Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2015

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)
UNITED BENEFITS CONSULTING, INC.
ZAMP HR

384 S 400 W SUITE 120
LINDON, UT 84042

2b Employer Identification Number (EIN) 56-2551817

2c Plan Sponsor's telephone number 801-377-1190

2d Business code (see instructions) 541214

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.	10/06/2023	GARTH ALLRED
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2023	GARTH ALLRED
	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.

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	3474
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	3045
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3304
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	606
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3910
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	3910
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1557
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED BENEFITS CONSULTING, INC.

D Employer Identification Number (EIN)
56-2551817

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	181569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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?
28 51	INVESTMENT MGMT	26606	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection**

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

A Name of plan
UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED BENEFITS CONSULTING, INC.

D Employer Identification Number (EIN)
56-2551817

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)	30994	118737
(2) Participant contributions	1b(2)	67055	44749
(3) Other	1b(3)	1064	2069
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)	263486	366694
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20723535	25327549
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	21086134	25859798
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21086134	25859798

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2370294	
(B) Participants	2a(1)(B)	5372766	
(C) Others (including rollovers)	2a(1)(C)	1005421	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8748481
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)	15058	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15058
(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)	542969	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		542969
(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)		
(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)		-3793141
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5513367
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1374045	
(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)		1374045
f Corrective distributions (see instructions)	2f		100345
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	181569	
(3) Investment advisory and management fees	2i(3)	26606	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		208175
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1682565
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3830802
l Transfers of assets:			
(1) To this plan	2l(1)		3322260
(2) From this plan	2l(2)		2379398

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) [X] 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)** [X] 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: JASON F. CLAUSEN, P.C. **(2)** EIN: 27-4097479

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		750000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
NOORDA COLLEGE 401(K) PLAN	82-0885956	001
SLAVIC SECURE PEP	65-0608221	001
HELPSIDE INC. 401(K) PLAN	87-0476353	333

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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**2022** **This Form is Open to Public Inspection.**

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

A Name of plan
UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED BENEFITS CONSULTING, INC.

D Employer Identification Number (EIN)
56-2551817

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): 65-0708495 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

United Benefits Consulting, Inc. Retirement Savings Plan

Audited Financial Statements

For the years ended December 31, 2022 and 2021

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Jason F. Clausen, P.C.
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the United Benefits Consulting, Inc. Retirement Savings Plan

Opinion

We have audited the accompanying financial statements of United Benefits Consulting, Inc. Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of United Benefits Consulting, Inc. Savings Plan as of December 31, 2022, and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits 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 United Benefits Consulting, Inc. Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 United Benefits Consulting, Inc. Retirement Savings Plan's ability to continue as a going concern within one year after the date that 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 that may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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 United Benefits Consulting, Inc. Savings 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 United Benefits Consulting, Inc. Savings Plan's ability to continue as a going concern for a reasonable period of time.

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.

Report on Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at Year End) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits 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 auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Jason F. Clausen, P.C.

Fraser, MI
September 22, 2023

UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE AND BENEFITS

DECEMBER 31, 2022 AND 2021

	2022	2021
Assets		
Investments (At Fair Value)		
Registered investment companies	$ 25,327,549	$ 20,723,535
Total investments	25,327,549	20,723,535
Receivables:		
Employer contributions	118,737	30,994
Employee contributions	44,749	67,055
Other	2,069	1,064
Notes receivable from participants	366,694	263,486
Total receivables	532,249	362,599
Total assets	25,859,798	21,086,134
Net Assets Available for Benefits	$ 25,859,798	$ 21,086,134

See independent auditor's report and notes to the financial statements

UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2022

		2022
Additions		
Participant contributions	$	5,372,766
Participant rollovers		1,005,421
Employer contributions		2,370,294
Investment income:		
Interest and dividends		542,969
Net appreciation (depreciation) in fair value of investments		(3,793,141)
Interest on notes receivable from participants		15,058
Total Additions		5,513,367
Deductions		
Benefits paid to participants		1,374,045
Administrative expenses		208,175
Corrective distributions		100,345
Total Deductions		1,682,565
Increase in Net Assets		3,830,802
Transfer to this plan		3,322,260
Transfer from this plan		(2,379,398)
Net Assets Available for Benefits		
Beginning of year		21,086,134
End of year	$	25,859,798

