

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>HELPSIDE INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>07/01/1990</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>07/01/1990</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HELPSIDE INC.</u> <u>395 WEST 600 NORTH</u> <u>LONDON, UT 84042-1330</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>87-0476353</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>800-748-5102</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>87-0476353</u>	2c Plan Sponsor's telephone number <u>800-748-5102</u>	2d Business code (see instructions) <u>524210</u>	
2b Employer Identification Number (EIN) <u>87-0476353</u>					
2c Plan Sponsor's telephone number <u>800-748-5102</u>					
2d Business code (see instructions) <u>524210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	FIDUCIARY SERVICES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor NATIONAL BENEFIT SERVICES, LLC 8523 SOUTH REDWOOD ROAD WEST JORDAN, UT 84088	3b Administrator's EIN 20-3886993 3c Administrator's telephone number 801-532-4000
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 10044
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 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) 8596 6a(2) 8231 6b 131 6c 1646 6d 10008 6e 1 6f 10009 6g 5800 6h 186
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: 2J 2K 2G 2E 2F 2A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan HELPSIDE INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC.	D Employer Identification Number (EIN) 87-0476353

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932319-000		01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	161542412
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION		
b	Balance at the end of the previous year	7b	11970992
c	Additions: (1) Contributions deposited during the year	7c(1)	2812688
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	100333
	(4) Transferred from separate account.....	7c(4)	2977774
	(5) Other (specify below)..... ▶ CONVERSION ASSETS EBA CREDITS & FORFEITURE CREDITS LOAN PAYMENTS	7c(5)	1562748
	(6) Total additions	7c(6)	7453543
d	Total of balance and additions (add lines 7b and 7c(6))	7d	19424535
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2371892
	(2) Administration charge made by carrier.....	7e(2)	27759
	(3) Transferred to separate account.....	7e(3)	1859201
	(4) Other (specify below)..... ▶ ADMINISTRATION & TPA FEES LOAN & WITHDRAWAL FEES FORFEITURES	7e(4)	1072446
	(5) Total deductions	7e(5)	5331298
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	14093237

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan HELPSIDE INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC.	D Employer Identification Number (EIN) 87-0476353

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

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

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

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

401(K) BELAY, LLC

04-3682160

(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?
27	INVESTMENT ADVISORY-PLAN	730935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL BENEFIT SERVICES, LLC

20-3886993

(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 64	THIRD PARTY ADMINISTRATOR	223065	Yes ☒ No ☐	Yes ☒ No ☐	2114	Yes ☐ No ☒

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

TRANSAMERICA FINANCIAL LIFE INSUR

36-6071399

(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 52 62 64 67	RECORDKEEPER	12501	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

HELPSIDE, INC.

87-0476353

(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?
35	PLAN SPONSOR	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEDDINGTON & CHRISTENSEN CPA'S

45-4186798

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	9707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL BENEFIT SERVICES, LLC	15 37 64	2114

(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.
TRANSAMERICA FINANCIAL LIFE INSURAN 36-6071399	THIRD PARTY ADMINISTRATION

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>HELPSIDE INC. 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HELPSIDE INC.</u>	D Employer Identification Number (EIN) <u>87-0476353</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: <u>TRANSAMERICA LIFE GOAL 2060 WITH BLA</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-842</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48094</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN UTILITIES RET ACCT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-087</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>193993</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA LIFE GOAL 2055 WITH BLA</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-841</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>222615</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIRST EAGLE GOLD RET ACCT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-323</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>362341</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD MATERIALS INDEX RET ACCT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-959</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>416432</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK HEALTH SCIENCES OPPORTUNI</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-844</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>767721</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA LIFE GOAL 2040 WITH BLA</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-838</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>809343</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY SCIENCE AND TECHNOLOGY		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-848	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1236184
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RETIREMENT WI		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-833	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1250003
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-970	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1258074
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-839	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1383354
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. TARGETED VALUE PORTFOLIO R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-527	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1586035
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1947045
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-836	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2064844
a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON GLOBAL FIXED INCOME RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-968	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2348518
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2512835
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATIONAL INDEX RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2591809

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL SMALL COMPANY POR		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-721	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2626072
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-835	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2787408
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE SMALL CAP GROWTH RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-990	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2806326
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-625	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3236546
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-043	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3280505
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-840	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3363153
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP GROWTH EQUITY RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3912579
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-219	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4093952
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4886407
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5568077

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATEGIC INCOME RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-996	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8098885
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO LONG-TERM CREDIT BOND RET ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-822	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8287612
a Name of MTIA, CCT, PSA, or 103-12 IE: USAA INTERMEDIATE TERM BOND RET ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-329	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8459442
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVESTORS RET ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-994	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8556780
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-837	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11653348
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-957	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17503207
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GROWTH OPPORTUNITI		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-201	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19896201
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21526429
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HELPSIDE INC. 401(K) PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC.	D Employer Identification Number (EIN) 87-0476353	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	1535053	1624686
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	129858862	161542168
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11927729	14039118
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	143321644 177205972
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	143321644 177205972

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	7337167
	(B) Participants	2a(1)(B)	18534092
	(C) Others (including rollovers).....	2a(1)(C)	5948058
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	31819317
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)	72057
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	72057
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		17576625
(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)		98210
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		49566209
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12711446	
(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)		12711446
f Corrective distributions (see instructions).....	2f		275141
g Certain deemed distributions of participant loans (see instructions).....	2g		128771
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	824341	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		824341
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13939699
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		35626510
l Transfers of assets:			
(1) To this plan.....	2l(1)		4570711
(2) From this plan.....	2l(2)		6312893

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: KEDDINGTON & CHRISTENSEN

(2) EIN: 45-4186798

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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)
SILICON SLOPES COMMONS 401(K) PLAN	87-0482975	001
LYLE W. WILLIAMS COMPANY 401(K) PLAN	87-0305609	001
BARRET BUSINESS SERVICES, INC.	52-0812977	001
UNITED BENEFITS CONSULTING	56-2551817	001

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 _____.

