

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan HELPSIDE INC. CAFETERIA PLAN
1b	Three-digit plan number (PN) ▶ 502
1c	Effective date of plan 06/08/1990
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) HELPSIDE INC 395 W. 600 N. LINDON, UT 84042
2b	Employer Identification Number (EIN) 87-0476353
2c	Plan Sponsor's telephone number 801-443-1090
2d	Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	STEVE ANDERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	STEVE ANDERSON
	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 ☒ 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 7854
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 7854 6a(2) 7993 6b 6c 6d 7993 6e 6f 6g(1) 6g(2) 6h
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:

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

4A 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 11
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 166558311

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353	

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

(a) Name of insurance carrier
EMI HEALTH

(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
20-4023720	12515	5000	13537	01/01/2024	12/31/2024

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 146873	(b) Total amount of fees paid 0
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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
A PLUS PLANNING & INSURANCE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
146873			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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3599259
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353	

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

(a) Name of insurance carrier
EMI HEALTH

(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
20-4023720	12515	5000	14030	01/01/2024	12/31/2024

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 1911240	(b) Total amount of fees paid 0
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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
GREYSTONE INSURANCE SERVICES, LLC
395 W 600 N
LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1911240			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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353

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

(a) Name of insurance carrier EMI HEALTH

(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
06-1227840	39616	5000	9551	01/01/2024	12/31/2024

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 79687	(b) Total amount of fees paid 0
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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 A PLUS PLANNING & INSURANCE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
79687			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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	796868
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353

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

(a) Name of insurance carrier RELIANCE STANDARD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	VPS 327612	1624	01/01/2024	12/31/2024

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 46473	(b) Total amount of fees paid 7651
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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 A PLUS PLANNING & INSURANCE LLC 395 WEST 600 N LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46473	7651	OTHER FEES	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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	309817
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353	

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

(a) Name of insurance carrier
RELIANCE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	VHI 856163	704	01/01/2024	12/31/2024

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 32754	(b) Total amount of fees paid 6096
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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
A PLUS PLANNING & INSURANCE LLC
395 W 600 N
LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32754	6096	OTHER FEES	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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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 ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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) ▶ **VOLUNTARY HOSPITAL**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	218360
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353	

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

(a) Name of insurance carrier RELIANCE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	VAI 858495	1436	01/01/2024	12/31/2024

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 34337	(b) Total amount of fees paid 6036
---	---------------------------------------

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	
A PLUS PLANNING & INSURANCE LLC	395 W 600 N LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34337	6036	FEES	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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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) ▶ **VOLUNTARY ACCIDENT**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	228910
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353	

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

(a) Name of insurance carrier
RELIANCE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	VCI 858497	1195	01/01/2024	12/31/2024

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 49044	(b) Total amount of fees paid 6160
---	---------------------------------------

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
A PLUS PLANNING & INSURANCE
395 W 600 N
LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49044	6160	FEES	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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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) ▶ **CRITICAL ILLNESS**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	272466
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ►	502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353	

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

(a) Name of insurance carrier RELIANCE STANDARD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	GL 159826	3998	01/01/2024	12/31/2024

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 84573	(b) Total amount of fees paid 9000
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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 A PLUS PLANNING & INSURANCE LLC 395 WEST 600 N LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84573	9000	OTHER FEES	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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	845733
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353

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

(a) Name of insurance carrier RELIANCE STANDARD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	GL 146777	10630	01/01/2024	12/31/2024

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 25903	(b) Total amount of fees paid 4297
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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 A PLUS PLANNING & INSURANCE LLC 395 WEST 600 NORTH LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25903	4297	OTHER FEES	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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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) ▶ AD&D

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	172686
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353

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

(a) Name of insurance carrier
RELIANCE STANDARD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-0883760	68381	VPL 300605	2272	04/01/2023	03/31/2024

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 85217	(b) Total amount of fees paid 6000
---	---------------------------------------

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
A PLUS PLANNING & INSURANCE LLC 395 WEST 600 NORTH
LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
85217	6000	OTHER FEES	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	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	91217
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353

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

(a) Name of insurance carrier
SIRIUS AMIERCA 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
13-2997499	38776	IAT-SA0404	5513	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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)	502696	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		502696
(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	1025006
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(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

(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)

EMI HEALTH

87-0189237

(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?
11 12	N/A	2760351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLMAN

91-0189237

(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?
11	N/A	310017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRADIENT

83-1032918

(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?
11	N/A	185351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HEALTH BENEFIT DESIGNS

87-0508769

(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?
22	N/A	72000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WAKELY

38-2599727

(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?
11	N/A	67500	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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
		2024
		This Form is Open to Public Inspection

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

A Name of plan HELPSIDE INC. CAFETERIA PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC	D Employer Identification Number (EIN) 87-0476353

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	10555975	12112465
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)	318450	0
(3) Other	1b(3)	1407765	1267798
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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1080000	1080000

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13362190	14460263
Liabilities			
g Benefit claims payable.....	1g	6803919	7811000
h Operating payables.....	1h	1327444	405981
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		2123653
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8131363	10340634
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5230827	4119629

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)	17084808	
(C) Others (including rollovers).....	2a(1)(C)	39864552	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		56949360
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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1010847
d Total income. Add all income amounts in column (b) and enter total	2d		57960207

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	51523794	
(2) To insurance carriers for the provision of benefits	2e(2)	1025006	
(3) Other	2e(3)	1007081	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		53555881
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	5515524	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5515524
j Total expenses. Add all expense amounts in column (b) and enter total	2j		59071405

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1111198
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **K&C, CPAS**

(2) EIN: **45-4186798**

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 _____.



CERTIFIED PUBLIC
ACCOUNTANTS

Gary K. Keddington, CPA
Marcus K. Arbuckle, CPA
Steven M. Rowley, CPA

INDEPENDENT AUDITOR'S REPORT

To the Trustees
A Plus Benefits, Inc.
Employee Benefit Trust
Lindon, Utah

Opinion

We have audited the accompanying financial statements of the A Plus Benefits, Inc. Employee Benefit Trust (the Plan), which comprise the statements of benefit obligations and net assets available for benefits for the years ended December 31, 2024 and 2023, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of the A Plus Benefits, Inc. Employee Benefit Trust as of December 31, 2024 and 2023, and the changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the A Plus Benefits, Inc. Employee Benefit Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the A Plus Benefits, Inc. Employee Benefit Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the A Plus Benefits, Inc. Employee Benefit Trust'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 A Plus Benefits, Inc. Employee Benefit Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

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

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

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

KYC, CPA₁

June 9, 2025

A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST
Schedule H, Line 4i – Schedule Of Assets (Held at End of Year)
Employer Identification Number 87-0476353 Plan # 502
December 31, 2024

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Prepaid deposit at TPA	Cash	Same	<u>\$ 1,080,000</u>
			<u><u>\$ 1,080,000</u></u>

* The TPA is a party in interest.

