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

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
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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
LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/2001

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)
LIFETIME SOLUTIONS, INC.

15400 VILLAGE DR
VICTORVILLE, CA 92394-1913

2b Employer Identification Number (EIN)
33-0832592

2c Plan Sponsor's telephone number
760-951-7605

2d Business code (see instructions)
454390

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.	10/12/2023	SANDRA COLEMAN
	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

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**	195
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)**	123
a(2) Total number of active participants at the end of the plan year	**6a(2)**	144
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	85
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	230
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	230
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	152
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G 2J 2K 2S 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)	[X]	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)	[X]	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)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 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

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
LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETIME SOLUTIONS, INC.

D Employer Identification Number (EIN)
33-0832592

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.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE 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
13-5570651	62944	91690915	152	01/01/2022	12/31/2022

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
9730	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

GERARD BRASS
1 PRIMERICA PARKWAY, STE 732
DULUTH, GA 30099-4000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4865	0	COMMISSION	3

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

AMINIKHARRAZI TOM
PFS INVESTMENTS,INC
1 PRIMERICA PARKWAY, STE 732
DULUTH, GA 30099-4000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4865	0	COMMISSION	3

(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
	(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
	(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	10519
5	Current value of plan's interest under this contract in separate accounts at year end	5	1776758

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 ▶ GIC

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	700		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	69		
	(4) Transferred from separate account	7c(4)	9330		
	(5) Other (specify below)	7c(5)	1139		
	▶ GIC				
	(6) Total additions			7c(6)	11238
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	11238
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11238

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)**	0
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)**	0
(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)**	0
(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.			**10b**	

Specify nature of costs.

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)	Service Provider 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). ▶ **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	**B** Three-digit plan number (PN) ▶
LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
LIFETIME SOLUTIONS, INC.	33-0832592

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EQUITABLE LIFE INSURANCE COMPANY

13-5570651

(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 25 28 37 59 60 62 63 67	RECORD KEEPER	16888	Yes [X] No [ ]	Yes [X] No [ ]	21095	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LIFETIME SOLUTIONS, INC.

D Employer Identification Number (EIN)
33-0832592

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPARATE ACCOUNT 65

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

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)
13-5570651-065	P	1776758

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of 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 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 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

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
LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETIME SOLUTIONS, INC.

D Employer Identification Number (EIN)
33-0832592

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)	75819	73792
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1965640	1776758
(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)	0	10519
(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	2041459	1861069
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	2041459	1861069

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)		
(B) Participants	2a(1)(B)	235872	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		235872
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)	3617	
(F) Other	2b(1)(F)	69	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3686
(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)		-353751
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-114193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35365	
(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)		35365
f Corrective distributions (see instructions)	2f		13944
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)	16888	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16888
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		66197
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-180390
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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)** [X] 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: GURSEY SCHNEIDER LLP **(2)** EIN: 95-3309779

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		100000
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)

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

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
LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LIFETIME SOLUTIONS, INC.

D Employer Identification Number (EIN)
33-0832592

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3157927

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_____

Gursey | Schneider LLP
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

October 10, 2023

To the Administrative Committee
Lifetime Solutions, Inc. 401(K) P/S Plan
15400 Village Drive
Victorville, CA 92394

Dear Administrative Committee:

We have audited the financial statements of Lifetime Solutions, Inc. 401(K) P/S Plan as of and for the year ended December 31, 2022, and have issued our report thereon dated October 10, 2023. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 1, 2023. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. As disclosed in Note 2, the Financial Accounting Standards Board compiled various sources of accounting standards into one codified source of generally accepted accounting principles. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. There were no estimates that are particularly sensitive because of their significance to the financial statements.

Financial Statement Disclosures

Certain disclosures are particularly sensitive because of their significance to financial statement users. There were no disclosures that are particularly sensitive because of their significance to the financial statement users.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no uncorrected misstatements. The attached schedule lists the adjusting journal entries recorded as a result of the audit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, which could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 10, 2023. See copy of management representation letter attached.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a “second opinion” on certain situations. If a consultation involves application of an accounting principle to the Plan’s financial statements or a determination of the type of auditor’s opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan’s auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

* * * * *

This information is intended solely for the use of the Plan Administrators and the Board of Directors and management of Lifetime Solutions, Inc. and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Gursey | Schneider LLP

Gursey | Schneider LLP

MANAGEMENT REPRESENTATION LETTER

Lifetime Solutions Inc. 401(k) P/S Plan
15400 Village Drive
Victorville, CA 92394

October 10, 2023

Gursey | Schneider LLP
2121 Ave of the Stars, Suite 1300
Los Angeles, CA 90067

This representation letter is provided in connection with your audits of the financial statements of Lifetime Solutions 401k P/S Plan (the 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 statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

We have elected to have the audit of the plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. We acknowledge that the audit did not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier, that is regulated, supervised and subject to periodic examination by a state or federal agency, a qualified institution, that prepared and certified the investment information in accordance with 29 CFR 2520.103-5 of the DOL's Ruled and Regulations for Reporting under ERISA. We have determined that an ERISA Section 103(a)(3)(C) audit is permissible under the circumstances. We have also determined that the investment information is prepared and certified by a qualified institution as described by 29 CFR 2520.103-8, that the certification meets the requirements in 29 CFR 2520.103-5 and, that the certified investment information is appropriately measured, presented, and disclosed in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve a Misstatements, including omissions, 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.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of October 10, 2023, the following representations made to you during your audit:

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter May 1, 2023, for the preparation and fair presentation of the financial statements (and disclosures) in accordance with U.S. GAAP.
- We acknowledge our responsibility for administering the plan and determining the plan's transactions that are presented and disclosed in the ERISA plan financial statements are in conformity with the plan 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.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements, notes, and supplemental schedule that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. The methods and significant assumptions used to estimate fair values of financial instruments are as follows: The Plan relies on daily quoted market prices provided by Equitable Life Insurance Company. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurement. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
- All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- Transactions with parties in interest, as defined in Section 3(14) of ERISA and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from, or payable to, related parties have been appropriately disclosed.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- We agree with the adjusting journal entries recorded as a result of the audit. A list of the adjustments is attached to the representation letter.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
- We have no intentions to terminate the plan.
- Guarantees, whether written or oral, under which the plan is contingently liable to a bank, or another lending institution have been properly recorded or disclosed in the financial statements. We have properly reported and disclosed amendments to the plan instrument, if any.

- We agree with the actuarial methods and assumptions used by the actuary for funding purposes and for determining accumulated plan benefits and has no knowledge or belief that such methods or assumptions are inappropriate in the circumstances. We did not give any nor cause any instructions to be given to the plan's actuary with respect to values or amounts derived, and we are not aware of any matters that have affected the independence or objectivity of the plan's actuary.
- With respect to financial statement preparation services, we have performed the following:
  - Made all management decisions and performed all management functions;
  - Assigned a competent individual to oversee the services;
  - Evaluated the adequacy of the services performed;
  - Evaluated and accepted responsibility for the result of the service performed; and
  - Established and maintained internal controls, including monitoring ongoing activities.
- We acknowledge our responsibility for the presentation of the ERISA-required supplemental schedules in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- We believe the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Information Provided

- We have provided you with:
  - Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements, such as financial records and related data, plan instruments, trust agreements, insurance contracts, as applicable, or investments contracts, as applicable, and amendments to such documents entered into during the year;
  - The most current plan instrument for the audit period. Including all amendments;
  - A draft of the Form 5500 that is substantially complete;
  - Additional information that you have requested from us for the purpose of the audit;
  - Unrestricted access to persons within the plan from whom you determined it necessary to obtain audit evidence;
  - A written acknowledgement of all the documents that we expect to issue that will be included in the annual report and the planned timing and method of issuance of that annual report;
  - A final version of the annual report (including all the documents that, together, comprise the annual report) in a timely manner prior to the date of the auditor's report.
  - All minutes of the meetings of the plan trustees and administrative committee, or summaries of actions of recent meetings for which minutes have not yet been prepared; and
  - Actuarial valuation reports and other reports prepared by the actuary for the plan and the plan sponsor.

- The financial statements and any other information included in the annual report are consistent with one another, and the other information does not contain any material misstatements.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.
- Financial instruments with off-balance-sheet risk and financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
- The plan or trust has satisfactory title to all owned assets that are recorded at fair value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have no knowledge of any fraud or suspected fraud that affects the plan and involves:
  - Management;
  - Employees who have significant roles in internal control; or
  - Others when the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud, or suspected fraud, affecting the plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
- We have disclosed to you all known actual or possible litigation, claims, and assessments whose effects should be considered when preparing the financial statements.
- There are no other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or loans in default, events reportable to the Pension Benefit Guaranty Corporation, or events that may jeopardize the tax status) that legal counsel has advised us must be disclosed.
- We have disclosed to you the identity of all the plan's related parties and parties in interest and the nature of all the related party and party in interest relationships and transactions of which we are aware.
- There were no omissions from the participants' data provided to the plan's actuary for the purpose of determining the actuarial present value of accumulated plan benefits and other actuarially determined amounts in the financial statements.
- There have been no changes in:
  - The actuarial methods or assumptions used in calculating amounts recorded or disclosed in the financial statements.
  - Plan provisions between the actuarial valuation date and date of this letter.
- We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the plan.

- The plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance, including the release of unallocated shares held in employee stock ownership plans.
- All required filings with the appropriate agencies have been made.
- The plan (and the trust established under the plan) is qualified under the appropriate section of the Internal Revenue Code and intends to continue as a qualified plan (and trust). The plan sponsor(s) has operated the plan and trust or insurance contract in a manner that did not jeopardize this tax status.
- The plan has complied with the DOL's regulations concerning the timely remittance of participants' contributions to trusts containing assets for the plan.
- The plan has complied with the fidelity bonding requirements of ERISA.
- There are no:
  - Nonexempt party in interest transactions (as defined in ERISA Section 3[l] and regulations under that section) that were not disclosed in the supplemental schedules or financial statements.
  - Investments in default or considered to be uncollectible that were not disclosed in the supplemental schedules.
  - Reportable transactions (as defined in ERISA Section 103[b][3][H] and regulations under that section) that were not disclosed in the supplemental schedules.

LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN

NAME: Greg Hudson
Plan Trustee

NAME: Sandra Coleman
Plan Administrator

List of Corrected Adjusting Journal Entries

Account	Description	Debit	Credit
Adjusting Journal Entries JE # 1			
To record excess contributions that were refunded after year-end			
1230	Contributions - participant	7,374.00	
1180	Excess contributions payable -		7,374.00
Total		**7,374.00**	**7,374.00**

LIFETIME SOLUTIONS INC.
401(K) P/S PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2022



C O N T E N T S

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SUPPLEMENTAL SCHEDULE:	
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All other schedules required by the Department of Labor have been omitted because they are not applicable.

Independent Auditor's Report

To the Administrative Committee
Lifetime Solutions, Inc. 401(K) P/S Plan
Victorville, California

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

We have performed audits of the financial statements of Lifetime Solutions, Inc. 401(K) P/S Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- the information in the supplemental 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).

Gursey | Schneider LLP

October 10, 2023
Los Angeles, California

LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

ASSETS

	2022	2021
Investments:		
Pooled separate accounts, at fair value	$ 1,787,277	$ 1,965,640
Receivable:		
Participant loans	73,792	75,819
Total Assets	1,861,069	2,041,459

LIABILITIES

Excess Contributions Payable to:		
Participants	7,374	13,944
Total Liabilities	7,374	13,944
Net Assets Available for Benefits	$ 1,853,695	$ 2,027,515

See Independent Auditor's Report and Accompanying Notes to Financial Statements

LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2022

ADDITIONS TO NET ASSETS:		
Investment Income and (Loss):		
Interest from participant loans	$	3,617
Net depreciation in fair value of investments		(353,682)
Total Investment Income and (Loss)		(350,065)
Contributions:		
Participants		242,441
Total Contributions		242,441
Total Deductions		(107,624)
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants		49,308
Administrative fees		16,888
Total Deductions		66,196
Decrease in Net Assets		(173,820)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		2,027,515
End of year	$	1,853,695

NOTE 1 — DESCRIPTION OF THE PLAN

The following description of the Lifetime Solutions, Inc. 401(K) P/S 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 defined contribution plan covering substantially all employees (the "Participants") of Lifetime Solutions, Inc. (the "Company" and "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The executive management of the Company controls and manages the operation and administration of the Plan. Equitable Life Insurance Company ("Equitable") serves as the custodian of the Plan's assets. Equitable also provides recordkeeping, employee benefits administration, and investment accounting services. PFD Investments, Inc. is the broker of the plan.

Eligibility – All employees, except members of a collective bargaining unit and certain non-resident aliens who receive no compensation from the company, are eligible to participate in the Plan. To be eligible, an employee must have completed three-months of service and be 18 years of age or older. The Plan permits monthly entry dates after an employee has met the eligibility requirements.

Employee Contributions – Each year, participants may contribute up to the maximum amount limited by the Internal Revenue Service ("IRS"). For the year ended December 31, 2022, employees can defer up to $20,500 (this amount will increase to $22,500 for the year ending December 31, 2023). Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans. Employees may elect to make "after-tax" contributions to the plan. Rollover contributions totaled $0 during the year ended December 31, 2022.

Participants who are age 50 or older may make catch-up contributions to the Plan up to the maximum amount limited by the IRS. For the year ended December 31, 2022, this additional catch-up contribution is $6,500 (amounts will increase to $7,500 for the year ending December 31, 2023).

The Plan features an automatic enrollment provision which automatically enrolls all eligible employees and allocates 3% of each employee's eligible compensation as a pre-tax contribution to the plan. These contributions are invested by the Plan into a qualified default investment alternative consisting of various target date retirement funds corresponding with the date of birth of each employee. Employees have the right to opt out, change their contribution percentage or change their investment allocation election at any time.

Employer Contributions – For the year ended December 31, 2022, the Plan Sponsor did not provide any matching contributions, profit sharing, or other contributions to the Plan.

Participants Accounts – Each Participant's account is increased or decreased by the Participant's contributions and distributions and allocations of Plan earnings, losses, and administrative expenses. Allocations are based on Participant earnings or account balances, as defined in the Plan agreement. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

NOTE 1 — DESCRIPTION OF THE PLAN — (CONTINUED)

Vesting – Participants are immediately vested in their elective contributions, safe harbor non-elective contributions and earnings thereon. In order to be eligible for employer matching and discretionary contributions, participants must have completed at least 1,000 hours of employment during the calendar year and be employed as of the last day of the year. Employees will vest ratably in employer matching and discretionary contributions ratably over a period of six (6) years. There were $0 of forfeitures during the year-ended December 31, 2022 and $0 in the Sponsor's forfeiture account.

Investment Options – Participants direct the investment of all contributions into the various investment options that are offered by the Plan. The Plan currently offers approximately twenty (19) pooled separate accounts representing variable investment options in a subaccount held in the name of Equitable. The shares of the subaccounts are invested in various mutual funds that are purchased at the direction of Participants through salary deferral and rollovers, Company matching contributions, and investment income reinvestments. Additionally, shares of the funds are sold whenever a participant withdraws from the Plan, transfers account balances among the funds, or borrows money from the Plan. The Plan also offers one guaranteed interest option account which represents funds held in the general account of Equitable and pays a fixed rate of return. Account balances of principal do not fluctuate except for the participant transfers into or out of this account and the earnings of interest, net of fund expenses. Participants may change their investment allocation at their discretion.