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FRESHLIME, INC. 401(K) PLAN	46-4709126	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan HELPSIDE INC. 401(K) PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC.	D Employer Identification Number (EIN) 87-0476353

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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): 36-6071399	
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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.....	☐ Increase	☐ Decrease	☐ Both	☐ 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?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



INDEPENDENT AUDITOR'S REPORT

To the Trustees
Helpside Inc
401 (k) Profit Sharing Plan
Lindon, Utah

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

We have performed an audit of the accompanying financial statements of the Helpside Inc 401(k) Profit Sharing 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). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, 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 Helpside Inc 401(k) Profit Sharing 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 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.

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.
- the information in the financial statements referred to above 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Helpside Inc 401(k) Profit Sharing 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 Helpside Inc 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's 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 auditor's 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Helpside Inc 401(k) Profit Sharing 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 Helpside Inc 401(k) Profit Sharing 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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

Supplemental Schedule Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

K&C, CPAs

Salt Lake City, Utah

October 6, 2022

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Helpside Inc
401 (k) Profit Sharing Plan
Lindon, Utah

We were engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of the Helpside Inc 401(k) Profit Sharing Plan as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with the modified cash basis of accounting as described in Note 2; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020, certifying that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statement was prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to this matter.

Report on Form and Content in Compliance With DOL Rules and Regulations for 20X1 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

K&C, CPAs

Salt Lake City, Utah
October 6, 2022

HELPSIDE INC
401(K) PROFIT SHARING PLAN
Schedule H, Line 4i – Schedule Of Assets Held at End of Year (Modified Cash Basis)
(Continued)
Employer Identification Number 87-0476353 Plan #333
December 31, 2021

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* State Street Russell Sm Cap Index Ret Acct	Pooled accounts	**	\$ 4,886,407
* State Street Internatnl Index Ret Acct	Pooled accounts	**	2,591,809
* State Street S&P Md Cap Indx Ret Acct	Pooled accounts	**	1,947,045
* DFA U.S. Targeted Val Port Ret Acct	Pooled accounts	**	1,586,035
* Transamerica LifeGoal Ret with BlackRck RetAct	Pooled accounts	**	1,250,003
* Transamerica LifeGoal 2025 with BlackRck RetAct	Pooled accounts	**	2,787,408
* Transamerica LifeGoal 2030 with BlackRck RetAct	Pooled accounts	**	2,064,844
* Transamerica LifeGoal 2035 with BlkRck RetAct	Pooled accounts	**	11,653,348
* Transamerica LifeGoal 2040 with BlkRck Ret Act	Pooled accounts	**	809,343
* Transamerica LifeGoal 2045 with BlkRck Ret Acct	Pooled accounts	**	1,383,354
* Transamerica LifeGoal 2050 with BlkRck Ret Acct	Pooled accounts	**	3,363,153
* Transamerica LifeGoal 2055 with BlkRck Ret Acct	Pooled accounts	**	222,615
* Transamerica LifeGoal 2060 with BlkRck Ret Acct	Pooled accounts	**	48,094
* American Funds New World Ret Acct	Pooled accounts	**	3,236,546
* DFA Intrntl Sm Comp Port Ret Acct	Pooled accounts	**	2,626,072
* TA Vanguard REIT Index Ret Acct	Pooled accounts	**	2,512,835
* TA Vanguard Total Stck Mrkt Index Ret Acct	Pooled accounts	**	21,526,429
* PIMCO Long-Term Credit Bond Ret Acct	Pooled accounts	**	8,287,612
* BlackRock Hi Yld Bd Ret Acct	Pooled accounts	**	4,093,952
* BlackRock Hlth Scncs Opps Ret Acct	Pooled accounts	**	767,721
* Janus Henderson Balanced Ret Acct	Pooled accounts	**	1,258,074
* BNY Mellon Global Fixed Income Ret Acct	Pooled accounts	**	2,348,518
* Delaware Ivy Science and Tech Ret Acct	Pooled accounts	**	1,236,184
* ClearBridge Sm Cap Gr Ret Acct	Pooled accounts	**	2,806,326
* MFS Mass Invstr Ret Acct	Pooled accounts	**	8,556,780
* Pioneer Strategic Inc Ret Acct	Pooled accounts	**	8,098,885
* MFS Md Cap Val Ret Acct	Pooled accounts	**	3,280,505
* American Funds EuroPacific Gr Ret Acct	Pooled accounts	**	5,568,077
* Putnam Large Cap Value Ret Acct	Pooled accounts	**	17,503,207
* Vanguard Materials Index Ret Acct	Pooled accounts	**	416,432
* Franklin Utilities Ret Acct	Pooled accounts	**	193,993
* BlackRock Mid-Cap Growth Equity Ret Acct	Pooled accounts	**	3,912,579
* Fidelity Advisor Growth Opportunities Ret Acct	Pooled accounts	**	19,896,201
* First Eagle Gold Ret Acct	Pooled accounts	**	362,341
* USAA Intermediate Term Bond Ret Acct	Pooled accounts	**	8,459,442
			<u>\$ 161,542,168</u>
* Tranamerica Stable Value Core Account	Investment contract	**	<u>\$ 14,039,118</u>
Participant Loans	Participant loans secured by participants vested accrued benefit. Interest rates varied from 4.25% to 6.50%.	\$ -	<u>\$ 1,618,214</u>

* Transamerica Financial Life Insurance Company is a party in interest.