See independent auditor's report and notes to the financial statements

NOTE 1 - DESCRIPTION OF PLAN

The following description of *United Benefits Consulting, Inc. Retirement Savings Plan* (the "Plan") provides only general information. 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 in which all eligible employees may participate unless covered by a collective bargaining agreement. The Plan was established and in effect as of January 1, 2015 and adopted the Slavic Integrated Administration Multiple Employer Plan (Slavic Multiple Employer Plan). The Plan is subject to certain requirements imposed by the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility
The Plan covers all employees, as defined in the Plan, of the adopting employers (the "Employers") who have completed the age and service requirements selected by the Employers in the Adoption Agreement. New Employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date entering the Plan. Participation occurs after completing each Employers' age and service requirements.

Contributions
Each year, participants may elect to contribute from 1% to 100% of either their pre-tax compensation, after-tax compensation (Roth contribution), or any combination thereof as defined in the Plan, subject to certain Internal Revenue Code limitations. The percentage of contribution may be changed as of any date subsequent to Plan entry date. Any such change will apply only after its effective date, and after it is executed and filed with the Plan Administrator. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants may direct the investment of their contributions into various investment options offered by the Plan and may change their fund allocation percentages at any time.

Each year, Employers may make a matching contribution to be determined annually based on a percentage of each participant's eligible compensation for the year. The Employers will determine the amount of the discretionary contributions, if any, they will make each year. Employers can also elect to make a 401(k) safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Under safe harbor election, the Employer chooses between a fully vested contribution of 3% of compensation to all employees eligible to be in the Plan, or a fully vested contribution equal to the first 4% of compensation each participant contributes to the Plan. For the years ended December 31, 2022 and 2021, the Employers' matching contributions were $2,317,841 and $1,708,659, respectively, of which $38,737 and $30,994 were unpaid as of December 31, 2022 and 2021, respectively. In addition, discretionary employer-provided non-elective (profit-sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers, as defined in the Plan. The Employers' discretionary profit-sharing contributions for the years ended December 31, 2022 and 2021 were $80,000 and $0, respectively, of which $80,000 was unpaid as of December 31, 2022.

The total of participant and employer contributions for 2022 and 2021 cannot exceed the lesser of $61,000 ($67,500 including catch-up contributions) and $58,000, respectively, or 100% of the employee's annual compensation.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts
Each participant's account is credited with the participant's contribution and, if applicable, the employer-provided matching contributions, allocations of employer-provided non-elective (profit sharing) contributions, Plan earnings, and charged with management or service fees. Allocations are based on participant earnings or account balances, as defined by the Plan. 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 actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service, based upon a graduating schedule. A participant is vested 20% after two years and 20% for each additional year of service. Each employer may elect to accelerate the vesting parameters. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan. To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the 12 months beginning on the day they start to work for their employer. If they do not, they must complete at least 1,000 hours of servicing any Plan year. They complete a year of service only upon working for a full 12 months, regardless of when during the applicable 12- month period they complete 1,000 hours of service.

Investment Options
Participants have the right to direct employer and employee contributions to any of the investment options offered by the Plan. The investment options are registered investment companies and include money market funds and various stock and bond funds. The fund values are computed daily by the custodians and reflect changes in the unit values of the investments.

Notes Receivable from Participants
A participant may borrow from the Plan through a loan from their account. Loans will be made on a uniform and non-discriminatory basis. The minimum total loan amount is $1,000 up to a maximum of 50% of the participant's vested account balance. In no event can the participant borrow more than $50,000, reduced by the excess, if any, of (1) the highest outstanding balance of any other loans from the Plan during the one-year period prior to the date of the new loan, over (2) the aggregate outstanding balance of any other loans from the Plan on the date of the new loan, or 50% of their vested account balance. Loan terms range from one to five years unless the purpose of the loan is to purchase a primary residence. Participants can only have one loan outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at an agreed-upon percentage based on prevailing market rates. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits
Upon retirement, death, disability or termination of employment with the Employers, the participant may elect to receive a single lump-sum cash payment. Also, upon reaching age 59½, participants may receive a lump-sum cash payment for any portion of their vested accounts on a yearly basis. Until a participant actually retires from the employment of the participant's employer, the participant shall continue to be treated in all respects as a participant.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Hardship Withdrawals
Participants may withdraw from the Plan part or all of the participant's contributions in the event of undue financial hardship. The maximum hardship withdrawal is the total of a participant's 100% vested balance. The Trustees shall determine what portion of all of such account balance is necessary to alleviate the hardship. A financial hardship must be one of the reasons specified below:

1. Medical expense incurred by the participant, the participant's spouse, or any dependents of the participant;

2. The purchase (excluding mortgage payments) of a principal residence of a participant;

3. Certain educational expenses for the participant, his or her spouse, or dependents of the participant;

4. The need to prevent the eviction of the participant from his or her principal residence or foreclosure on the mortgage of his or her principal residence, or;

5. Other events as may be prescribed by the Internal Revenue Service Commissioner in revenue rulings, notices, and other documents of general applicability.

Forfeitures
Participants who terminate their employment and are less than 100% vested in their employer account will forfeit the non-vested portion. Forfeitures are retained in the Plan and used to offset future expenses and employer contributions. For the years ended December 31, 2022 and 2021, $27,547 and $20,476, of forfeitures were used to offset expenses, respectively. The balance in the forfeiture account was $10,771 and $1,368 for the years ended December 31, 2022 and 2021, respectively.

Plan Termination
Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting
The Plan follows the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition
Investments in shares of registered investment companies are reflected in the financial statements at fair value, using quoted market prices. Unrealized gains or losses, as a result of changes in fair value, are recorded in income of the current period.

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The change in net unrealized appreciation/depreciation of investments held from the beginning of the year to the end of the year is included with realized gains/losses as net investment income/loss reported in the accompanying statement of changes in net assets available for plan benefits.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits
Benefits are recorded when paid.

Transfers of Plan Assets
There were transfers of $3,322,260 and $2,690,946 into the Plan for the years ended December 31, 2022 and 2021, respectively. There were transfers of $2,379,398 and $2,159,511 from the Plan for the years ended December 31, 2022 and 2021, respectively.

Administrative Expenses
Certain administrative expenses are paid by the Plan Administrator. Management fees, asset fees, and account administrative expenses are paid by the participants.

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

NOTE 3 - CONCENTRATION OF CREDIT RISK

As of December 31, 2022, the Plan had approximately 38% net assets available for Plan benefits in two investments, Vanguard Total Stock Market Index Admiral and Vanguard Intermediate Term Bond Index Admiral.

NOTE 4 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements

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

Level 2 Fair Value Measurements

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

Inputs to the valuation methodology include:

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

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

Level 3 Fair Value Measurements
Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Money market fund: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 23,833,629	$ -0-	$ -0-	$ 23,833,629
Money Market Funds	1,493,920	-0-	-0-	1,493,920
Total assets at fair value	$ 25,327,549	$ -0-	$ -0-	$ 25,327,549

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 19,614,165	$ -0-	$ -0-	$ 19,614,165
Money Market Funds	1,109,370	-0-	-0-	1,109,370
Total assets at fair value	$ 20,723,535	$ -0-	$ -0-	$ 20,723,535

NOTE 5 - TAX STATUS

Although the Plan has not requested determination from the Internal Revenue Service as to the Plan's tax-exempt status, the master prototype plan which the Plan adopted has received favorable determination from the IRS. Plan management believes that the Plan is designed to operate in accordance with all applicable provisions of the Internal Revenue Code. Therefore, management believes that the Plan is qualified and the related trust is exempt from taxation under the Internal Revenue Code. The Plan Administrator is not aware of any action or event that has occurred that might affect the Plan's qualified status.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan Sponsor would be liable for interest and penalties, if any, related to unrecognized tax benefits. The Plan's Forms 5500 are subject to examination by the respective taxing authorities, generally for three years after they were filed.

NOTE 6 – RELATED PARTY AND PARTIES IN INTEREST TRANSACTIONS

Slavic Mutual Funds Management Corporation ("SMF") is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly management fee.