**A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST**

FINANCIAL STATEMENTS

For The Years Ended December 31, 2024 and 2023

Together with Independent Auditor's Report

**A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST
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Schedule of Assets (Held at End of Year).....	9



CERTIFIED PUBLIC
ACCOUNTANTS

Gary K. Keddington, CPA
Marcus K. Arbuckle, CPA
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INDEPENDENT AUDITOR'S REPORT

To the Trustees
A Plus Benefits, Inc.
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Lindon, Utah

Opinion

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In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of the A Plus Benefits, Inc. Employee Benefit Trust as of December 31, 2024 and 2023, and the changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the A Plus Benefits, Inc. Employee Benefit Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the A Plus Benefits, Inc. Employee Benefit Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the A Plus Benefits, Inc. Employee Benefit Trust'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 A Plus Benefits, Inc. Employee Benefit Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

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

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

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

KYC, CPA₁

June 9, 2025

**A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST
STATEMENTS OF BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Benefit Obligations		
Claims incurred but not reported	\$ 7,627,000	\$ 6,629,935
Claims payable - prescription drugs	<u>184,000</u>	<u>173,984</u>
Total Benefit Obligations	<u>7,811,000</u>	<u>6,803,919</u>
Assets		
Cash reserves	12,112,465	10,555,975
Accounts receivable - other	1,267,798	1,407,765
Accounts receivable - stop loss	-	318,450
Security deposit	<u>1,080,000</u>	<u>1,080,000</u>
Total Assets	<u>14,460,263</u>	<u>13,362,190</u>
Liabilities		
Accounts payable - administrative expense	405,981	1,327,444
Health claims payable	<u>2,123,653</u>	<u>-</u>
Total Liabilities	<u>2,529,634</u>	<u>1,327,444</u>
Net Assets Available For Benefits	11,930,629	12,034,746
Excess of Net Assets Available For Benefits Over Benefit Obligations	<u>\$ 4,119,629</u>	<u>\$ 5,230,827</u>

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

**A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST
STATEMENT OF CHANGES IN BENEFIT OBLIGATION
AND NET ASSETS AVAILABLE FOR BENEFITS
For The Year Ended December 31, 2024**

	<u>2024</u>
Changes in Benefit Obligations	
Increase (decrease) during the year attributable to:	
Claims incurred, not reported	\$ 997,065
Claims payable - prescription drugs	<u>10,016</u>
Net Increase in Benefit Obligations	<u>1,007,081</u>
 Changes in Net Assets Available for Benefits	
Additions	
Additions to net assets attributed to:	
Sponsor contributions	39,864,552
Participant contributions	17,084,808
Cobra and miscellaneous contributions	301,049
Stop loss recovery revenues	-
Interest income	<u>709,798</u>
Total additions	<u>57,960,207</u>
 Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	51,523,794
Reinsurance	1,025,006
Administrative expenses	<u>5,515,524</u>
Total deductions	<u>58,064,324</u>
Net (Decrease) Increase in Net Assets Available for Benefits	<u>(104,117)</u>
(Decrease) Increase in the Excess of Net Assets Available for Benefits Over Benefit Obligations	(1,111,198)
Excess of Net Assets Available for Benefits Over Benefit Obligations	
Beginning of year	<u>5,230,827</u>
End of year	<u>\$ 4,119,629</u>

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

**A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 DESCRIPTION OF PLAN

The following description of the A Plus Benefits, Inc. Employee Benefit Trust (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 self funded defined benefit health plan (uninsured). The Plan was established to make health care benefits available to its qualifying employees and their eligible dependents. The Plan does not provide for any post-retirement benefits. Although the Plan Sponsor has not expressed any intention to do so, they do have the right to change or terminate the Plan at any time.

Contributions

The Plan is a self funded plan and is funded by contributions made by the Plan Sponsor and participants. Premiums are based on the level of coverage selected by the participant from the coverage options available.

Payment of Benefits

Benefits payable under the Plan are reduced or eliminated for health care services or supplies obtained from providers that are not members of the participant's preferred provider organization. For any denied or reduced benefits, the participant has a right under Federal law to appeal the Plan's decision and receive a fair and full review.

Plan Amendments

There were no plan amendments during the years ended December 31, 2024 and 2023.

Insurance Policies

The Plan pays insurance premiums on a stop loss policy to cover the Plan's portion for any individual participant's claims that exceed \$500,000.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared under the accrual basis of accounting.

Estimates

The preparation of financial statements requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation of Investments

The Plan's only investment is cash and a cash deposit and therefore is stated at fair value.

A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS

The Plan's cash investment is cash that is maintained in a bank checking account and sweep account. The balance in these accounts at year end December 31, 2024 and 2023 was \$12,112,468 in a cash and sweep account and was \$10,555,975 in a cash and sweep account, respectively. The cash in these accounts at the bank may at times exceed federally insured limits.

The Plan's prepaid deposit is on reserve at the third party claims processor and was \$1,080,000 for both of the years ending December 31, 2024 and 2023.

The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on these accounts.

NOTE 4 BENEFIT OBLIGATIONS

The Plan's excess of net assets available for benefits over benefit obligations of \$4,119,629 at December 31, 2024 and \$5,230,0827 at December 31, 2023 (See Note 9) represents a surplus to fund future medical claims and expenses of the Plan. Claims incurred but not yet reported totaled \$7,627,000 for the year ended December 31, 2024 and \$6,629,935 for the year ended December 31, 2023 and are reported in the accompanying statements of benefit obligations and net assets available for benefits. Claims incurred but not yet reported as of the years ended December 31, 2024 and 2023 were estimated by the Plan's actuary in accordance with generally accepted actuarial principles. Such estimates are reported at current values, given that medical claims are paid out subsequent to year end in a short period of time.

The change in the claims incurred but not yet reported was an increase of \$997,065 for the year ended December 31, 2024 over 2023. This change can be attributed to the larger increase in actual claims for the 2024 data used for the year ended December 31, 2024 actuarial calculation compared to the 2023 data used for the year ended December 31, 2023 actuarial calculation. There were approximately \$1,260,466 more in actual claims in the December 31, 2024 12 month actuarial calculation than the December 31, 2023 12 month actuarial calculation. The December 31, 2024 24 month actuarial calculation included approximately \$1,620,947 more in actual claims than the December 31, 2023 24 month actuarial calculation. The change in claims incurred but not yet reported can also depend on the timing of the claims made during each 24 month period used for the actuarial calculation.

The prescription drug payable increase of \$10,016 for the year ended December 31, 2024 can be attributed to the cost and the volume of the medications used by participants. The claims payable for prescription drugs were paid in the month subsequent to the years ended December 31, 2024 and 2023.

These claims incurred but not yet reported and the prescription drug amounts are reported in the accompanying statement of changes in benefit obligations and net assets available for benefits.

NOTE 5 PARTY IN INTEREST TRANSACTIONS

Third Party Administrator

The third party administrator earns fees for the services they provide the Plan. For the year ended December 31, 2024 the Plan third party administrator was paid approximately \$4,834,000 for these services which is included in the administrative expenses amount on the statement of changes in benefit obligations and net assets available for benefits.

**A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 PARTY IN INTEREST TRANSACTIONS (Continued)

EMI is the third party plan administrator, Health Benefits Designers provides plan consulting, WakelyBCS provides actuarial services and K&C, CPAs provide auditing services to the Plan, therefore, these transactions qualify as party-in-interest.

NOTE 6 TAX STATUS

The trust established under the plan to hold the plan's assets obtained its latest determination letter on August 4, 1999, in which the Internal Revenue Service stated that the trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The trust has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 7 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 SCHEDULE H

There were no differences between the financial statements and Form 5500 Schedule H as of the year ended December 31, 2024.

NOTE 8 RISKS AND UNCERTAINTIES

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9 ERROR CORRECTION IN DECEMBER 31, 2023 FOOTNOTE DISCLOSURE

During the year ended December 31, 2024 it was discovered that Note 4 Benefit Obligations in the December 31, 2023 presentation had an amount that was stated in error. The corrected amount of \$5,230,0827 (See Note 4 above) replaced the 2023 amount of \$4,207,633 that was disclosed in error. This error did not effect the December 31, 2023 financial statements and was just a footnote error.

NOTE 10 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 9, 2025, which is the date the financial statements were issued.

SUPPLEMENTAL SCHEDULE

A PLUS BENEFITS, INC.
EMPLOYEE BENEFIT TRUST
Schedule H, Line 4i – Schedule Of Assets (Held at End of Year)
Employer Identification Number 87-0476353 Plan # 502
December 31, 2024

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Prepaid deposit at TPA	Cash	Same	\$ 1,080,000
			<u>\$ 1,080,000</u>

* The TPA is a party in interest.