**Cost information is not required for participant directed investments.

Name of Participating Employer	EIN	Percent of Total Contributions
Vase Funeral Home Inc.	83-0251226	0.0568%
Hunter Family Medical Clinic PC	83-0330098	0.3474%
Wyoelectric Inc.	20-1496512	0.0487%
State Bank	84-1417343	0.0464%
Deru's Glass Works Inc.	83-0269751	0.2158%
Griffith Engineering Services LLC	43-2096356	0.1339%
Marshalls Truck Repair LLC	84-1411783	0.1768%
Parnells Glass & Body Works	20-3239357	0.0182%
Uinta Bank	83-0151940	0.4998%
Alliance Drilling Tools, LLC	27-0766102	1.0010%
Wyoming Specialized Physical Therapy	30-0051569	0.0900%
Wyoming Fabrication Enterprises	20-1717298	0.4142%
Wyoming Fabrication & Machine	20-1717127	0.0809%
Oscilla Power, Inc	27-0790220	0.3667%
Sweetwater Technology Services Inc.	20-8937499	0.0760%
MKE Steel Detailing	45-5474643	0.2148%
Physicians Choice Home Health Care	48-1303361	0.0896%
Jerry G. Davis Construction Inc.	87-0514937	0.2135%
Privacy Link LLC	87-0633770	0.1986%
Youth Alternative Home Association	83-0269541	0.0863%
Finicity	87-0661752	7.8473%
Cobalt Refrigeration Inc.	87-0648815	0.2095%
Dentmaster Body Shop Inc.	87-0581087	0.2326%
Dexter & Dexter	87-0650309	0.2428%
Poole & Associates, LC	87-0646228	0.1733%
ESP Excavation Inc.	20-1173848	0.1221%
Freeway Propane Inc.	87-0449808	0.0377%
North Star Printing LLC	47-3675210	0.4539%
Mountain Peaks Family Practice Inc.	87-0638632	0.0226%
Signature Floors Inc.	87-0549510	0.2125%
Bluefin Office Group LLC	87-0260924	0.0097%
WOI Steel Inc	87-0540130	0.0213%
Helpside Inc	87-0476353	1.9506%
Premier Plastics Inc.	87-0468504	0.6698%
Barnes Bullets - Mona, LLC	85-3166404	0.9657%
TSA Architects	87-0575827	0.4149%
Asphalt Zipper	87-0661865	0.4403%
Utah Controls Inc.	87-0496337	2.4148%
Atomic Construction, LLC	27-2250033	0.0342%
Utah Certified Development Company Inc.	87-0477091	0.2491%
Abbington Senior Living Corp	87-0644400	0.0623%
Intermountain GeoEnvironmental Services, Inc.	87-0581028	1.1279%
Bateman IP Law Group	80-0060375	0.0490%
Thomas J. Peck & Sons Inc.	87-0274025	0.3409%
North Davis Prep Academy Inc.	76-0762107	0.6562%
ZYTO	34-1997382	0.7664%

Destination Construction LLC	83-1359671	1.1683%
Wasatch Peak Academy	11-3738851	0.4349%
Terralogic Dynaquest	75-2981106	0.4338%
North Star Academy Inc.	13-4290294	0.5982%
WCEC Engineers, Inc.	86-1136352	0.0945%
Legacy Mill & Cabinet, Corp	87-0655829	0.0476%
AWD Sales and Service, Inc.	75-3142233	0.0273%
Syracuse Arts Academy	11-3738847	2.1536%
G & S Crane Service, LLC	20-4243936	0.0610%
Superior Cleaning Solutions	20-5636595	0.0207%
General Construction and Development	42-1562377	0.0100%
Okelberry Trucking	87-0579439	0.0601%
Diamond Heating & Cooling	90-0292812	0.2684%
M-13 Construction, Inc.	87-0683801	0.0894%
National LAN Exchange, Inc.	87-0533543	0.0291%
Acaaydia Spa and School of Aesthetics	87-0771149	0.0623%
Salt Lake Spine & Sport Medicine	87-0573977	0.0147%
Capital Rock LLC	20-5806291	0.9535%
Quest Academy	26-0198425	0.1303%
HiFunda LLC	26-3003580	0.1780%
Flatwork Technologies, LLC	26-1523136	0.7813%
Early Light Academy	26-2722827	0.9890%
Jefferson Academy	26-2546736	0.2791%
Hawthorn Academy	26-2723562	1.4848%
Mountain Heights Academy	26-3417162	2.8152%
Deer Crest Master Association	87-0679651	0.0728%
Maria Montessori Academy	26-3938335	0.0556%
OptiCat, LLC	26-4731828	0.1062%
Argon Technologies Inc	20-8958001	0.2842%
Progressive Industrial Electrical Inc	26-3274981	0.4224%
Signature Group Real Estate	27-0588301	0.0485%
Bowcutt Enterprises, Inc.	26-2821208	0.3024%
Alliance Dairy Service & Supplies Inc	71-0955001	0.4929%
Gerhart Cole Inc.	87-0622143	0.6268%
Green Light Group LLC	20-0404025	0.3557%
Snake River Farmers Association Inc	82-0401442	0.0701%
Johnson's Medical, Inc.	87-0491669	0.2515%
Thermal Engineering	26-1683138	0.4695%
HighMark Charter School	45-3789507	0.4544%
Invite Networks	45-4077489	0.9242%
Leadership Learning Academy	45-3821104	0.1545%
Wasatch Steel Erectors	87-2236757	0.1999%
Career Path High	46-2398951	0.2159%
Ascent Academies of Utah	46-2680772	2.0633%
Align BI LLC	26-3313686	0.3158%
Mountain States Trucking LLC	27-1609571	0.0286%
Mountain West Montessori Academy	46-2729463	0.5503%