Participants' Loans – Participants may borrow from their fund accounts in an amount not to exceed the lesser of $50,000 or 50% of the vested amount. Loan terms are up to 5 years, or a reasonable time would be determined if the loan is for the main purpose of the purchase of the principal residence of the participant. The loans are secured by the balance in the participants' accounts and bear interest at Prime rate plus one percent. A participant may only have up to two loans outstanding with the Plan. The current loans bear interest between 4.25% - 8.00% and mature at various dates through March 2027. Principal and interest are paid through payroll deduction. Additionally, participants who apply for loans are charged a one-time, $150 set-up fee. Total loan fees were $750 during the year ended December 31, 2022.

Loans are segregated investments and to the extent a participant borrows, their account will not share in the earnings and gains in value attributable to other investments. The interest that participants pay on their loans will be directly credited to their account. If any losses are realized or expense incurred in the event of default, such losses and expense shall be allocated only to the participant's account. Unpaid principal balances on loans will be deemed a distribution if the participant terminates employment. Participant loans are classified as notes receivable from participants in the Plan's financial statements.

Payment of Benefits – A Participant may withdraw funds from the Plan upon the occurrence of certain events including, but not limited to, retirement, death, disability, or termination of employment. Upon termination of employment, if a participant's vested account balance is less than $1,000, a lump sum payment will be made within a reasonable time if the Participant has not already elected to receive a lump sum distribution or direct rollover. If the value exceeds $5,000, the funds will remain in the Plan until a written request for distribution is submitted by the Participant. For vested account balances between $1,000 and $5,000, unless a written request is submitted by the Participant, amounts will be automatically rolled over into an individual retirement account selected by the plan administrator for the benefit of the Participant.

The Plan permits hardship distributions for immediate and heavy financial need. Participants are charged a $50 fee for the distributions. Total hardship distributions were $0 during the year ended December 31, 2022.

NOTE 1 — DESCRIPTION OF THE PLAN — (CONTINUED)

CARES Act – The Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law on March 27, 2020. The CARES Act allows certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, delay the commencement date for required minimum distributions, and take a coronavirus-related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. The Plan adopted the temporary provisions of the CARES Act.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Contributions by participants are recognized in the period the participants' wages are earned, but withdrawals from the Plan for participant distributions are recognized when the amounts are paid to the participant, except for cases where refunds are due to the participants in order for the Plan to conform to Internal Revenue Code (“IRC”) provisions. Plan expenses are recorded when incurred.

Use of Estimates – Preparing the Plan's financial statements in conformity GAAP requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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.

Participant loans included under investments are recorded at cost plus accrued interest.

Purchases and sales of the shares are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends from the mutual funds are recorded when reported by the registered investment companies. Security transactions are accounted for on the date securities are purchased or sold (trade date). Net realized and unrealized gains and losses are recorded in the accompanying financial statements as net appreciation / depreciation in fair value of investments. Contributions are invested as reasonably close to payroll dates as the plan administrator can segregate payroll funds and amounts are accrued, if applicable.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make scheduled repayments and the Plan administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

During the year ended December 31, 2022, the Plan deemed delinquent distributions totaling $0.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES — (CONTINUED)

Excess Contribution Payable – Amounts payable to participants totaled $7,374 and $13,944 at December 31, 2022 and 2021, respectively. Contributions in excess of amounts allowed by the IRS are recorded as liabilities, with a corresponding reduction to the respective year's contribution.

Plan Administrator Costs – The Plan's expenses are paid by either the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation/depreciation of fair value of investments. Administrative expenses and fund fees incurred by the Plan for the year ended December 31, 2022 totaled $16,888.

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 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 statement of net assets available for benefits.

Plan Termination – Although it has not expressed any intent to do so, the Plan Sponsors have the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Participants will become fully vested in their accounts.

Subsequent Events – Subsequent events have been evaluated through October 10, 2023, the date the financial statements were available to be issued. The following subsequent event was noted:

- In July 2023, the Plan Sponsor transferred all administrative, recordkeeping and custodian responsibilities of the plan to Principal Financial.

NOTE 3 — INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the trustee as complete and accurate to the best of their knowledge, except for comparing such information certified by the trustee to information included in the Plan's financial statement and supplemental schedule.

NOTE 3 — INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN – (CONTINUED)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that was prepared and certified to be complete and accurate by Equitable Life Insurance Company as of December 31, 2022 and 2021 and for the year ended December 31, 2022:

	As of December 31, 2022	As of December 31, 2021
(a) Investments:		
Pooled separate accounts, at fair value	$ 1,787,277	$ 1,965,640
Participant loans	$ 73,792	$ 75,819

	Year Ended December 31, 2022	Year Ended December 31, 2021
Interest - participant loans	$ 3,617	$ 3,694
Net appreciation (depreciation) in fair value	$ (353,682)	$ 245,202

(b) Schedule of Assets (Held at End of Year) - December 31, 2022
- See supplemental schedule

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 measurement) and the lowest to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

- *Level 2*: Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets.
  - Quoted prices for identical or similar assets or liabilities in inactive markets.
  - Inputs other than quoted prices that are observable for the asset or liability.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

NOTE 4 — FAIR VALUE MEASUREMENTS — (CONTINUED)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on December 31, 2022 and 2021.