2(a) Name of Participating Employer	2(b) EIN	2(c) Percent of Total Contributions	2(d) Aggregate Account Balance
BPI Labs Inc.	83-0313201	0.15%	\$ 111,438.36
Young Women's Christian Association of Sweetwater Co	83-0231698	0.06%	\$ 49,029.10
Vase Funeral Home Inc.	83-0251226	0.04%	\$ 30,808.38
Hunter Family Medical Clinic PC	83-0330098	0.21%	\$ 164,170.55
Wyolectric Inc.	20-1496512	0.09%	\$ 70,355.56
Escape Day Spa & Boutique	26-0025852	0.06%	\$ 43,150.56
State Bank	84-1417343	0.18%	\$ 137,768.60
Santa Fe Trail Inc.	83-0328782	0.09%	\$ 67,598.62
Hughes Appraisal Service	83-0329248	0.00%	\$ 1,880.91
Deru's Glass Works Inc.	83-0269751	0.04%	\$ 32,076.06
SAFE Project	74-2177133	0.10%	\$ 74,659.91
Griffith Engineering Services LLC	43-2096356	0.00%	\$ 457.20
Marshall's Truck Repair LLC	84-1411783	0.02%	\$ 11,993.40
Bicentennial Village Associates	20-0786226	0.05%	\$ 40,988.56
Parnells Glass & Body Works	20-3239357	0.12%	\$ 90,454.16
Aarons Semi Repair Inc.	20-4930028	0.07%	\$ 56,314.86
Uinta Bank	83-0151940	0.16%	\$ 124,924.92
Alliance Drilling Tools, LLC	27-0766102	0.36%	\$ 278,308.45
CRTR	85-4329801	0.03%	\$ 19,131.12
Petes Auto Service LLC	83-0325316	0.19%	\$ 142,871.64
Wyoming Fabrication Enterprises	20-1717298	0.04%	\$ 29,952.09
Wyoming Fabrication & Machine	20-1717127	0.08%	\$ 61,655.80
Oscilla Power, Inc	27-0790220	0.11%	\$ 86,782.08
Key Property Management LLC	30-0080051	0.02%	\$ 14,944.94
Valley Vision Center	45-4037502	0.04%	\$ 33,426.20
Sweetwater Technology Services Inc.	20-8937499	0.14%	\$ 104,464.84
MKE Steel Detailing	45-5414643	0.00%	\$ 604.94
Upright Construction & Restoration Svcs	27-1430559	0.04%	\$ 32,954.68
James L Hacking Construction	87-0421178	0.06%	\$ 47,211.86
Overman Concrete Inc.	87-0477127	0.03%	\$ 23,256.60
Pool Specialties, Inc.	87-0299424	0.00%	\$ 500.83
Jerry G. Davis Construction Inc.	87-0514937	0.13%	\$ 96,032.74
Allstate Robinson, Gregory	88-0402877	0.02%	\$ 14,897.20
Privacy Link LLC	87-0633770	0.00%	\$ 1,017.26
Youth Alternative Home Association	83-0269541	0.00%	\$ 565.20
Key Property Management LLC	30-0080051	0.04%	\$ 31,993.52
Key Property Management LLC	30-0080051	0.01%	\$ 10,491.58
Key Property Management LLC	30-0080051	0.01%	\$ 7,030.34
Ixood, Inc	90-1121222	0.01%	\$ 5,453.23
Cobalt Refrigeration LLC	87-0648815	0.15%	\$ 118,248.72
Dent Master LLC	93-1518688	0.00%	\$ (743.40)
Dexter & Dexter	87-0650309	0.14%	\$ 104,909.20
Horizon Stucco Plastering & Exteriors	05-0554350	0.00%	\$ 2,992.80
Mikes Auto Clinic	87-0512005	0.00%	\$ 391.56
Allstate - Smith, Dave	84-1408129	0.00%	\$ 1,339.51
Olympus Hills Lanes Inc.	87-0514396	0.00%	\$ 513.74
Cottontree Medical Inc.	87-0554701	0.10%	\$ 74,808.28
Poole & Associates, LC	87-0646228	0.04%	\$ 34,060.36
ESP Excavation Inc.	20-1173848	0.31%	\$ 234,347.75
Freeway Propane Inc.	87-0449808	0.07%	\$ 53,812.22
North Star Printing LLC	47-3675210	0.57%	\$ 435,453.22
Powells Automotive Inc.	52-9310655	0.00%	\$ 180.00
Mountain Peaks Family Practice Inc.	87-0638632	0.00%	\$ 556.52
Scott Peterson	87-0525311	0.00%	\$ 848.88
Signature Floors Inc.	87-0549510	0.11%	\$ 83,849.04
Commissions Systems	82-3849109	0.00%	\$ 1,059.84
Bluefin Office Group LLC	87-0260924	0.01%	\$ 4,725.47
WOI Steel Inc	87-0540130	0.19%	\$ 147,274.84
William F Adamson DMD	87-0549786	0.04%	\$ 30,244.50
Bird Builders LLC	87-0642775	0.00%	\$ 1,390.30

Helpside Inc	84-1374112	1.14%	\$	869,561.75
Genesis Robertsons Marine LLC	82-5027961	0.02%	\$	11,859.32
DBM Industries	87-0461098	0.00%	\$	1,121.40
Barnes Bullets - Mona, LLC	85-3166404	1.26%	\$	961,181.43
TSA Architects	87-0575827	0.17%	\$	132,546.91
Asphalt Zipper	87-0661865	0.84%	\$	642,849.04
Hills Bakery Inc.	87-0658929	0.00%	\$	2,114.54
Utah Controls Inc.	87-0496337	1.15%	\$	875,732.68
Buffos Termite & Pest Control LLC	87-0491210	0.05%	\$	41,392.28
Atomic Construction, LLC	27-2250033	0.06%	\$	43,081.14
InterMountain Business Lending, Inc.	87-0477091	0.22%	\$	169,319.70
Abbingtion Senior Living Corp	87-0644400	0.13%	\$	95,782.64
Intermountain GeoEnvironmental Services, Inc.	87-0581028	0.57%	\$	433,846.57
Bateman IP Law Group	80-0060375	0.00%	\$	848.16
Thomas J. Peck & Sons Inc.	87-0274025	0.03%	\$	22,780.96
Dr Robert Thorup DDS	87-0554433	0.03%	\$	22,091.48
BrainStorm Inc.	87-0535674	1.01%	\$	772,999.10
North Davis Prep Academy Inc.	76-0762107	0.15%	\$	118,265.31
ZYTO	34-1997382	0.22%	\$	170,197.42
Wasatch Peak Academy	11-3738851	0.06%	\$	47,811.62
North Star Academy Inc.	13-4290294	0.08%	\$	60,849.38
Premier Enterprises Inc.	68-0581378	0.00%	\$	428.90
Center Point Construction II, LLC	26-2171922	0.19%	\$	141,711.40
Phoenix Learning Systems LLC	20-0352533	0.11%	\$	85,610.60
Legacy Mill & Cabinet, Corp	87-0655829	0.09%	\$	69,232.29
AWD Sales and Service, Inc.	75-3142233	0.05%	\$	35,514.06
Syracuse Arts Academy	11-3738847	0.26%	\$	201,694.22
Superior Cleaning Solutions	20-5636595	0.05%	\$	40,016.72
Walker Monument & Vault LLC	46-5101159	0.01%	\$	9,375.78
General Construction and Development	42-1562377	0.19%	\$	143,172.24
Okelberry Trucking	87-0579439	0.07%	\$	52,220.46
M-13 Construction, Inc.	87-0683801	0.19%	\$	143,255.00
Advanced Business Solutions - TX	27-0419159	0.07%	\$	50,807.13
National LAN Exchange, Inc.	87-0533543	0.05%	\$	39,617.20
Salt Lake Spine & Sport Medicine	87-0573977	0.00%	\$	1,269.20
Capital Rock LLC	20-5806291	0.53%	\$	407,641.65
Quest Academy	26-0198425	0.39%	\$	299,548.42
Shipley Group	87-0658495	0.07%	\$	55,402.76
HiFunda LLC	26-3003580	0.03%	\$	24,245.88
Campbell Chiropractic Clinic	87-0424894	0.00%	\$	2,678.80
SBI Contracting	46-0473188	0.00%	\$	838.38
McIntyre Farms Inc	26-4382477	0.04%	\$	33,860.74
Early Light Academy	26-2722827	0.19%	\$	147,335.33
Jefferson Academy	26-2546736	0.07%	\$	51,328.76
Hawthorn Academy	26-2723562	0.57%	\$	437,214.34
Bio Grass Sod Farms Inc.	87-0408564	0.16%	\$	118,666.77
Mountain Heights Academy	26-3417162	0.19%	\$	145,784.59
Deer Crest Master Association	87-0679651	0.09%	\$	71,189.89
Skyline Landscape and Excavation, L.L.C.	86-3182074	0.01%	\$	11,291.01
Merrill M Hugentobler DDS	87-0627994	0.09%	\$	71,353.34
Maria Montessori Academy	26-3938335	0.05%	\$	41,015.96
Automated Technical Services	26-3731022	0.06%	\$	47,266.85
Progressive Industrial Electrical Inc	26-3274981	0.10%	\$	78,813.24
Signature Group Real Estate	27-0588301	0.08%	\$	58,223.32
Reddish Pharmacy, Inc.	82-0390935	0.02%	\$	18,842.02
Rocky Mountain Gravel	26-4049043	0.00%	\$	936.82
Bowcutt Enterprises, Inc.	26-2821208	0.14%	\$	108,320.70
Verbatim Solutions, LLC	87-0707413	0.05%	\$	39,827.82
Bergmann Heating & Air Conditioning	20-8048801	0.07%	\$	52,746.74
Alliance Dairy Service & Supplies Inc	71-0955001	0.23%	\$	177,272.02
Leavitt's Mortuary	87-0494545	0.02%	\$	14,252.90