Accelerated Services LLC	65-1198892	0.0616%
Roth Ag-Construction & Equipment Inc	47-1621310	0.3221%
Disruptive Advertising	46-2401586	3.5704%
YouScience, LLC	20-4923011	0.2798%
Dunn Construction LC	87-0573114	0.2554%
Systems West Performance LLC	26-2875498	0.7397%
CandyCo LLC	45-3060922	0.0157%
Metalmart Inc.	87-0533603	0.2793%
Pyne Floor Coverings	87-0394680	0.0312%
Curecrete Management Corp	87-0653420	0.1636%
Kolob Canyon Treatment Center	24-5710347	0.1008%
Lyle W. Williams Company Inc.	87-0305609	0.5042%
Sutherland Institute	87-0531727	0.1651%
Key Property Management LLC	30-0080051	0.0417%
Performance Rehab Clinic-Salt Lake, LLC	03-0485045	0.0013%
Twist Electric Inc	81-4987775	0.1991%
Moonridge Academy	20-2072452	0.1923%
Commercial Kitchen Supply	87-0563098	0.0109%
Foundation Systems Inc.	87-0430174	0.1420%
Certs Inc.	56-2447598	0.1523%
La Europa Academy	20-2072437	0.2126%
Mountain Springs Prep Academy	20-2043721	0.1717%
The Treeline Group	36-4491568	0.1606%
Hearth and Home Distributors of Utah	32-0080694	1.2875%
Boswell Wasatch Mill	20-4218343	0.3386%
Bassett Furniture Direct	01-0656036	0.1461%
Pacific Horizon Credit Union	87-0254941	0.2197%
Intermountain Fire Systems	84-1638290	0.0978%
CKR Engineers Inc	26-3946763	0.2831%
Jeffrey G. Ogden, MD PC	87-0547016	0.2272%
ContactPoint	87-0681965	0.1441%
Rocky Mountain Pies, LLC	20-4846068	0.6131%
Platinum Payments LLC	45-1846246	0.1867%
Links Holdings LLC	82-3692963	0.0449%
Ledges Canyon View Golf, LLC	46-2419342	0.1178%
TAMS, LLC	20-0278969	0.4688%
CANACK, Inc.	45-4102879	0.1164%
Adams and Smith	94-2309476	0.7436%
Cedar Valley Automotive & Welding	14-1900189	0.0718%
Optimal Auto Service, LLC	45-4646283	0.0053%
Onward Technology, LLC	27-4394603	0.4131%
Hearth and Home Stone LLC	45-5606299	0.2073%
Diamond-CBN Inc.	81-1648349	0.0377%
Dura Tuff Wear Products	77-0722760	0.1110%
Social5 LLC	36-4728612	0.3137%
The Spine Institute LLC	26-2977151	0.2996%
Mosaic House LLC	61-1749893	0.0057%

Rocky Mountain Lighting & Controls LLC	47-2380500	0.4679%
Uinta Technologies Inc	52-2387410	0.2131%
Paradigm High School	20-3338204	0.2846%
Qzzr, Inc.	47-1744199	0.2209%
Palmer Wholesale Inc	26-2936056	0.1797%
A Step Forward Home Health	20-8372219	2.0293%
CWD Corporation	26-4248124	0.0214%
VincoTech	98-1326311	0.1440%
Fowers Trucking LLC	80-0423061	0.0806%
Up Right Steel LLC	47-5372592	0.0490%
ClientSuccess Inc	46-4860642	0.4132%
Nomatic LLC	47-1745633	0.2147%
Absolute Air Heating & Air Conditioning Inc	84-1381087	0.4860%
Destination Real Estate LLC	47-4060211	0.4857%
Issimo Productions	20-3861353	0.0365%
Little Adventures, LLC	20-1994815	0.4886%
Pharmatech, Inc.	46-1702120	0.3824%
Union Title Insurance Agency, LLC	20-3715966	0.0870%
Teal Drones, Inc	47-5635123	0.3450%
CCC's HOLDCO LLC	81-2382551	0.0531%
Already Gone Inc	81-1914568	0.0535%
K.O. Transportation Inc.	45-2045176	0.0149%
Wallace Stegner Academy	47-3210780	1.3733%
Lodging Dynamics Hospitality Group LLC	71-0921781	0.0040%
Wasatch Fireplace & Stove	81-2741571	0.0597%
Central Utah Enterprises	38-3985487	0.3875%
5 Sons Services	46-3453422	0.3140%
Caldera Management LLC	47-2383794	0.4914%
Uinta Senior Citizens Inc.	83-0215583	0.1177%
Landmark Excavating Inc	02-0702131	0.3401%
Landmark Trucking LLC	47-3027683	0.0863%
Ace Management	27-3516183	0.0311%
Essential Hub LLC	81-3930727	0.2368%
Richards Law, PC	81-3660488	0.0232%
Xvoyant Inc	81-2567522	0.0448%
Karmaholic Media LLC	81-4706265	0.2190%
JobLark, Inc.	45-1064265	0.0489%
Landmark Lifting	47-2987962	0.0023%
H2 Homes	47-5675877	0.0718%
Natura Pest Services LLC	81-5319441	0.0908%
Blue 360 Media LLC	81-4672006	0.5046%
CCC's Holdco LLC	82-0854799	0.1258%
RCM St George Properties LLC	82-1472415	0.0808%
HFN Inc.	45-4222784	0.2715%
GCI Product Engineering LLC	82-1734610	0.0095%
Harris Architecture	48-1253731	0.1973%
SwipeClock LLC	46-5661050	3.3056%

Avi-on Labs Inc.	47-1086057	0.0842%
Super Saver Coupons Inc	87-0484810	0.0837%
Arch Construction Inc	32-0060840	0.0850%
SCVsoft, LLC	46-3224884	0.2357%
Salt Lake Aviation	82-1057601	0.1306%
Silver Peak Engineering Inc	87-0740940	0.3710%
e-Education LLC	37-1620940	1.2949%
Turner Medtech Inc	47-2065858	0.0842%
Turner Imaging	81-3211097	0.0547%
Academica West LLC	33-1064293	0.9784%
One West Construction LLC	20-3713783	0.0594%
Desktop Visual Products Inc.	87-0477068	0.1179%
D Cook Electrical Sales Inc	87-0624718	0.1164%
Plumbing Utah LLC	47-4640273	0.0313%
Phlebotomy Training Specialists	26-4175377	0.0110%
Phlebotomy Training Specialists USA	47-1869929	0.0977%
MSG Employment LLC	82-3677693	0.5557%
Basso Auto Dealers LLC	81-5149187	0.0963%
Zyia Active	81-2813014	1.0719%
Freshlime Inc	46-4709126	0.1592%
Rendezvous Rentals LLC	82-1637325	0.3094%
Hearth & Hill LLC	82-4892624	0.3632%
Prolink IT	20-0993435	0.0533%
Whitebrick Management	82-4757727	0.3245%
Natura Pest Control of Tulsa, LLC	82-4460229	0.0005%
Drive Ventures LLC	82-4192802	0.0034%
Armour Construction	82-3856656	0.6036%
Limbic Arc LLC	82-4852632	0.0923%
Mountain Standard Group LLC	81-3448419	0.3195%
Rocky Mountain Motor Cars Inc	84-1403028	0.0726%
Evanston Child Development Center	74-2183157	0.1485%
Momentum Development Group	27-3601524	0.7247%
Safehouse Services Inc	83-0248530	0.1876%
Craig Enterprises, Inc	87-0649117	0.1685%
Apple Tree Management LLC	26-0876679	0.0212%
Salad Technologies Inc	82-4968409	0.0823%
Darrin R Jeffery DDS PC	87-0644825	0.2251%
Ogden Weber Community Action Partnership	87-6124938	0.7925%
Hydrafab LLC	26-0514027	0.3541%
CDCCW Inc	82-3643743	0.0941%
Transform Management LLC	81-0963178	0.0194%
Ten Eighty LLC	83-1294789	0.3375%
Il Cavalieri LLC	81-4215804	0.1267%
Healthcare Compliance Pros	81-3958135	0.3106%
Peak Medical	83-1348370	0.0263%
Disaster Recovery Center Inc	20-2200859	0.0274%
Jidoka Systems LLC	20-8829537	0.3442%