Pooled Separate Accounts: Pooled separate accounts are valued using the net asset value (NAV) of units held by the Plan at year end. The NAV is determined by the custodian of the fund and is based upon the fair value of the underlying assets held by the fund. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the FASB ASC 820-10 fair value hierarchy levels:

	Fair Value Measurements	
	2022	2021
Pooled Separate Accounts:		
Investments measured at Net Asset Value	$ 1,787,277	$ 1,965,640
Redemption Frequency	Daily	Daily
Redemption Notice Period	None	None

In regard to the classification of investment options offered by the Plan, there were no reclassifications in or out of levels 1, 2 or 3 during the year ended December 31, 2022.

NOTE 5 — GUARANTEED INTEREST ACCOUNT – INVESTMENT OPTION

The Plan allows participants to direct their contributions to the investment, Guaranteed Interest Option ("GIO"), which is a traditional investment contract held in the general accounts of Equitable, the contract issuer. This contract does not meet the fully benefit-responsive investment contract criteria. The GIO does not provide for a defined maturity date. In addition, although the GIO provides for a minimum guaranteed interest rate, the actual rate of interest credited during the time over which funds are invested in the GIO option is declared periodically and therefore is subject to change. Further, withdrawals for participant benefits from the GIO are permitted as specified in the contract and are not subject to any market value adjustment. The election of the GIO investment option does not give the participant the right to participate in the investment returns on Equitable's general account assets. Rather, the participants earn the rates of interest that Equitable periodically declares and guarantees on amounts that the participant deposits into the GIO. In addition, participant's withdrawals from the GIO are not subject to any market value adjustment. The value in the GIO at any time will equal the participant's contributions and transfers to that option, plus interest, minus withdrawals and transfers out of the option and charges that Equitable may deduct.

NOTE 5 — GUARANTEED INTEREST ACCOUNT – INVESTMENT OPTION — (CONTINUED)

The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.0%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date. The current crediting rate is 2.0% as of December 31, 2022.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also limit the ability of the Plan to transact at contract value with the participants.

As of December 31, 2022, participants directed $10,519 of their account balances to this Guaranteed Interest Option account. This amount is included in the Pooled Separate Accounts balance in the accompanying statements of net assets available for benefits.

NOTE 6 — RELATED PATY AND PARTY-IN-INTEREST TRANSACTIONS

A related party is any party who can control or significantly influence Plan management or operating policies. Parties-in-interest are defined under DOL Regulations as any employees of the Plan, fiduciaries of the Plan, service providers to the Plan, the employer whose employees are covered by the Plan, and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third party administrator (the TPA), investment managers, investment advisors, legal counsel, and Plan auditor.

During 2022, the Plan made direct payments of $16,888 to certain parties-in-interest for administration and investment advisory fees, as allowed by ERISA. The Plan sponsor pays directly any other fees related to the operation of the Plan.

Fees incurred by the plan for the investment management services are included in the net appreciation (depreciation) in fair value of the related investment, as they are paid using investment earnings rather than a direct payment.

NOTE 7 — TAX STATUS

The Plan sponsor adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service dated March 31, 2014, which states that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. The Plan is required to operate in conformity with the IRC to maintain its qualification. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

GAAP requires plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to 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. The Plan has recognized no interest or penalties related to uncertain tax positions.

NOTE 7 — TAX STATUS – (CONTINUED)

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, the statute of limitations for the IRS to assess taxes on a plan expires three (3) years from the due date of the return or the date on which it was filed, whichever is later.

NOTE 8 — RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefit per the financial statements for the year ended December 31, 2022 and 2021 to Form 5500:

	2022	2021
Financial Statements - As Reported	$ 1,853,695	$ 2,027,515
Excess contributions payable	7,374	13,944
Form 5500	$ 1,861,069	$ 2,041,459

The following is a reconciliation of the change in net assets available for benefits per the financial statements for the year ended December 31, 2022 to Form 5500:

	Decrease in Net Assets
Financial Statements - As Reported	$ (173,820)
Contributions Payable:	
Prior year	(13,944)
Current year	7,374
Form 5500	$ (180,390)

SUPPLEMENTAL SCHEDULE PROVIDED PURSUANT TO THE DEPARTMENT OF LABOR RULES AND REGULATIONS

LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2022

Plan Sponsor EIN: 33-0832592
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Range of Interest, Collateral, Par or Maturity Value (1) (2)	(d) Cost (3)	(e) Current Value
*	Equity 500 Index	Pooled Separate Account	-	$ 51,648
*	AB Small Cap Growth Portfolio	Pooled Separate Account	-	9,802
*	American Century Short Dur in Pro Bond R	Pooled Separate Account	-	1,659
*	Mid Cap Index	Pooled Separate Account	-	16,217
*	Money Market	Pooled Separate Account	-	117,836
*	T. Rowe Price Retirement 2015 R	Pooled Separate Account	-	64,934
*	T. Rowe Price Retirement 2020 R	Pooled Separate Account	-	8,396
*	T. Rowe Price Retirement 2025 R	Pooled Separate Account	-	109,146
*	T. Rowe Price Retirement 2030 R	Pooled Separate Account	-	680,404
*	T. Rowe Price Retirement 2035 R	Pooled Separate Account	-	152,064
*	T. Rowe Price Retirement 2040 R	Pooled Separate Account	-	81,363
*	T. Rowe Price Retirement 2045 R	Pooled Separate Account	-	144,942
*	T. Rowe Price Retirement 2050 R	Pooled Separate Account	-	200,373
*	T. Rowe Price Retirement 2055 R	Pooled Separate Account	-	112,258
	Guaranteed Interest Option (GIO)	Guaranteed Interest Option (GIO)	-	10,519
*	T. Rowe Price Growth Stock R	Pooled Separate Account	-	23,612
*	Investco Global Real Estate	Pooled Separate Account	-	212
*	Invesco International Growth R	Pooled Separate Account	-	1,627
*	Columbia Dividend Income Fund R	Pooled Separate Account	-	265
		Total Investments	-	$ 1,787,277
	Notes Receivable from Participants			
*	Interest rates ranging from 4.25% to 8.00%; maturing during 2023 to 2027		-	$ 73,792