Gerhart Cole Inc.	87-0622143	0.44%	\$	332,636.77
Green Light Group LLC	20-0404025	0.12%	\$	87,986.40
SMARTCOS Inc	83-0945624	0.06%	\$	43,896.32
Castle Rock Interior Solutions, LLC	26-3368270	0.00%	\$	2,292.20
Guardian and Conservator Services Inc	84-1404260	0.09%	\$	68,272.30
Snake River Farmers Association Inc	82-0401442	0.03%	\$	23,946.15
Johnson's Medical, Inc.	87-0491669	0.22%	\$	166,384.64
Lehi ALOP, LLC	90-0769215	0.01%	\$	5,365.94
Cutting Edge Print Service, LLC	80-0930937	0.02%	\$	13,473.60
Thermal Engineering	26-1683138	0.27%	\$	203,837.23
Freedom Process Piping, Inc.	45-3092390	0.19%	\$	145,193.75
Kimball Condominiums Owners Association	87-0411448	0.00%	\$	311.26
HighMark Charter School	45-3789507	0.27%	\$	205,806.42
Willow Tree Recovery	27-2073604	0.20%	\$	149,191.34
Idaho Arthritis & Osteoporosis Center PC	82-0536242	0.45%	\$	346,863.65
Brisky Ridge Construction LLC	83-4685637	0.02%	\$	12,138.50
Landons Diesel Service Inc.	42-1590334	0.08%	\$	63,411.52
Invite Networks	45-4077489	0.97%	\$	744,426.88
M8 Logistics	27-2841981	0.13%	\$	101,165.28
Superior Concrete	87-0299210	0.11%	\$	82,697.76
Leadership Learning Academy	45-3821104	0.14%	\$	103,945.73
Wasatch Steel Erectors	87-2236757	0.00%	\$	1,422.48
Western Region Non Profit Housing Corp	20-0330858	0.15%	\$	111,212.68
American Charter Development, LLC	45-2662949	0.10%	\$	79,754.50
Career Path High	46-2398951	0.04%	\$	26,908.77
Ascent Academies of Utah	46-2680772	0.99%	\$	756,865.27
Align BI LLC	26-3313686	0.13%	\$	100,737.44
Mountain States Trucking LLC	27-1609571	0.05%	\$	35,845.74
Timp Steel LLC	46-1950607	0.00%	\$	2,114.56
Action Garage Door & Service	47-2371631	0.00%	\$	718.94
Mountain West Montessori Academy	46-2729463	0.11%	\$	82,445.44
AAMCOR LLC	87-0683529	0.00%	\$	446.40
Roth Ag-Construction & Equipment Inc	47-1621310	0.19%	\$	145,396.64
Disruptive Advertising	46-2401586	1.78%	\$	1,359,144.01
YouScience, LLC	20-4923011	0.35%	\$	270,425.84
Dunn Construction LC	87-0573114	0.07%	\$	49,806.29
Systems West Performance LLC	26-2875498	0.06%	\$	44,098.17
CandyCo LLC	45-3060922	1.09%	\$	830,922.71
Construction Plus Inc	87-0493764	0.04%	\$	29,450.70
Metalmart Inc.	87-0533603	0.25%	\$	189,403.22
Pyne Floor Coverings	87-0394680	0.00%	\$	1,151.06
Curecrete Management Corp	87-0653420	0.76%	\$	583,385.37
Kolob Canyon Treatment Center	24-5710347	0.12%	\$	88,258.28
Pulham Enterprises Inc.	87-0308025	0.16%	\$	124,062.16
Lyle W. Williams Company Inc.	87-0305609	0.77%	\$	589,716.28
Sutherland Institute	87-0531727	0.08%	\$	59,567.67
Key Property Management LLC	30-0080051	0.11%	\$	85,661.86
Performance Rehab Clinic-Salt Lake, LLC	03-0485045	0.05%	\$	35,146.87
Twist Electric Inc	81-4987775	0.17%	\$	126,055.67
Moonridge Academy	20-2072452	0.18%	\$	135,127.47
Commercial Kitchen Supply	87-0563098	0.24%	\$	184,607.65
Lunt Capital Management Inc.	75-3093123	0.07%	\$	50,070.88
Foundation Systems Inc.	87-0430174	0.01%	\$	6,972.32
Certs Inc.	56-2447598	0.17%	\$	133,398.78
La Europa Academy	20-2072437	0.45%	\$	340,942.78
Mountain Springs Prep Academy	20-2043721	0.21%	\$	160,720.43
Reins of Change	20-4039314	0.02%	\$	12,083.96
Clegg Automotive Machine	26-0372561	0.00%	\$	(1,000.70)
Carson Elevator LLC	87-0516899	0.13%	\$	102,026.90
Doodlebug Design Inc.	87-0657258	0.14%	\$	106,265.80
The Treeline Group	36-4491568	0.06%	\$	43,530.96