Integrated Well Services	47-3124614	0.3868%
Allred's Inc	87-0209177	0.6178%
Strike Consulting Group LLC	82-4734386	0.1513%
AQS Inc., DBA Quality Solutions Corp.	87-0553593	0.2431%
RLS Construction LLC	81-0735223	0.0647%
Up North LLC	83-4006510	0.1120%
R&D Sweeping and Asphalt Maintenance LC	20-3884504	0.4029%
Silver Creek Animal Clinic, LLC	80-0227361	0.0586%
Precision Millwork LLC	47-2910512	0.0961%
JT Steel Inc	87-0481642	0.7061%
Laser Farm Manufacturing LLC	81-5000507	0.0177%
Oyboy Heating & Cooling LLC	83-1639295	0.1456%
Sorenson Forensics	26-2617935	0.6403%
Natura Pest Control LLC	83-3197021	0.0008%
Tri State Tire & Service LLC	83-3517548	0.0791%
Scholar Academy	46-3239199	0.6005%
Cottonwood Equity LLC	47-5448716	0.0881%
Utah Valley Mortuary & Cremation Center, LLC	27-3871141	0.2097%
Legacy Outdoor Adventures LLC	38-3846242	0.0499%
Luxury Properties of Jackson Hole LLC	47-2135123	0.0656%
Cedar Fort Inc	87-0439348	0.1713%
The Liquor Store of Jackson Hole	83-0327677	0.3067%
Halosight, Inc.	83-2343314	0.1865%
Super Top Secret LLC	27-1025869	0.1114%
Aardevo North America	30-1195762	0.1235%
Peak Measurement and Analysis	82-1489080	0.2220%
Bridge Elementary	83-3548280	0.2933%
Apex Property Management LLC	56-2502563	0.1736%
Arive Homes LLC	46-1521733	0.2162%
Pure Infusion Suites of Billings MT Center 1 LLC	83-2261069	0.0263%
ADS Steel Detailing LLC	84-2231884	0.1230%
Little Learners of Price LLC	81-2987334	0.0294%
Hunt Enterprises, Inc.	87-0322677	0.1471%
Ashcroft and Payne Inc	87-0424897	0.0126%
Smart Wave Solar LLC	84-2515868	0.5782%
Pure Infusion Suites of Boise LLC	84-3409834	0.0615%
Pure Infusion Suites of Great Falls LLC	84-3289905	0.0222%
Glenn William Enterprises, LLC	74-3051600	0.1094%
Professional Rig Services, Inc.	45-3060178	0.3316%
Lehi Physical Therapy, LLC	20-1855087	0.0917%
Nutriient LLC	84-3808751	0.0134%
Cook Surveying & Associates, LLC	84-3341489	0.0500%
Fife Dermatology Utah PLLC	82-3731846	0.1065%
Pure Infusion Suites of Colorado Springs	84-3620652	0.0359%
Advantage Arts Academy	82-0987141	0.0069%
Pure Infusion Suites, LLC	83-2068196	0.1653%
Alpine Apothecary 2, LLC	83-1686269	0.0285%

HealthLinX LLC	87-0660214	0.2419%
Berkley, LLC	82-2775405	0.1586%
Aspen Mountain Electric LLC	20-0957254	0.0393%
Sponenburgh & Company	26-3527149	0.1651%
Intermountain West Powersports LLC	85-1569198	0.2082%
Pure Infusion Suites	84-3906985	0.0174%
Big Red Jelly, LLC	82-2827119	0.0194%
Indicio PBC	85-0605709	0.0789%
Outlaw Hotshot LLC	45-5529195	0.0023%
Mike Walker Trucking LLC	84-4766921	0.0196%
Powell Healthcare Coalition	46-0955812	0.2103%
Ascend Salesforce Consulting	84-3630294	0.0029%
Lunch Pro LLC	85-0792883	0.0082%
Montana Arthritis Center	84-4807759	0.0641%
Barch Industries, LLC	84-2665545	0.0090%
Montana Arthritis Center of Great Falls LLC	85-1316512	0.1829%
Peak Disposal, LLC	82-2064930	0.0424%
Proterra Pest Control of TriCities LLC	85-3569600	0.0137%
Cold-Tech Refrigeration, LLC	84-4342414	0.7027%
Blue Sun Products, LLC	27-3405145	0.0681%
Avative LLC	46-3439127	0.2058%
VMN, LLC	82-2092375	0.0848%
BlueEQ LLC	46-4450621	0.1248%
Resono Pressure Systems, Inc.	82-1228443	0.0634%
P1 Title Insurance Agency, LLC	84-5178335	0.0200%
Valley Supply LLC	82-3541078	0.0115%
Wohali Builders, LLC	86-1320545	0.0812%
Griffith Automotive Group LLC	85-2752112	0.0325%
Kenneth L Crump, MD PC	87-0638151	0.3034%
Concord Homes LLC	81-1883046	0.0553%
Jack R. Gage Refrigeration Inc	81-0849401	0.1324%
Wyoming Inn Holdings, LLC	82-4636099	0.0637%
River Excavation, LLC	86-2622867	0.0181%
3DIO, Inc	84-1819074	0.0018%
Phoenix Rebellion Therapy, LLC	84-4010500	0.1172%
Sumo Technologies LLC	86-2545358	0.2260%
Pure Infusion Suites of Taylorsville LLC	86-2515115	0.0092%
Digital Print Marketing Inc	47-2538926	0.0463%
Swello LLC	83-2780843	0.0426%
MCC of Bonita Springs LLC	86-4003993	0.0336%
Pure Infusion Suites of Bonita Springs LLC	86-3160444	0.0104%
Quivers International Inc	45-4648702	0.1208%
Diamond Heating & Cooling LLC	85-3904226	0.2210%
Utah Pride Center	87-0504077	0.0526%
Adapt Therapy LLC	86-2954631	0.0063%
Woos LLC	88-0572606	0.0492%
Deer Hollow Recovery	47-4018861	0.0559%