Note:
(1) All of the pooled separate accounts and notes receivables are a party-in-interest as defined by ERISA.
(2) Each pooled separate account represents a unitized investment in a separate fund offered by Equitable Life Insurance Company and owned by the Plan.
(3) The cost of participant-directed investments is not required to be disclosed.

* A party-in-interest as defined by ERISA.

Lifetime Solutions, Inc. 401K Plan
Findings and Recommendations from Gursey | Schneider LLP
October 10, 2023

Significant Findings and Recommendations

1. Hire Date / Employee Census Data

The hire date for one employee, Tatiana Garelick, was entered incorrectly. Management should consistently review, retain, and update participant information on their personnel files and the Plan website.

2. Loans

The Company should review employee loan request documents and repayments each pay period to ensure loans are properly approved and repayments are properly applied.

Management should reconcile a participant's loan balance between the original loan amortization schedule and Equitable's administration reports. Each employee should be able commit to a regular repayment schedule regardless of the periodic gross pay (that may vary during the year due to commissions and bonuses). During the audit, we noted the following discrepancies:

Rosalia Ruiz, Donald Rayke, and James Hoody were deemed distributed but retained on the Trust Report for 2022. These three employees should be removed from the Trust Report. In addition, management should continue to monitor the loan activity in the Trust Report to make sure their loan balances match the amortization schedules.

3. Administrative Committee Minutes

The Company should keep minutes of the plan administrative committee. There were no minutes of the Plan in 2022. The administrative committee is the fiduciary responsible for carrying out the provisions of the Plan on behalf of all the participating employers. All significant decisions that affect the operations of the Plan should be agreed to and documented. The Plan administrative committee is responsible for:

- Selecting and monitoring the Plan's investments;
- Paying only reasonable Plan expenses;
- Following the Plan documents;
- Making sure participants receive the information required by ERISA; and
- Filing the necessary government reports.

Client: ***LIfetime Solutions Inc. 401(K) P/S***
Engagement: ***Lifetime Sol 401K***
Trial Balance: ***TB***
Workpaper: ***3700.01 - Adjusting Journal Entries Report***

Account	Description	Debit	Credit
Adjusting Journal Entries JE # 1			
To record excess contributions that were refunded after year-end			
1230	Contributions - participant	7,374.00	
1180	Excess contributions payable -		7,374.00
Total		**7,374.00**	**7,374.00**
Adjusting Journal Entries JE # 2			
Adjust opening balance of loans and benefits payable			
1190	Net assets available for benefits - PY	13,943.00	
1190	Net assets available for benefits - PY	18,032.00	
1150	Participant loans		18,032.00
1230	Contributions - participant		13,943.00
Total		**31,975.00**	**31,975.00**
Adjusting Journal Entries JE # 3			
Misc Adjustments to Reconcile to Form 5500			
1150	Participant loans	548.00	
1220	Net appreciation in fair value	2.00	
1230	Contributions - participant	193.00	
1000	EQ / Money Market		2.00
1250	Benefits paid to participants		549.00
1260	Administrative fees		192.00
Total		**743.00**	**743.00**

Client: *LIfetime Solutions Inc. 401(K) P/S*
Engagement: *Lifetime Sol 401K*
Period Ending: *12/31/2022*
Trial Balance: *TB*
Workpaper: *3600.00 - Financial Statement Grouping Report (Clean)*