Key Property Management LLC	30-0080051	0.00%	\$	3,174.94
Hearth and Home Distributors of Utah	32-0080694	0.34%	\$	258,182.04
Staceys Repair	26-2683018	0.00%	\$	1,550.54
Boswell Wasatch Mill	20-4218343	0.46%	\$	348,003.06
Bassett Furniture Direct	01-0656036	0.12%	\$	90,869.26
Key Property Management LLC	30-0080051	0.03%	\$	20,140.64
Key Property Management LLC	30-0080051	0.02%	\$	15,482.86
Pacific Horizon Credit Union	87-0254941	0.12%	\$	93,759.46
Intermountain Fire Systems	84-1638290	0.16%	\$	122,896.60
CKR Engineers Inc	26-3946763	0.08%	\$	59,882.28
People LLC	87-0533868	0.04%	\$	29,391.58
Jeffrey G. Ogden, MD PC	87-0547016	0.00%	\$	(432.10)
Hurdman Communications	87-0528258	0.26%	\$	194,960.42
Hurdman Management	87-0528258	0.00%	\$	886.14
Mike & Sterlings Flooring America	83-0353962	0.07%	\$	52,490.25
Magellan Academy, Inc.	47-1468098	0.00%	\$	2,140.22
Innovative Labs Group LLC	45-4383586	1.84%	\$	1,405,255.25
Millhaven Construction	27-0810151	0.38%	\$	286,911.21
Messmer's Inc.	87-0467809	0.13%	\$	97,609.00
Rocky Mountain Pies, LLC	20-4846068	0.42%	\$	320,348.59
Platinum Payments LLC	45-1846246	0.08%	\$	60,167.02
Links Holdings LLC	82-3692963	0.16%	\$	121,605.53
Ledges Canyon View Golf, LLC	46-2419342	0.19%	\$	145,021.08
TAMS, LLC	20-0278969	0.25%	\$	190,178.32
CANACK, Inc.	45-4102879	0.04%	\$	33,282.32
Adams and Smith	94-2309476	0.39%	\$	298,647.34
Panek Enterprises, Inc.	14-1900189	0.00%	\$	762.14
The Companies (TC), LLC	26-3062489	0.14%	\$	104,099.58
Northpoint Construction & Development	26-1213890	0.00%	\$	3,031.22
Olsen Beal & Associates	84-2477939	0.00%	\$	-
Onward Technology, LLC	27-4394603	0.39%	\$	301,335.47
WordJack Media LLC	45-1619507	0.14%	\$	105,669.74
Hearth and Home Stone LLC	45-5606299	0.13%	\$	97,614.68
Gallant Medical	27-0305865	0.04%	\$	27,643.89
John Petersen Painting Inc.	87-0497356	0.00%	\$	61.50
A Gallery Frames Inc.	87-0495155	0.03%	\$	24,079.94
StealthGear USA	46-0858175	0.08%	\$	60,905.29
Satterfield Helm Management Inc.	87-0515724	0.07%	\$	51,142.02
Seymour Investment Properties	45-1206036	0.01%	\$	10,597.86
Diamond-CBN Inc.	81-1648349	0.03%	\$	19,636.83
Dura Tuff Wear Products	77-0722760	0.09%	\$	68,047.32
W-Systems LLC	20-4520582	0.00%	\$	2,371.96
The Health Spot	26-3265430	0.01%	\$	4,542.90
ILS, LLC	46-4176734	0.10%	\$	77,819.44
Social5 LLC	36-4728612	0.04%	\$	28,284.82
The Spine Institute LLC	26-2977151	0.26%	\$	201,408.40
Key Property Management LLC	30-0080051	0.01%	\$	8,489.72
Uinta Technologies Inc	52-2387410	0.04%	\$	27,494.20
Go Minis of Utah LLC	47-2451089	0.03%	\$	24,965.36
Key Property Management LLC	30-0080051	0.03%	\$	22,140.06
Whitecap Institute, LLC	59-3838070	0.07%	\$	49,876.56
Hi-Land Credit Union	87-0238633	0.01%	\$	5,401.60
Paradigm High School	20-3338204	0.45%	\$	343,571.29
Mellor Engineering	87-0512618	0.41%	\$	313,643.38
Utah Non Profit Housing Corporation	87-6164397	0.88%	\$	674,745.09
Simplii LLC	27-3063243	0.17%	\$	130,854.44
Palmer Wholesale Inc	26-2936056	0.01%	\$	5,393.62
Creations West LLC	88-4078874	0.00%	\$	398.90
VincoTech	98-1326311	0.00%	\$	1,339.62
Sentek USA Inc	27-5502553	0.02%	\$	17,866.31
Fowers Trucking LLC	80-0423061	0.06%	\$	45,708.80

Gargle Inc	81-0691711	0.45%	\$	344,734.55
Moab Paleosafari Ent LLC	46-3943470	0.00%	\$	-
Line 8 Design LLC	47-1501956	0.02%	\$	12,462.15
Up Right Steel LLC	47-5372592	0.07%	\$	53,120.05
Hall, Noble & Druce, PC	83-0245193	0.05%	\$	37,244.22
ClientSuccess Inc	46-4860642	0.23%	\$	171,984.35
Nomatic Inc	88-1701037	0.39%	\$	295,378.65
Stack Real Estate LLC	47-3540467	0.25%	\$	194,256.33
Captain Clean Services Inc	81-0781050	0.08%	\$	58,614.18
Chargeback Ops LLC	47-3526426	0.07%	\$	52,955.72
Issimo Productions	20-3861353	0.00%	\$	2,626.70
Little Adventures, LLC	20-1994815	0.01%	\$	5,793.60
Pharmatech, Inc.	46-1702120	0.73%	\$	556,506.92
Union Title Insurance Agency, LLC	20-3715966	0.00%	\$	2,188.32
CCC's HOLDCO LLC	81-2382551	0.22%	\$	171,492.89
Already Gone Inc	81-1914568	0.05%	\$	37,970.22
K.O. Transportation Inc.	45-2045176	0.15%	\$	117,102.34
Utah Motor Company	45-3122960	0.04%	\$	30,042.22
Williams Transportation Service, Inc.	27-4583565	0.05%	\$	35,488.02
Wallace Stegner Academy	47-3210780	0.81%	\$	615,415.80
Karen P. Martin	80-0968219	0.00%	\$	718.94
Creating Wealth Institute LLC	35-2548131	0.00%	\$	(3,078.66)
Wasatch Fireplace & Stove	81-2741571	0.03%	\$	21,998.56
FCAFVO (Fremont County Alliance Against Domestic Violence)	83-0254163	0.00%	\$	352.80
Central Utah Enterprises	38-3985487	0.10%	\$	74,603.75
5 Sons Services	46-3453422	0.14%	\$	105,935.52
Western Region Management Real Estate LLC	47-1856176	0.06%	\$	47,170.88
Volo Freight Brokers LLC	46-5026035	0.00%	\$	2,147.52
Matix Labs LLC	81-1763645	0.13%	\$	100,797.75
Innovative Market Analysis LLC	46-2277580	0.51%	\$	391,933.26
Uinta Senior Citizens Inc.	83-0215583	0.15%	\$	111,429.06
Landmark Excavating Inc	02-0702131	0.65%	\$	496,953.95
Essential Hub LLC	81-3930727	0.89%	\$	678,767.48
Xvoyant Inc	81-2567522	0.00%	\$	(3,237.92)
Prism Health Group LLC	88-2321599	0.35%	\$	269,988.84
SocialClimb LLC	81-3522221	0.98%	\$	744,966.53
RB Financial LLC	45-2610440	0.00%	\$	1,599.86
B.O.S.S. Retirement Solutions LLC	26-2695202	0.78%	\$	598,453.95
Key Property Management LLC	30-0080051	0.03%	\$	19,184.04
Clegg Engine LLC	81-3837333	0.03%	\$	20,560.68
Karmaholic Media LLC	81-4706265	0.11%	\$	84,414.52
HMH Rentals LLC	46-2503072	0.10%	\$	74,335.50
Tee & See Marketing Inc	27-0729179	0.13%	\$	97,056.54
Apex Auto Group LLC	85-2490443	0.05%	\$	38,656.83
Front Line Plumbing, Heating & Air, LLC	81-4574882	0.06%	\$	48,795.94
EmployeeReferrals, Inc.	45-1064265	0.06%	\$	46,736.66
Landmark Lifting	47-2987962	0.03%	\$	23,775.56
Bottega LLC	81-3411876	0.04%	\$	31,766.56
Snake Creek Landscapes	46-4253680	0.00%	\$	75.60
Carter Distribution	81-2865111	0.06%	\$	43,625.16
H2 Homes	47-5675877	0.20%	\$	156,396.80
Natura Pest Services LLC	81-5319441	0.09%	\$	66,432.09
J&R Scaping Enterprises Group	90-0055300	0.04%	\$	31,065.46
Jupiter Electric Inc	02-0703466	0.00%	\$	252.50
Blue 360 Media LLC	81-4672006	0.27%	\$	205,415.30
Wyoming Coalition Against Domestic Violence & Sexual Assault	74-2466406	0.04%	\$	30,419.38
Monarx, Inc.	82-0979034	0.06%	\$	42,484.96
Elite Craft Homes LLC	20-0764206	0.07%	\$	55,021.50
CCC's Holdco LLC	82-0854799	0.08%	\$	62,755.05
Lumen Group	46-4870103	0.08%	\$	60,505.46
HFN Inc.	45-4222784	0.15%	\$	116,126.73