Ledges Vacation Rentals, LLC

86-1644408

0.0056%

**HELPSIDE INC
401 (k) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

For The Years Ended December 31, 2021 and 2020

Together with Independent Auditor's Report

HELPSIDE INC
401(k) PROFIT SHARING PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Helpside Inc
401 (k) Profit Sharing Plan
Lindon, Utah

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

We have performed an audit of the accompanying financial statements of the Helpside Inc 401(k) Profit Sharing 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). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, 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 Helpside Inc 401(k) Profit Sharing 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 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.

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.
- the information in the financial statements referred to above 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Helpside Inc 401(k) Profit Sharing 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 Helpside Inc 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's 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 auditor's 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Helpside Inc 401(k) Profit Sharing 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 Helpside Inc 401(k) Profit Sharing 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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

Supplemental Schedule Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

K&C, CPAs

Salt Lake City, Utah
October 6, 2022

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Helpside Inc
401 (k) Profit Sharing Plan
Lindon, Utah

We were engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of the Helpside Inc 401(k) Profit Sharing Plan as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with the modified cash basis of accounting as described in Note 2; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020, certifying that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statement was prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to this matter.

Report on Form and Content in Compliance With DOL Rules and Regulations for 20X1 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

K&C, CPAs

Salt Lake City, Utah
October 6, 2022

HELPSIDE INC
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments:		
Pooled separate accounts, at fair value	\$ 161,542,168	\$ 129,858,862
Stable value fund, at contract value	<u>14,039,118</u>	<u>11,771,276</u>
Total investments	175,581,286	141,630,138
Notes receivable from participants	<u>1,618,214</u>	<u>1,535,053</u>
Total Assets	<u>177,199,500</u>	<u>143,165,191</u>
Liabilities		
Excess contributions payable	<u>218,189</u>	<u>195,700</u>
Total Liabilities	<u>218,189</u>	<u>195,700</u>
Net Assets Available For Benefits	<u><u>\$ 176,981,311</u></u>	<u><u>\$ 142,969,491</u></u>

The accompanying notes are an integral part of these financial statements.

HELPSIDE INC
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
For The Year Ended December 31, 2021

	<u>2021</u>
Additions	
Additions to net assets attributed to:	
Investment income	
Net appreciation/(depreciation) in fair value of investments	\$ 17,617,542
Interest	170,669
	<u>17,788,211</u>
Contributions	
Employee, salary reduction - 401k	18,534,092
Refund of excess employee contributions	(192,022)
Employer, company matching	7,373,374
Refund of excess employer contributions	(26,167)
Employee rollovers	5,941,586
	<u>31,630,863</u>
Conversions in	<u>4,550,189</u>
Total additions	53,969,263
Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	12,967,011
Conversions out	6,291,799
Administrative expenses	824,340
	<u>20,083,150</u>
Total deductions	20,083,150
Net increase	33,886,113
Net Assets Available For Benefits	
Beginning of year	142,969,491
Adjustment to add forfeitures	125,707
	<u>143,095,198</u>
End of year	<u><u>\$ 176,981,311</u></u>

The accompanying notes are an integral part of these financial statements.

HELPSIDE INC
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF PLAN

The following description of the Helpside Inc 401 (k) Profit Sharing Plan (the Plan) provides only general information regarding the Plan in place as of December 31, 2021. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan. Each employer may choose from nine available plan options or may make slight modifications to those plans. An employee must be 18 years of age to participate in these plans. Length of service ranges from none to one year with a minimum of 1,000 hours of service worked. All administrative fees are earned by the third party administrators. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may elect to defer up to 100% of their salaries or the maximum amount allowed by the IRS, whichever is less. The maximum allowed by the IRS was \$19,500 (\$26,000 for participants age 50 or older), for both of the years ended December 31, 2021 and 2020, respectively. Employers match from 0% to 100% of participants' contributions, but not to exceed 4% of total wages.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution and Plan earnings and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting schedules are either immediate 100% vesting or 20% per year for six years starting in year two. Vesting applies to the employer match portion of the contribution.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. However, the Plan administrator may permit a participant whose vested aggregate account balance is \$20,000 or less to borrow an amount that does not exceed the lesser of \$10,000 or 100% of the participant's vested aggregate account balance if adequate security is provided to cover the 50% limitation mentioned above. The loans are secured by the vested balance in the participant's account and bear interest at rates ranging from 4.25% - 6.50%. Interest rates are based on the rates available locally for similar commercial loans. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service the participant will receive a lump-sum cash payment in the amount equal to the value of the participant's interest in his or her account unless the participant elects a direct rollover. The plan administrator may distribute a terminated participant's interest if it is less than \$1,000.

Plan Termination

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan Agreement to discontinue the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants will have a 100% vested interest in their accounts as of the date of termination, and all accounts will be distributed in a lump sum.

HELPSIDE INC
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF PLAN (Continued)

Forfeited Accounts

The un-vested amounts forfeited by withdrawing participants who were not fully vested totaled \$112,101 and \$126,599 for the years ended December 31, 2021 and 2020, respectively. These forfeited amounts may be used to offset administrative expenses, reserved to restore the forfeited portions of eligible returning employees' accounts who rejoin the Plan, or to reduce any matching contributions for the current Plan year or for a future Plan year. For the years ended December 31, 2021 and 2020, employer contributions were reduced \$36,207 and \$27,146, respectively, from forfeited accounts. For the year ended December 31, 2021, administrative expenses were offset with forfeitures totaling \$1,883, \$21,094 was distributed to departing employers and there was a gain on the account of \$1,479. As of year end December 31, 2021 and 2020, the balance of available forfeited accounts was \$271,683 and \$217,286 respectively.