Account	Description	1st PP-FINAL 12/31/2021	UNADJ 12/31/2022	JE Ref #	AJE 12/31/2022	FINAL 12/31/2022
Group : [4150]	**Investments**					
Subgroup : [4150.00]	**Mutual Funds / Pooled Separate Accounts**					
1000	EQ / Money Market	80,607.00	117,836.00		(2.00)	117,834.00
				AJE - 3	(2.00)	
1002	T. Rowe Price Retirement 2015	75,332.00	64,934.00		0.00	64,934.00
1003	T. Rowe Price Retirement 2020	3,153.00	8,396.00		0.00	8,396.00
1004	T. Rowe Price Retirement 2025	107,656.00	109,146.00		0.00	109,146.00
1005	T. Rowe Price Retirement 2030	795,153.00	680,404.00		0.00	680,404.00
1006	T. Rowe Price Retirement 2035	161,532.00	152,064.00		0.00	152,064.00
1007	T. Rowe Price Retirement 2040	88,910.00	81,363.00		0.00	81,363.00
1008	T. Rowe Price Retirement 2045	176,286.00	144,942.00		0.00	144,942.00
1009	T. Rowe Price Retirement 2050	225,981.00	200,373.00		0.00	200,373.00
1010	T. Rowe Price Retirement 2055	109,582.00	112,258.00		0.00	112,258.00
1011	Invesco International Growth	2,053.00	1,627.00		0.00	1,627.00
1012	EQ / Equity 500 Index	63,823.00	51,648.00		0.00	51,648.00
1014	T. Rowe Price Growth Stock R	39,956.00	23,612.00		0.00	23,612.00
1015	Columbia Dividend Income Fund R	1,066.00	267.00		0.00	267.00
1016	Investco Global Real Estate	980.00	212.00		0.00	212.00
1019	EQ / Mid Cap Index	18,896.00	16,217.00		0.00	16,217.00
1020	EQ / AB Small Cap Growth	13,792.00	9,802.00		0.00	9,802.00
1021	American Century Short Dur in Pro Bond R	882.00	1,659.00		0.00	1,659.00
1022	Guaranteed Interest Option	0.00	10,519.00		0.00	10,519.00
Subtotal [4150.00]	**Mutual Funds / Pooled Separate Accounts**	**1,965,640.00**	**1,787,279.00**		**(2.00)**	**1,787,277.00**
Subgroup : [4150.65]	**Participant Loans**					
1150	Participant loans	75,819.00	91,276.00		(17,484.00)	73,792.00
				AJE - 2	(18,032.00)	
				AJE - 3	548.00	
Subtotal [4150.65]	**Participant Loans**	**75,819.00**	**91,276.00**		**(17,484.00)**	**73,792.00**
Total [4150]	**Investments**	**2,041,459.00**	**1,878,555.00**		**(17,486.00)**	**1,861,069.00**
	Current Assets	**2,041,459.00**	**1,878,555.00**		**(17,486.00)**	**1,861,069.00**

Client: *LIfetime Solutions Inc. 401(K) P/S*
Engagement: *Lifetime Sol 401K*
Period Ending: *12/31/2022*
Trial Balance: *TB*
Workpaper: *3600.00 - Financial Statement Grouping Report (Clean)*

Account	Description	1st PP-FINAL 12/31/2021	UNADJ 12/31/2022	JE Ref #	AJE 12/31/2022	FINAL 12/31/2022
	TOTAL ASSET	**2,041,459.00**	**1,878,555.00**		**(17,486.00)**	**1,861,069.00**
Group : [5100]	**Benefits Payable**					
Subgroup : [5100.00]	**Excess participants contributions payable**					
1180	Excess contributions payable - participants	(13,944.00)	0.00		(7,374.00)	(7,374.00)
				AJE - 1	(7,374.00)	
Subtotal [5100.00]	**Excess participants contributions payable**	**(13,944.00)**	**0.00**		**(7,374.00)**	**(7,374.00)**
Total [5100]	**Benefits Payable**	**(13,944.00)**	**0.00**		**(7,374.00)**	**(7,374.00)**
	Current Liabilities	**(13,944.00)**	**0.00**		**(7,374.00)**	**(7,374.00)**
	TOTAL LIABILITY	**(13,944.00)**	**0.00**		**(7,374.00)**	**(7,374.00)**
Group : [6100]	**Net Assets Available for Benefits**					
Subgroup : [6100.00]	**Net Assets Available for Benefits**					
1190	Net assets available for benefits - PY	(1,755,717.00)	(2,059,490.00)		18,032.00	(2,041,458.00)
				AJE - 2	18,032.00	
Subtotal [6100.00]	**Net Assets Available for Benefits**	**(1,755,717.00)**	**(2,059,490.00)**		**18,032.00**	**(2,041,458.00)**
Total [6100]	**Net Assets Available for Benefits**	**(1,755,717.00)**	**(2,059,490.00)**		**18,032.00**	**(2,041,458.00)**
	Equity	**(1,755,717.00)**	**(2,059,490.00)**		**18,032.00**	**(2,041,458.00)**
	NET (INCOME) LOSS	**(271,798.00)**	**180,935.00**		**6,828.00**	**187,763.00**
	TOTAL EQUITY	**(2,027,515.00)**	**(1,878,555.00)**		**24,860.00**	**(1,853,695.00)**
	TOTAL LIABILITY AND EQUITY	**(2,041,459.00)**	**(1,878,555.00)**		**17,486.00**	**(1,861,069.00)**
Group : [7100]	**Net Investment Revenue**					
Subgroup : [7100.00]	**Interest**					
1200	Interest - participant loans	(3,694.00)	(3,617.00)		0.00	(3,617.00)
Subtotal [7100.00]	**Interest**	**(3,694.00)**	**(3,617.00)**		**0.00**	**(3,617.00)**

Client: *LIfetime Solutions Inc. 401(K) P/S*
Engagement: *Lifetime Sol 401K*
Period Ending: *12/31/2022*
Trial Balance: *TB*
Workpaper: *3600.00 - Financial Statement Grouping Report (Clean)*