Maverick Trading Inc.	81-0613550	0.10%	\$	73,907.28
Harris Architecture	48-1253731	0.13%	\$	97,724.32
Avi-on Labs Inc.	47-1086057	0.19%	\$	145,234.22
Ivey League Fabrication, LLC	81-4274534	0.05%	\$	34,491.20
Arch Construction Inc	32-0060840	0.03%	\$	23,504.87
Cimetrix Incorporated	87-0439107	0.85%	\$	646,021.81
SCVsoft, LLC	46-3224884	0.06%	\$	48,953.29
High Altitude Electric	81-4931412	0.00%	\$	2,158.72
Salt Lake Aviation	82-1057601	0.09%	\$	71,964.14
Silver Peak Engineering Inc	87-0740940	0.21%	\$	164,097.12
Mountain Land Rehabilitation Home Health	27-2589872	-0.01%	\$	(6,080.72)
Paradigm Life	87-0813762	0.31%	\$	239,204.06
OxEon Energy LLC	82-2639518	0.31%	\$	238,311.90
Parkridge Altus LLC	38-4024121	0.00%	\$	1,715.22
Andersen Consulting Services LLC	81-4306124	0.02%	\$	18,394.96
e-Education LLC	37-1620940	0.48%	\$	369,245.27
Ideal Machine and Manufacturing LLC	20-5673087	0.21%	\$	162,445.18
Turner Medtech Inc	47-2065858	0.04%	\$	29,007.52
Turner Imaging Systems Inc	81-3211097	0.17%	\$	126,351.74
Turner Innovations LC	46-1785844	0.05%	\$	35,153.54
Academica West LLC	33-1064293	0.47%	\$	362,102.95
One West Construction LLC	20-3713783	0.09%	\$	69,691.12
Desktop Visual Products Inc.	87-0477068	0.03%	\$	25,594.96
D Cook Electrical Sales, Inc.	87-0624718	0.09%	\$	69,610.13
Everbases Solutions LLC	71-1022668	0.26%	\$	196,039.02
Plumbing Utah LLC	47-4640273	0.07%	\$	54,080.85
Intelvio, LLC	47-1869929	0.31%	\$	234,543.16
Rock Canyon Oil LLC	27-0805656	0.11%	\$	87,047.96
Aerel Design Inc	27-3698124	0.06%	\$	48,690.15
MSG Employment LLC	82-3677693	0.12%	\$	91,743.56
Price Auto Dealers	81-5149187	0.05%	\$	39,435.05
E&K Properties LLC	45-4611016	0.05%	\$	34,907.19
Aqua Yield Operations LLC	46-4575544	0.35%	\$	264,233.06
Zyia Active	81-2813014	0.55%	\$	417,495.96
Factory 6	82-2419672	0.17%	\$	133,236.86
BACE Investments	82-3318164	0.12%	\$	91,021.82
Rendezvous Rentals LLC	82-1637325	0.30%	\$	226,761.28
Hearth & Hill LLC	82-4892624	0.18%	\$	136,384.74
ME Computer Solutions, Inc.	20-0993435	0.01%	\$	4,787.38
Apple Tree Capital	26-0811141	0.13%	\$	101,438.66
Millrock Management LLC	20-3215774	0.10%	\$	75,403.30
Drive Ventures LLC	82-4192802	0.02%	\$	15,121.70
Armour Construction	82-3856656	0.21%	\$	161,675.05
AirBridge Broadband	81-5005773	0.00%	\$	2,158.94
Den Enterprises LLC	20-1336146	0.05%	\$	35,550.18
Still Waters Metal Fab	82-4940988	0.07%	\$	57,234.66
Limbic Arc LLC	82-4852632	0.06%	\$	44,669.98
Converse Hope Center	82-1856912	0.00%	\$	180.00
Zip Rehab	90-0947492	0.01%	\$	10,671.10
Mountain Standard Group LLC	81-3448419	0.16%	\$	124,786.07
Rocky Mountain Motor Cars Inc	84-1403028	0.33%	\$	251,294.49
Smith Knowles PLLC	99-0428686	0.28%	\$	217,316.18
Evanston Child Development Center	74-2183157	0.06%	\$	49,566.58
Jackson Family Dentistry	83-0315491	0.10%	\$	78,274.96
Kallas Automotive Supply Inc	83-0219968	0.09%	\$	69,727.31
Momentum Development Group	27-3601524	0.29%	\$	224,112.24
Wasatch Clean Energy, LLC	46-2894905	0.33%	\$	252,883.66
Rocket Notes LLC	82-2669637	0.24%	\$	182,685.65
Crisis Intervention Services	83-0266594	0.04%	\$	33,227.86
Janiis, Inc.	30-0955644	0.07%	\$	56,075.92
Mountain West Commercial LLC	26-4609758	0.30%	\$	231,081.90

