Vanguard Federal Money Market	Mutual Fund	(1)	1,324,305
	Vanguard Small Cap Value Index Adm	Mutual Fund	(1)	66,623
	Vanguard Small Cap Index Admiral	Mutual Fund	(1)	204,525
	Vanguard Target Retirement 2070	Mutual Fund	(1)	32,409
	Vanguard Short-Term Inf Prot Index Admir	Mutual Fund	(1)	13,464
	Vanguard Target Retirement 2030	Mutual Fund	(1)	1,332,086
	Vanguard Target Retirement Income	Mutual Fund	(1)	10,311
	Vanguard Target Retirement 2045	Mutual Fund	(1)	1,824,167
	Vanguard Developed Market Index Adm	Mutual Fund	(1)	519,076
	Vanguard Total Stock Market Index Admira	Mutual Fund	(1)	4,976,357
	Vanguard Target Retirement 2035	Mutual Fund	(1)	2,289,181
	Vanguard Target Retirement 2060	Mutual Fund	(1)	640,788
	Vanguard Target Retirement 2025	Mutual Fund	(1)	929,956
	Vanguard Target Retirement 2020	Mutual Fund	(1)	1,241,008
	Vanguard Utilities Index Admiral	Mutual Fund	(1)	163,328
	Vanguard Value Index Admiral	Mutual Fund	(1)	217,869
	Vanguard High Yield Corporate Admiral	Mutual Fund	(1)	71,708
	Columbia Mgmt Trust Stable Govt.	Common Collective Trust	(1)	35,080
				27,593,468
*	Notes receivable from participants (interest rate range 4.25%-10.50%)			202,767
				\$ 27,796,235
*	Party-in-interest as defined by ERISA			

(1) Cost information may be omitted for plan assets which are participant-directed.

**VENSURE RETIREMENT PLAN
 PLAN NUMBER 016, EIN 39-2377547
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 FORM 5500, SCHEDULE H, LINE 4a
 December 31, 2024**

Participant Contributions Transferred Late to Plan: \$36,894	Total that Constitute Nonexempt Prohibited Transactions:			Total Fully Corrected Under VFCP and PTE 2002-51: \$ -
Check here if late participant loan contributions are included. <input checked="" type="checkbox"/>	Contributions Not Corrected: \$36,894 *	Contributions Corrected Outside VFCP: \$ -	Contributions Pending Correction in VFCP: \$ -	

* Contributions totaling \$36,894 have been remitted to the trust. Calculation of lost Plan earnings and correction is pending.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

VENSURE RETIREMENT PLAN

PLAN # 016

EIN # 39-2377547

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		950,902
	Fidelity	FBIX - Fidelity International Bond Index Fund		83,606
	Franklin	FMGGX - Franklin Small-Mid Cap Growth Fund Class		58,703
	Fidelity	FXAIX - Fidelity 500 Index		1,606,478
	Fidelity	FXNAX - Fidelity US Bond Index		574,417
	MFS	MVCKX - MFS MID CAP VALUE FUND CL R5		57,250
	Oppenheimer Funds	OGMIX - Invesco Oppenheimer Gold & Special Miner		59,086
	Columbia	QELKQ - Columbia Mgmt Trust Stable Govt. 0		35,080
	American Funds	RBFGX - American Funds Bond Fund of America R6		24,568
	American Funds	RGNGX - American Funds Growth and Income Portfolio		10,310
	American Funds	RGWGX - American Funds Growth Portfolio Class R		13,382
	American Funds	RINGX - American Funds Conservative Growth and Income		1,045
	American Funds	RLBGX - American Funds American Balanced R6		72,687
	American Funds	RNWXG - American Funds New World R6		133,319
	Victory	URNQX - Victory Nasdaq 100 Index Fund R6 Shares		440,730
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		1,813,999
	Vanguard	VCSAX - Vanguard Consumer Staples Index		802,974
	Vanguard	VEVRX - Vanguard Explorer Adm		23,627
	Vanguard	VFAIX - Vanguard Financials Index Admiral		24,039
	Vanguard	VFFVX - Vanguard Target Retirement 2055		1,561,605
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,676,166
	Vanguard	VFORX - Vanguard Target Retirement 2040		863,816
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		5,433
	Vanguard	VHCIX - Vanguard Healthcare Index Admiral		26,375
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		170,132
	Vanguard	VITAX - Vanguard Information Technology Index Ad		329,015
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		317,561
	Vanguard	VMFXX - Vanguard Federal Money Market		1,324,305
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		66,624
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		204,526
	Vanguard	VSVNX - Vanguard Target Retirement 2070		32,409
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		13,464
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,332,086
	Vanguard	VTINX - Vanguard Target Retirement Income		10,311
	Vanguard	VTIVX - Vanguard Target Retirement 2045		1,824,167
	Vanguard	VTMGX - Vanguard Developed Market Index Adm		519,076
	Vanguard	VTMAX - Vanguard Total Stock Market Index Admira		4,976,358
	Vanguard	VTTHX - Vanguard Target Retirement 2035		2,289,182
	Vanguard	VTTSX - Vanguard Target Retirement 2060		640,788
	Vanguard	VTTVX - Vanguard Target Retirement 2025		929,956
	Vanguard	VTWNX - Vanguard Target Retirement 2020		1,241,008
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		163,327
	Vanguard	VVIAX - Vanguard Value Index Admiral		217,869
	Vanguard	VWEAX - Vanguard High Yield Corporate Admiral		71,708
	Loan	4.25% - 10.50%		202,767