Slavic Integrated Administration ("SIA"), the Plan's Third Party Administrator, receives annual administrative and asset fees per participant. Total fees paid to SIA for the years ended December 31, 2022 and 2021 were $181,569 and $133,940, respectively.

Slavic Investment Corporation ("SIC"), an SEC registered securities broker/dealer, collects from mutual fund companies, any 12b-1 commissions and SubTa and SSF recording fees paid by the funds held in Plan accounts, and credits them on a quarterly basis directly to participant accounts holding those funds. Only participants actually holding the funds at the crediting date receive a proration of this fund revenue; those trading out of the funds at the crediting date receive a proration of this fund revenue; those trading out of the funds before that date are not credited any prorated 12b-1 and SubTa and SSF payments.

The shareholders of SMF, SIC and SIA are the same.

Jason F. Clausen, P.C. is the auditing firm for the plan. Fees paid for the audit were paid by the plan sponsor.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities 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 Plan benefits.

NOTE 8 – FIDELITY BOND

As of December 31, 2022, the plan was covered by a fidelity bond in the amount of $750,000.

NOTE 9 – SUBSEQUENT EVENTS

Management has evaluated the impact on the financial statements, if any, of subsequent events through the date of this report, which is the financial statements were available to be issued.

UNITED BENEFITS CONSULTING, RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN YEAR ENDING DECEMBER 31, 2022
EIN: 56-2551817 PN: 002

a.	b. Issuer	c. Description	d. Cost	e. Current Value
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity		$ 94,274
	Dimensional Fund Advisors	DFA Us Large Cap Value Prtf Instl		148,466
	Dimensional Fund Advisors	DFA Inflation Protected SEC Port		55,490
	BlackRock	iShares International Index Fund Class K		1,252,135
	Fidelity	Fidelity 500 Index Fund		1,725,168
	John Hancock	John Hancock Bond I		76,471
	JPMorgan	JPMorgan US Research Enhanced Equity L		123,150
	Prudential	Prudential High Yield Z		70,237
	American Funds	American Funds EuroPacifc R6		107,973
	Vanguard Funds	Vanguard Intermediate - Term Bond Index Admiral		3,141,310
	Vanguard Funds	Vanguard Short-Term Bond Index Admiral		17,511
	Vanguard Funds	Vanguard Total Bond Market Index Admiral		145,163
	Vanguard Funds	Vanguard Equity Income Admiral		164,579
	Vanguard Funds	Vanguard Consumer Staples Index		1,290,957
	Vanguard Funds	Vanguard Target Retirement 2055		895,245
	Vanguard Funds	Vanguard Target Retirement 2050		1,040,504
	Vanguard Funds	Vanguard Target Retirement 2040		1,360,401
	Vanguard Funds	Vanguard Energy Admiral		92,781
	Vanguard Funds	Vanguard Real Estate Index Admiral		166,149
	Vanguard Funds	Vanguard Growth Index Admiral		759,728
	Vanguard Funds	Vanguard Mid Cap Index Admiral		174,864
	Vanguard Funds	Vanguard Target Retirement Income		5,863
	Vanguard Funds	Vanguard Target Retirement 2070 Inv		1,040
	Vanguard Funds	Vanguard Target Retirement 2065 Inv		444,351
	Vanguard Funds	Vanguard Target Retirement 2060 Inv		646,791
	Vanguard Funds	Vanguard Federal Money Market		1,511,080
	Vanguard Funds	Vanguard Mid Cap Growth		134,481
	Vanguard Funds	Vanguard Mid Cap Value Index Admiral		330,217
	Vanguard Funds	Vanguard Small Cap Growth Index Adm		179,799
	Vanguard Funds	Vanguard Short-Term Federal Admiral		14,163
	Vanguard Funds	Vanguard Small Cap Value Index Adm		146,857
	Vanguard Funds	Vanguard Small Cap Index Admiral		186,263
	Vanguard Funds	Vanguard Target Retirement 2030		728,827
	Vanguard Funds	Vanguard Total Int'l Stock Index Admiral		223,978
	Vanguard Funds	Vanguard Target Retirement 2045		760,636
	Vanguard Funds	Vanguard Total Stock Market Index Admiral		6,490,738
	Vanguard Funds	Vanguard Target Retirement 2035		398,358
	Vanguard Funds	Vanguard Target Retirement 2025		167,086
	Vanguard Funds	Vanguard Target Retirement 2020		54,465
		Total		$ 25,327,549
	Participant Loans	4.25% to 6%		$ 366,694

*-Indicates a party-in-interest.
Note: Information on cost of the investments is excluded as all investments are participant directed.