Craig Enterprises, Inc	87-0649117	0.03%	\$	21,196.72
Castle Rock Precast LLC	20-0123987	0.13%	\$	95,977.48
Apple Tree Management LLC	26-0876679	0.03%	\$	22,703.52
Utah Foundation	87-0199245	0.00%	\$	3,768.48
Tony Basso Execs, LLC	83-1195691	0.02%	\$	14,972.86
Abrams Plumbing	74-3034066	0.10%	\$	76,740.68
Yellow Creek Liquor Inc	83-0276893	0.04%	\$	27,594.08
Darrin R Jeffery DDS PC	87-0644825	0.04%	\$	33,051.97
Ogden Weber Community Action Partnership	87-6124938	1.02%	\$	782,249.38
Aaron's Water Service, Inc.	83-0327015	0.06%	\$	44,952.46
KRJ Management Inc	27-1056439	0.17%	\$	130,023.48
CDCCW Inc	82-3643743	0.08%	\$	60,933.67
Crewe Capital LLC	73-1686395	0.10%	\$	72,978.57
Transform Management LLC	81-0963178	0.15%	\$	111,462.40
NVE LLC	27-1438360	0.24%	\$	185,682.92
Intermountain Chiropractic Billing	47-4382867	0.04%	\$	28,051.72
Climate Central LLC	40-0002415	0.06%	\$	42,034.07
Ten Eighty LLC	83-1294789	0.11%	\$	85,857.06
IT Services of Utah Inc.	20-0443083	0.09%	\$	68,691.64
Healthcare Compliance Pros	81-3958135	0.47%	\$	358,571.90
Disaster Recovery Center Inc	20-2200859	0.06%	\$	46,154.96
Jidoka Systems LLC	20-8829537	0.19%	\$	144,245.96
Integrated Well Services	47-3124614	0.82%	\$	623,329.01
JN Auto	26-3925872	0.15%	\$	114,080.08
UTEX Storage Partners III	87-3500811	0.21%	\$	158,958.82
Wyoming Humanities Council	83-0219852	0.08%	\$	59,701.19
Brighton Homes Utah II, LLC	99-1299184	0.15%	\$	112,202.60
Komodo Systems Inc	46-3139015	0.13%	\$	97,880.46
Hitek Electronic Security	87-0481115	0.04%	\$	26,844.24
Allred's Inc	87-0209177	0.25%	\$	187,970.42
Strike Consulting Group LLC	82-4734386	0.06%	\$	46,718.94
JMI Constructors	47-3378800	0.05%	\$	39,857.94
JMI Property Services	26-1191012	0.12%	\$	91,203.40
AQS Inc., DBA Quality Solutions Corp.	87-0553593	0.08%	\$	63,497.62
Nuworld Inc	20-3020133	0.06%	\$	45,569.50
Up North LLC	83-4006510	0.10%	\$	74,862.33
R&D Sweeping and Asphalt Maintenance LC	20-3884504	0.15%	\$	112,718.65
Gratitude Railroad	47-2769479	0.02%	\$	14,676.45
Silver Creek Animal Clinic, LLC	80-0227361	0.06%	\$	47,633.89
Latinos In Action, Inc.	26-4304427	0.10%	\$	79,916.98
Golden Eyght Crew	83-2911361	0.00%	\$	1,377.10
Stylist LLC	47-4232624	0.07%	\$	53,221.74
Bear River Properties LLC	27-2195693	0.03%	\$	24,062.70
JT Steel Inc	87-0481642	0.55%	\$	417,138.94
Sorenson Forensics	26-2617935	0.12%	\$	92,372.30
Best Home Health & Hospice	83-1039077	0.12%	\$	93,564.80
Scholar Academy	46-3239199	0.26%	\$	195,626.69
AutoFarm UFord, LLC	47-1111998	0.16%	\$	125,341.53
Cottonwood Equity LLC	47-5448716	0.11%	\$	87,154.18
Utah Valley Mortuary & Cremation Center, LLC	27-3871141	0.05%	\$	39,527.92
Castle Country Hospitality II LLC	83-2622609	0.00%	\$	430.80
Scott D Christensen DPT, LLC	46-1633250	0.00%	\$	1,928.32
Legacy Outdoor Adventures LLC	38-3846242	0.26%	\$	197,992.05
AutoFarm Mobility, LLC	47-1304598	0.09%	\$	66,050.65
AutoFarm IFL, LLC	47-5296271	0.01%	\$	9,599.36
AutoFarm Group LLC	46-5571698	0.08%	\$	64,213.10
AutoFarm UPrice, LLC	47-1095745	0.12%	\$	92,189.65
Purple Orange	27-0531741	0.15%	\$	113,109.73
Boreal Property Management	20-2955145	0.22%	\$	167,208.44
Identity Signs, LLC	71-0994229	0.23%	\$	179,412.67
SocialSwell Inc	81-3936654	0.59%	\$	453,461.13

Luxury Properties of Jackson Hole LLC	47-2135123	0.02%	\$	13,415.34
Cedar Fort Inc	87-0439348	0.06%	\$	42,799.48
Halosight, Inc.	83-2343314	0.32%	\$	240,839.88
Super Top Secret LLC	27-1025869	0.04%	\$	34,202.01
Ramble	81-3390812	0.01%	\$	3,967.16
Aardevo North America	30-1195762	0.04%	\$	29,468.24
Inquiry Academy LLC	47-5567196	0.01%	\$	3,981.60
CHC Home Company LLC	81-3863536	0.05%	\$	36,478.32
Peak Measurement and Analysis	82-1489080	0.09%	\$	68,813.42
Bountiful Transmissions LLC	92-1266269	0.00%	\$	(463.92)
Seminole Automotive Corp	92-1892463	0.03%	\$	19,443.40
Ruby Trax Transportation Inc.	84-4844706	0.04%	\$	29,632.11
Dynasthetics LLC	27-3130008	0.14%	\$	105,830.32
Bridge Elementary	83-3548280	0.15%	\$	115,051.82
Apex Property Management LLC	56-2502563	0.08%	\$	64,556.00
Pupford LLC	82-3139327	0.13%	\$	102,887.39
Mesa Oil Recycling	83-1239330	0.03%	\$	22,486.74
Arive Homes LLC	46-1521733	0.37%	\$	282,956.49
Kirk Mobile Repair, LLC	20-3685109	0.28%	\$	210,483.03
Moss Brothers Inc	87-0581867	0.00%	\$	1,054.80
Newtown Development, LLC	87-4814636	0.20%	\$	155,997.94
ADS Steel Detailing LLC	84-2231884	0.03%	\$	23,075.82
KG Medical Consulting	27-0305952	0.01%	\$	6,709.36
Quality of Life Nonprofit Organization	86-2379140	0.03%	\$	20,320.70
Alliant Security Inc	26-1573640	0.13%	\$	99,581.02
Precision Sign & Graphic Solutions, LLC	45-3060616	0.10%	\$	74,399.66
Global Heritage Education, LLC	47-3498507	0.07%	\$	54,904.53
MTN Sky Construction LLC	83-3906276	0.03%	\$	20,739.62
Crescent Construction, LLC	82-4529934	0.06%	\$	42,949.28
Amsource Commercial Properties, LLC	20-3086109	0.05%	\$	34,799.14
Built Brands, LLC	83-2626843	0.98%	\$	746,193.49
Viper Restoration, Inc	27-0527074	0.08%	\$	62,809.44
Intermountain Financial Group LLC	20-0434481	0.08%	\$	63,220.60
Gem Engineering, Inc.	20-2145182	0.13%	\$	95,839.22
Crest LLC	81-3729963	0.05%	\$	37,964.54
Professional Rig Services, Inc.	45-3060178	0.20%	\$	152,853.80
E&B Industries, Inc	87-0319955	0.05%	\$	35,999.78
Utah Pool Builder, LLC	84-3109335	0.03%	\$	23,916.52
Lehi Physical Therapy, LLC	20-1855087	0.01%	\$	6,259.94
J6 Steel, LLC	84-2860501	0.00%	\$	652.20
Nutriient LLC	84-3808751	0.15%	\$	117,971.60
Cook Surveying & Associates, LLC	84-3341489	0.07%	\$	55,719.12
Fife Dermatology Utah PLLC	82-3731846	0.06%	\$	47,838.69
Construction Finance Corporation	90-1186416	0.32%	\$	244,094.35
George T. Weldon Construction, LLC	87-0353955	0.11%	\$	84,910.18
Advantage Arts Academy	82-0987141	0.08%	\$	59,030.97
Redd Engineering & Construction, Inc.	87-0607734	0.16%	\$	122,206.08
Amarcor, Inc.	84-4088876	0.05%	\$	41,238.49
FeltRight, LLC	84-4239157	0.08%	\$	60,101.86
Recon Pest Operations LLC	84-3773044	0.07%	\$	52,351.64
Carroll David Noble Revocable Trust	83-0260925	0.04%	\$	28,286.97
Alpine Apothecary 2, LLC	83-1686269	0.00%	\$	848.16
HealthLinX LLC	87-0660214	0.06%	\$	42,403.94
Skoshe, LLC	81-1440127	0.04%	\$	29,413.28
Berkley, LLC	82-2775405	0.07%	\$	54,444.00
Aspen Mountain Electric LLC	20-0957254	0.03%	\$	25,086.04
Sponenburgh & Company	26-3527149	0.05%	\$	40,184.64
Little Cottonwood Qwik Lube, LLC	56-2632043	0.04%	\$	31,816.34
TJN Investments, LLC	45-3439138	0.03%	\$	24,936.64
Indicio PBC	85-0605709	0.32%	\$	241,096.92
Outlaw Hotshot LLC	45-5529195	0.03%	\$	21,327.19