Account	Description	1st PP-FINAL 12/31/2021	UNADJ 12/31/2022	JE Ref #	AJE 12/31/2022	FINAL 12/31/2022
Subgroup : [7100.10]	**Net Appreciation (Depreciation) in Future Value of Investments**					
1220	Net appreciation in fair value	(245,202.00)	353,680.00		2.00	353,682.00
				AJE - 3	2.00	
Subtotal [7100.10]	**Net Appreciation (Depreciation) in Future Va**	**(245,202.00)**	**353,680.00**		**2.00**	**353,682.00**
Total [7100]	**Net Investment Revenue**	**(248,896.00)**	**350,063.00**		**2.00**	**350,065.00**
Group : [7150]	**Contributions**					
Subgroup : [7150.00]	**Employee Contributions**					
1230	Contributions - participant	(226,640.00)	(236,065.00)		7,567.00	(228,498.00)
				AJE - 1	7,374.00	
				AJE - 3	193.00	
Subtotal [7150.00]	**Employee Contributions**	**(226,640.00)**	**(236,065.00)**		**7,567.00**	**(228,498.00)**
Total [7150]	**Contributions**	**(226,640.00)**	**(236,065.00)**		**7,567.00**	**(228,498.00)**
	Revenues	**(475,536.00)**	**113,998.00**		**7,569.00**	**121,567.00**
	TOTAL REVENUE	**(475,536.00)**	**113,998.00**		**7,569.00**	**121,567.00**
Group : [7200]	**Benefits**					
Subgroup : [7200.00]	**Benefits**					
1250	Benefits paid to participants	186,239.00	49,857.00		(549.00)	49,308.00
				AJE - 3	(549.00)	
Subtotal [7200.00]	**Benefits**	**186,239.00**	**49,857.00**		**(549.00)**	**49,308.00**
Total [7200]	**Benefits**	**186,239.00**	**49,857.00**		**(549.00)**	**49,308.00**
	Cost of Sales	**186,239.00**	**49,857.00**		**(549.00)**	**49,308.00**
Group : [7300]	**Administrative Expenses**					
Subgroup : [7300.00]	**General and Administrative**					
1260	Administrative fees	17,443.00	17,080.00		(192.00)	16,888.00
				AJE - 3	(192.00)	

Client:	***LIfetime Solutions Inc. 401(K) P/S***
Engagement:	***Lifetime Sol 401K***
Period Ending:	***12/31/2022***
Trial Balance:	***TB***
Workpaper:	***3600.00 - Financial Statement Grouping Report (Clean)***

Account	Description	1st PP-FINAL 12/31/2021	UNADJ 12/31/2022	JE Ref #	AJE 12/31/2022	FINAL 12/31/2022
1290	Forfeiture	56.00	0.00		0.00	0.00
Subtotal [7300.00]	**General and Administrative**	**17,499.00**	**17,080.00**		**(192.00)**	**16,888.00**
Total [7300]	**Administrative Expenses**	**17,499.00**	**17,080.00**		**(192.00)**	**16,888.00**
	Operating Expenses	**17,499.00**	**17,080.00**		**(192.00)**	**16,888.00**
	TOTAL EXPENSE	**203,738.00**	**66,937.00**		**(741.00)**	**66,196.00**
	NET (INCOME) LOSS	**(271,798.00)**	**180,935.00**		**6,828.00**	**187,763.00**
	Sum of Account Groups*	**0.00**	**0.00**		**0.00**	**0.00**

* The Sum of Account Groups total does not include any groups assigned to the MEM classification.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► LIFETIME SOLUTIONS, INC. 401(K) P/S PLAN

Employer Identification Number:► 33-0832592

For plan year (beginning/ending):► 01/01/2022- 12/31/2022 Plan number:►001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	EQ/MID CAP INDEX	POOLED SEPARATE ACCOUNT		16217
	EQ / EQUITY 500 INDEX	POOLED SEPARATE ACCOUNT		51,648.00
	EQ/AB SMALL CAP GROWTH PORTFOLIO	POOLED SEPARATE ACCOUNT		9,802.00
	EQ / MONEY MARKET	POOLED SEPARATE ACCOUNT		117,836.00
	T. ROWE PRICE RETIREMENT 2015 R	POOLED SEPARATE ACCOUNT		64,934.00
	T. ROWE PRICE RETIREMENT 2020 R	POOLED SEPARATE ACCOUNT		8,396.00
	T. ROWE PRICE RETIREMENT 2025 R	POOLED SEPARATE ACCOUNT		109,146.00
	T. ROWE PRICE RETIREMENT 2030 R	POOLED SEPARATE ACCOUNT		680,404.00
	T. ROWE PRICE RETIREMENT 2035 R	POOLED SEPARATE ACCOUNT		152,064.00
	T. ROWE PRICE RETIREMENT 2040 R	POOLED SEPARATE ACCOUNT		81,363.00
	T. ROWE PRICE RETIREMENT 2045 R	POOLED SEPARATE ACCOUNT		144,942.00
	T. ROWE PRICE RETIREMENT 2050 R	POOLED SEPARATE ACCOUNT		200,373.00
	T. ROWE PRICE RETIREMENT 2055 R	POOLED SEPARATE ACCOUNT		112,258.00
	GUARANTEED INTEREST OPTION	UNALLOCATED INSURANCE CONTRACTS		10,519.00
	T. ROWE PRICE GROWTH STOCK R	POOLED SEPARATE ACCOUNT		23,612.00
	COLUMBIA DIVIDEND INCOME FUND R	POOLED SEPARATE ACCOUNT		267.00
	INVESCO GLOBAL REAL ESTATE R	POOLED SEPARATE ACCOUNT		212.00
	INVESCO INTERNATIONAL GROWTH R	POOLED SEPARATE ACCOUNT		1,627.00
	AMERICAN CENTURY SH DUR INFL PROT BD R	POOLED SEPARATE ACCOUNT		1,659.00
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.25% - 8.00% MATURITY DATE 03/27/2027		91,275.97