Plan Expense Budget Account

As part of the recordkeeping and administrative service fee arrangement with Transamerica Retirement Solutions (TRS), TRS agrees to reimburse to the Plan investment fund related revenue received by TRS that is in excess of the agreed upon service fee structure. The reimbursement amounts, if any, are paid to the Plan in a Plan reimbursement account. Investment fund related revenue received by TRS typically includes Rule 12b-1 fees and service fees paid by the fund or the fund's affiliates. The Plan reimbursement account may be used by the Plan to pay direct and necessary expenses of the Plan. As of December 31, 2021, the balance in this account was \$53,305. During the year ended December 31, 2021 \$506,180 was added to this account and \$496,696 was disbursed from this account to fund plan expenses. As of December 31, 2020, the balance of this account was \$43,821. This account is not an investment that is available to participant accounts.

Plan Amendments

During the years ended December 31, 2021 and 2020 there were no Plan amendments.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on a modified cash basis of accounting. Under that basis the underlying cash basis statements have adjusted securities to fair value. All Plan contributions are recorded when received and all benefit payments and expenses are recorded when paid. That basis differs from accounting principles generally accepted in the United States of America because the Plan has not recognized contributions receivable from participants, benefit payments in process have not been recorded and administrative expenses incurred but not paid have not been recognized.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

Investments are reported at fair value except for fully benefit responsive investment contracts, which are reported at contract 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. See Note 3 for discussion of fair value measurements.

HELPSIDE INC
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance. Interest income on notes receivable from participants is recorded when it is earned. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Concentration of Credit Risk

The Plan maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash and cash equivalents.

Payment of Benefits

Benefits are recorded when paid.

HELPSIDE INC
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of at least one significant unobservable input for the asset and have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

The Plan's investments in the pooled separate accounts are stated at fair value based on net asset value (NAV) per share. NAV serves as the practical expedient to estimate the fair value of the Plan's pooled separate accounts as it represents the value at which the plan transacts with the fund. NAV is based upon the quoted redemption value of underlying assets in the pooled separate accounts on the measurement date.

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

Investment Assets at Fair Value as of December 31, 2021			
Level 1	Level 2	Level 3	Total
Pooled separate accounts measured at net asset value (a)			
\$ -	\$ -	\$ -	\$ 161,542,168
Total investments at fair value	\$ -	\$ -	\$ 161,542,168

Investment Assets at Fair Value as of December 31, 2020			
Level 1	Level 2	Level 3	Total
Pooled separate accounts measured at net asset value (a)			
\$ -	\$ -	\$ -	\$ 129,858,862
Total investments at fair value	\$ -	\$ -	\$ 129,858,862

(a) In accordance with Subtopic 820-10, certain investments that are measured 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.

The valuation techniques used to measure fair value of the investments may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

HELPSIDE INC
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The Plan's investments in the pooled separate accounts are stated at net asset value or its equivalent, which is the practical expedient for estimating the fair value of those investments. The following tables set forth additional disclosures of the Plan's assets whose fair value is estimated using net asset value per share as of December 31, 2021 and 2020.

	2021			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 161,542,168	\$ -	Daily	Daily

	2020			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 129,858,862	\$ -	Daily	Daily

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2021 are reported in net appreciation/(depreciation) in fair value of investments.

NOTE 4 GROUP ANNUITY CONTRACT

The contract value of the Transamerica Stable Value Fund (the Contract) was \$113,821,832 (12-31-2021 balance includes an adjustment of \$271,683 to add forfeitures to plan assets) and \$11,771,276 as of December 31, 2021 and 2020, respectively. There are no reserves against Contract value for credit risk of the Contract issuer.

The average yields on the Contract at year end December 31, 2021 and 2020 were 0.75% and 0.83%, respectively. The crediting interest rate on the Contract at year end December 31, 2021 and 2020 was 0.75% and 0.80%, respectively. Crediting interest rates are generally reset semi-annually with the reset based on formulas which may use market value, book value, duration and yield.

The Contract does not specify any events which would limit the ability of the Plan to transact at contract value with the issuer or any events which would allow the issuer to terminate the contract and settle for an amount different from contract value. The Contract provides payment options of the contract value for surrendering the Contract; however, the Plan Sponsor does not intend to surrender the Contract.

NOTE 5 INFORMATION PREPARED AND CERTIFIED BY THIRD PARTY ADMINISTRATORS

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Transamerica Financial Life Insurance Company.

- (1) The investment assets of the Plan.
- (2) The Plan's investment transactions and related income and loss.
- (3) The Plan's notes receivable from participants and associated transactions.

HELPSIDE INC
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6 TAX STATUS

The Internal Revenue Service has determined and informed the third party administrator by a letter dated March 31, 2014 that the "Volume Submitter Profit Sharing Plan With CODA" is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Sponsor has adopted this plan and it is intended to qualify under the IRC as a tax-qualified employees' Plan, and a "Multiple Employer" plan as described in Section 413(c) of the Code. Although the plan has been amended since adoption, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

NOTE 7 PARTY IN INTEREST TRANSACTIONS

The third party administrators charge fees for the services they provide. Administrative fees for these services were \$824,340 and \$547,042 for the years ended December 31, 2021 and 2020 respectively.

The third party administrator pays commissions to an agent company which provides services to the plan and participants. The agent company was paid \$730,935 and \$632,828 in commissions from the third party administrators for the years ended December 31, 2021 and 2020 respectively.

Plan investments are in accounts administered by Transamerica Financial Life Insurance Company. Transamerica is a custodian of the Plan assets, National Benefits Services provides plan consulting, and Keddington and Christensen, CPAs provide auditing services to the Plan, therefore, these transactions qualify as party-in-interest.