Multiple-Employer Plan Participating Employer Information

UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN **PLAN # 002** **EIN #** **56-2551817**

(a) Name of participating employer	(b) EIN	(c) Balance at the end of the year	(d) Percent of total contributions
AB Computer Services/Journey Team	26-2965761	3,617,284	15.56%
Noorda Medical School	82-0874019	0	9.96%
In Time Tec, LLC	26-4143088	3,115,058	9.56%
Nelwood Corporation dba KURU Footwear	87-0750454	1,606,741	4.53%
United Benefits Consulting, Inc. dba Zamp HR	56-2551817	988,626	4.14%
Victory Ranch Club, LLC	90-0941442	714,283	3.71%
Clearview Business Intelligence, LLC	45-5599761	772,919	3.63%
PrenticeWorx LLC	46-4843323	462,244	2.84%
Hurricane Family Pharmacy Inc.	81-0874995	1,010,970	2.76%
Business Promotion DBA DentalQore	26-2079296	497,495	2.59%
The Club At Rancharrah	82-0910591	322,929	2.55%
TrueInsight, LLC	87-1862439	559,064	2.46%
Flexible Jewelry LLC DBA Enso Rings LLC	83-0752448	571,019	2.32%
Age Sciences, Inc. DBA PMD Beauty	27-2511920	940,795	2.23%
Cornerstone Concrete, LLC	26-4329692	1,190,193	2.20%
Pet Brands, LLC DBA American Pet Nutrition	84-4815205	1,190,418	2.13%
Skyline Solar	81-3393323	276,863	2.08%
Hendrickson's Towing & Recovery, LLC DBA Stauffer's Towing	83-1107550	459,788	1.98%
Southam and Associates Inc.	87-0656353	514,788	1.94%
Drive Marketing/Drive Fulfillment	47-2519886	1,259,004	1.72%
YBA Shirts, Inc./Contract Screen Printing, Inc	20-2301675	84,428	1.10%
Bennett Paving and Construction, Inc.	11-3693859	281,447	1.09%
Comfort Connection LLC	20-2732804	281,375	1.05%
North American Management LLC	75-3090723	226,275	0.93%
WebNX, Inc DBA WebNX.com	27-1664493	141,939	0.89%
Select Comfort Systems LLC	20-5685661	292,816	0.87%
OSS Suppressors, LLC	47-2422330	525,766	0.82%
Fortified Benefits, LLC dba Utah Senior Planning	26-1127079	549,762	0.82%
Active Hospice, LLC	81-1369623	125,834	0.74%
Zeus Nestora, LLC	20-2298506	259,467	0.72%
Wealth Management CPAs, LLC	46-0763406	81,132	0.68%
Profitable PPOS LLC	45-4859231	366,609	0.67%
KMW Construction	26-2131694	239,964	0.61%
DR Sumsion Construction	87-0260065	241,952	0.60%
Clear Creek Golf, LLC	61-1692289	-	0.55%
TrendzAct LLC	83-2447342	129,332	0.52%
Filter Service & Testing Corp	75-2980773	63,354	0.48%
Focus Services, LLC/Focus Services Illinois, LLC	20-3612405	192,258	0.47%
Gold Stream Construction Corp	45-3192427	44,869	0.45%
US Street Rods	47-4408185	114,199	0.44%
Activus, LLC	82-5002819	40,424	0.43%
Connect Business Solutions LLC	86-3171652	28,224	0.38%
Charlee's Construction Services	87-0649522	27,326	0.37%
Eagar Heating & Cooling	26-4041367	42,765	0.35%
Down Under Construction LLC	87-0577803	226,334	0.35%
Pickering Electric, Inc.	87-0649050	101,378	0.26%
Robertson Electric, LLC	27-2375527	143,453	0.24%
CKC Asphalt	46-4031171	37,228	0.23%
Parkside Compliance Partners, LLC	87-1379449	14,100	0.19%
197 Technology LLC	86-2381678	18,309	0.16%
Valley Land Surveying	45-3642996	14,846	0.15%
Call Center Services, LLC	20-2578200	11,396	0.15%
Village Gardener	83-0322020	54,129	0.15%
Jerry Broome Concrete, LLC	37-1488852	39,468	0.13%
Pappy's Enterprises, LLC dba Maaco Body and Paint	35-2613731	8,902	0.11%
Monument Holdings Manager LLC	86-2678988	22,941	0.11%
Idaho Natural and Organic Foods, LLC	84-3577706	7,643	0.10%
DG Concrete, Inc.	87-0486156	13,256	0.10%
A-Core Concrete Pouring, Inc	83-0883978	26,166	0.08%
Top Job LLC	26-0175229	17,549	0.08%
Sage Home Solutions, LLC	47-2698855	27,457	0.07%
Lehi Assisted Living Partners,LLCDBACovingtonSenorLiving	81-4153502	4,985	0.06%
Elite Repairs and Specialized Services	26-1332053	22,040	0.06%
Status Hospitality Management	26-1759565	3,912	0.05%
World Class Integration LLC	82-3490990	3,538	0.05%
OLO Builders Inc	84-4919001	-	0.03%
S2Cares LLC dba SYNERGY HomeCare	47-2343563	2,507	0.03%
Parkway Hospitality Group, LLC	81-1185143	2,339	0.03%
MIC Rock Senior Care, LLC DBA Covington of Orem	46-2463744	2,184	0.03%
Directory Resources, LLC / Red Cone Development	87-0624961	359,879	0.02%
RH Borden and Company LLC	27-2531542	659	0.01%
SH-Spanish Fork, LLC	82-2688485	480	0.01%
Holmes Property Maintenance	27-3943161	13,364	0.00%
180 Fusion, LLC	27-1969139	2,199	0.00%
Cornerstone Employee Services, LLC	47-1512197	-	0.00%
Sharpr	45-0946032	-	0.00%
Briostack, LLC	45-3556766	23,085	0.00%
Clear Choice Admin Services, LLC	47-4934995	9,692	0.00%
Utah Pride Center	87-0504077	-	0.00%
Ecobrite Services, LLC	27-0953331	6,828	0.00%

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

UNITED BENEFITS CONSULTING, INC. RETIREMENT SAVINGS PLAN **PLAN # 002** **EIN # 56-2551817**

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		6,490,739
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		3,141,311
	Fidelity	FXAIX - Fidelity 500 Index Fund		1,725,168
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		1,511,080
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		1,360,401
	Vanguard	VCSAX - Vanguard Consumer Staples Index		1,290,957
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		1,252,135
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		1,040,504
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		895,245
	Vanguard	VTIVX - Vanguard Target Retirement 2045		760,636
	Vanguard	VIGAX - Vanguard Growth Index Admiral		759,728
	Vanguard	VTHRX - Vanguard Target Retirement 2030		728,827
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		646,791
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		444,351
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		398,358
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		330,217
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		223,978
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		186,263
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		179,799
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		174,864
	Vanguard	VTTVX - Vanguard Target Retirement 2025		167,086
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		166,149
	Vanguard	VEIRX - Vanguard Equity Income Admiral		164,579
	Dimensional Fund Advisors	DFLVX - DFA Us Large Cap Value Prtf Instl		148,466
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		146,857
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		145,163
	Vanguard	VMGRX - Vanguard Mid Cap Growth		134,481
	JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity Fund		123,150
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		107,973
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		94,274
	Vanguard	VGELX - Vanguard Energy Admiral		92,781
	John Hancock	JHBIX - John Hancock Bond I		76,471
	Prudential	PHYZX - Prudential High Yield Z		70,237
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		55,490
	Vanguard	VTWNX - Vanguard Target Retirement 2020		54,465
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		17,511
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		14,163
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		5,863
	Vanguard	VSVNX - Vanguard Target Retirement 2070		1,040
	Participant Loans	4.25% - 7.25%		366,694