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits according to the financial statements at December 31, 2021 and 2020 to Form 5500 Schedule H:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits according to the financial statements	\$ 176,981,311	\$ 142,969,491
Adjustment for excess contributions payable not on schedule H	218,189	195,700
Unallocated loan payments not on schedule H	6,472	-
Investment income difference on schedule H	-	95,621
Interest income difference on schedule H	-	60,832
Net assets line 11 according to Form 5500	<u>\$ 177,205,972</u>	<u>\$ 143,321,644</u>

HELPSIDE INC
401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of total additions according to the financial statements at December 31, 2021 and 2020 to Form 5500 Schedule H:

	<u>2021</u>	<u>2020</u>
Total additions according to the financial statements:	\$ 53,969,263	\$ 51,336,863
Adjustment for excess employee contributions payable not on schedule H	192,022	195,700
Adjustment for excess employer contributions payable not on schedule H	26,167	-
Less employer contributions on schedule H	(36,207)	-
More rollovers in on schedule H	6,472	-
More transfers in on schedule H	20,521	-
Investment income difference on schedule H	(40,916)	95,621
Interest income difference on schedule H	(402)	60,832
Total income line 2d plus transfers in line 2l(1) according to Form 5500	<u>\$ 54,136,920</u>	<u>\$ 51,689,016</u>

The following is a reconciliation of total deductions according to the financial statements at December 31, 2021 and 2020 to Form 5500 Schedule H:

	<u>2021</u>	<u>2020</u>
Total deductions according to the financial statements:	\$ 20,083,150	\$ 14,607,794
Excess contributions on 2021 schedule H recorded on financial statements in 2020	148,348	-
Excess contributions on 2020 schedule H recorded on financial statements in 2019	-	104,288
More transfers out on schedule H	21,094	-
Total expenses line 2j plus transfers out line 2l(2) according to Form 5500	<u>\$ 20,252,592</u>	<u>\$ 14,712,082</u>

NOTE 9 EXCESS CONTRIBUTION

Amounts payable for excess contributions totaling \$218,189 for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the year end December 31, 2021 excess contributions before or on March 15, 2022.

NOTE 10 RISKS AND UNCERTAINTIES

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

NOTE 11 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 6, 2022, which is the date the financial statements were available to be issued.

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to impact the Plan's activities. The potential impact on the Plan activities that could occur is unknown at this time.

SUPPLEMENTAL SCHEDULE

HELPSIDE INC
401(K) PROFIT SHARING PLAN
Schedule H, Line 4i – Schedule Of Assets Held at End of Year (Modified Cash Basis)
(Continued)
Employer Identification Number 87-0476353 Plan #333
December 31, 2021

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* State Street Russell Sm Cap Index Ret Acct	Pooled accounts	**	\$ 4,886,407
* State Street Internatnl Index Ret Acct	Pooled accounts	**	2,591,809
* State Street S&P Md Cap Indx Ret Acct	Pooled accounts	**	1,947,045
* DFA U.S. Targeted Val Port Ret Acct	Pooled accounts	**	1,586,035
* Transamerica LifeGoal Ret with BlackRck RetAct	Pooled accounts	**	1,250,003
* Transamerica LifeGoal 2025 with BlackRck RetAct	Pooled accounts	**	2,787,408
* Transamerica LifeGoal 2030 with BlackRck RetAct	Pooled accounts	**	2,064,844
* Transamerica LifeGoal 2035 with BlkRck RetAct	Pooled accounts	**	11,653,348
* Transamerica LifeGoal 2040 with BlkRck Ret Act	Pooled accounts	**	809,343
* Transamerica LifeGoal 2045 with BlkRck Ret Acct	Pooled accounts	**	1,383,354
* Transamerica LifeGoal 2050 with BlkRck Ret Acct	Pooled accounts	**	3,363,153
* Transamerica LifeGoal 2055 with BlkRck Ret Acct	Pooled accounts	**	222,615
* Transamerica LifeGoal 2060 with BlkRck Ret Acct	Pooled accounts	**	48,094
* American Funds New World Ret Acct	Pooled accounts	**	3,236,546
* DFA Intrntl Sm Comp Port Ret Acct	Pooled accounts	**	2,626,072
* TA Vanguard REIT Index Ret Acct	Pooled accounts	**	2,512,835
* TA Vanguard Total Stck Mrkt Index Ret Acct	Pooled accounts	**	21,526,429
* PIMCO Long-Term Credit Bond Ret Acct	Pooled accounts	**	8,287,612
* BlackRock Hi Yld Bd Ret Acct	Pooled accounts	**	4,093,952
* BlackRock Hlth Scncs Opps Ret Acct	Pooled accounts	**	767,721
* Janus Henderson Balanced Ret Acct	Pooled accounts	**	1,258,074
* BNY Mellon Global Fixed Income Ret Acct	Pooled accounts	**	2,348,518
* Delaware Ivy Science and Tech Ret Acct	Pooled accounts	**	1,236,184
* ClearBridge Sm Cap Gr Ret Acct	Pooled accounts	**	2,806,326
* MFS Mass Invstr Ret Acct	Pooled accounts	**	8,556,780
* Pioneer Strategic Inc Ret Acct	Pooled accounts	**	8,098,885
* MFS Md Cap Val Ret Acct	Pooled accounts	**	3,280,505
* American Funds EuroPacific Gr Ret Acct	Pooled accounts	**	5,568,077
* Putnam Large Cap Value Ret Acct	Pooled accounts	**	17,503,207
* Vanguard Materials Index Ret Acct	Pooled accounts	**	416,432
* Franklin Utilities Ret Acct	Pooled accounts	**	193,993
* BlackRock Mid-Cap Growth Equity Ret Acct	Pooled accounts	**	3,912,579
* Fidelity Advisor Growth Opportunities Ret Acct	Pooled accounts	**	19,896,201
* First Eagle Gold Ret Acct	Pooled accounts	**	362,341
* USAA Intermediate Term Bond Ret Acct	Pooled accounts	**	8,459,442
			<u>\$ 161,542,168</u>
* Tranamerica Stable Value Core Account	Investment contract	**	\$ 14,039,118
Participant Loans	Participant loans secured by participants vested accrued benefit. Interest rates varied from 4.25% to 6.50%.	\$ -	<u>\$ 1,618,214</u>

* Transamerica Financial Life Insurance Company is a party in interest.

**Cost information is not required for participant directed investments.