Panguitch Lake Resort Partners LLC	82-5420278	0.04%	\$	30,177.82
Cache Private Capital LLC	27-0434265	0.12%	\$	94,815.39
Cedar Oak Memorial Park LLC	87-1806030	0.00%	\$	646.82
Aspire365, LLC	83-2806379	0.24%	\$	182,827.98
Freeway Fencing Inc	87-0511819	0.00%	\$	1,862.84
Robertson Diesel Repair Inc.	81-5368447	0.09%	\$	65,837.87
Robertson Transportation, Inc.	20-4069590	0.03%	\$	21,721.90
Lucion Technologies, LLC	81-0637658	0.07%	\$	55,978.12
Ascend Salesforce Consulting	84-3630294	0.01%	\$	10,635.82
Lunch Pro LLC	85-0792883	0.13%	\$	100,110.08
Natures Gate Pest Control	85-1982569	0.05%	\$	36,617.53
Chilly's	87-0616271	0.06%	\$	43,216.14
Barch Industries, LLC	84-2665545	0.07%	\$	52,987.28
Peisner Inc	82-1265022	0.20%	\$	154,857.07
Rogers Foot & Ankle Institute LLC	90-0444126	0.10%	\$	80,111.80
Peak Disposal, LLC	82-2064930	0.05%	\$	39,417.04
IT-Tech, LLC	46-2816658	0.05%	\$	37,637.18
Exteriors Utah LLC	83-0998733	0.00%	\$	(98.38)
Teton Village Association Improvement & Service Distric	83-0325273	0.10%	\$	74,586.74
Beyond Labz, LLC	83-4453514	0.05%	\$	36,867.12
Proterra Pest Control of TriCities LLC	85-3569600	0.02%	\$	11,906.58
Blue Sun Products, LLC	27-3405145	0.15%	\$	112,828.04
Mountain Standard Group LLC	81-3448419	0.24%	\$	185,810.37
Avative LLC	46-3439127	0.13%	\$	100,918.51
Abbingtion Management, LLC	81-1112964	0.07%	\$	56,226.84
BlueEQ LLC	46-4450621	0.13%	\$	98,643.98
Resono Pressure Systems, Inc.	82-1228443	0.06%	\$	45,294.11
P1 Title Insurance Agency, LLC	84-5178335	0.05%	\$	35,882.34
Western Region Management & Real Estate LLC	47-1856176	0.02%	\$	18,229.58
G3 Solar LLC	81-2880073	0.36%	\$	271,904.96
Royal Schnauzers, LLC	85-0882790	0.01%	\$	6,076.88
Custom Installation & Design, Inc.	87-0532694	0.11%	\$	81,917.32
Allred Synergy, Inc	20-0226762	0.17%	\$	128,018.72
Valley Supply LLC	82-3541078	0.02%	\$	15,429.98
Wohali Builders, LLC	86-1320545	0.43%	\$	325,907.38
AgriPower Solar LLC	87-1088658	0.12%	\$	89,639.74
Mountain West Trailers	38-3705322	0.00%	\$	1,594.58
Eclipse Mobility LLC	81-1401564	0.17%	\$	129,493.14
Guard Dog Solutions Inc	84-2599540	0.16%	\$	118,651.64
Kenneth L Crump, MD PC	87-0638151	0.07%	\$	52,905.98
Concord Homes LLC	81-1883046	0.05%	\$	38,220.60
NHCO LLC	85-2718213	0.01%	\$	9,299.34
Lumen Scholar Institute	47-1342184	0.26%	\$	198,207.49
3DIO, Inc	84-1819074	0.12%	\$	92,988.58
MH Landscapes LLC	85-4398208	0.08%	\$	57,310.02
Phoenix Rebellion Therapy, LLC	84-4010500	0.13%	\$	96,564.91
QSI Holding Company	84-3312209	0.24%	\$	185,067.42
Digital Print Marketing Inc	47-2538926	0.09%	\$	65,634.98
Mett Naturals LLC	85-3269351	0.05%	\$	40,731.18
C&C Solutions Group Inc	82-2924902	0.00%	\$	963.76
Bateman Collective LLC	83-1255000	0.18%	\$	134,225.48
Rehabilitation Enterprises of North Eastern Wyoming	83-0215226	0.01%	\$	4,926.96
Roofing Advocates Inc	86-3178357	0.05%	\$	36,419.52
Daniel's Jewelry Inc	90-0110650	0.03%	\$	20,168.82
Tier 1 Concealed LLC	81-1802925	0.33%	\$	249,178.03
Dead Byrd Media & Consulting Inc	83-2718560	0.07%	\$	56,381.75
CCC's Holdco LLC	81-2382551	0.01%	\$	9,027.00
Kingbee Rentals, LLC	86-1222268	0.38%	\$	293,925.74
Quivers International Inc	45-4648702	0.06%	\$	42,339.60
Adapt Therapy LLC	86-2954631	0.05%	\$	40,267.50
Woos LLC	88-0572606	0.15%	\$	116,814.47

Comfort Construction Services LLC	87-2039371	0.22%	\$	165,034.54
Deer Hollow Holdings LLC	82-2863818	0.53%	\$	406,745.92
Apex Wraps LLC	83-4490775	0.00%	\$	1,045.61
Astoria Park Conservancy	82-5250433	0.06%	\$	46,905.77
JKT LLC	46-5757855	0.00%	\$	2,446.78
Ledges Vacation Rentals, LLC	86-1644408	0.12%	\$	92,997.60
Cabinet Corner, LLC	87-2265051	0.00%	\$	1,989.36
Mango Voice	46-3687317	0.70%	\$	536,409.92
Future House Studios LLC	35-2554872	0.10%	\$	78,238.48
HSW Management LLC	85-4270919	0.04%	\$	32,054.67
Lane Venture Capital, LLC	87-2205549	0.05%	\$	36,679.58
Prospect Title Insurance Agency LLC	83-2804930	0.31%	\$	236,838.20
RSNB Bank	83-1042859	0.55%	\$	420,918.54
Klophaus PLLC	27-4806633	0.17%	\$	130,517.91
Achieve CMO LLC	92-2806407	0.06%	\$	44,948.48
Wealth Factory, LLC	36-4793638	0.21%	\$	161,857.85
Stena Group LLC	87-3526760	0.57%	\$	432,347.31
Legacy Preparatory Academy	59-3810621	1.20%	\$	915,706.21
Elevate Development Partners, LLC	86-3487469	0.11%	\$	84,418.73
Charles Dollarhide	47-5485023	0.05%	\$	37,215.22
BlueIQ LLC	45-5433064	0.13%	\$	101,795.35
Key Property Management LLC	30-0080051	0.02%	\$	15,683.18
Triaxiom, LLC	87-3869105	0.06%	\$	47,349.76
Landmark Real Estate, Inc.	87-0577254	0.00%	\$	2,239.52
Movieworks LLC	87-2481285	0.02%	\$	16,728.28
Hearth & Hill, LLC	82-4892624	0.02%	\$	18,626.35
Trona Valley Federal Credit Union	83-0204001	0.67%	\$	509,214.59
Wunder Entertainment LLC	87-4564602	0.05%	\$	41,225.46
Five Tool Management, LLC	87-1985042	0.02%	\$	18,800.58
Meadowbrook Counseling of Utah LLC	86-2670894	0.19%	\$	144,743.73
Intelvio, LLC	47-1869929	0.06%	\$	48,563.16
Gimbal Manufacturing LLC	92-1078984	0.04%	\$	33,437.36
Liv Design Collective LLC	82-3603019	0.01%	\$	7,725.46
Western Truck & Trailer Sales LLC	87-0399651	0.14%	\$	108,856.75
Slate Concrete Pumping LLC	87-1460056	0.00%	\$	(0.00)
Bold Approved, LLC	85-0558283	0.06%	\$	42,914.68
Listo Global	88-1361283	0.10%	\$	76,170.98
Freezing Point, LLC	61-1815812	0.83%	\$	633,272.19
LocalShift.IO, Inc	86-1253859	0.07%	\$	55,037.96
Abbingtion Management LLC	81-1112964	0.03%	\$	24,476.97
Eggnesters, LLC	56-2367802	0.10%	\$	76,627.77
Growin Green	26-3558555	0.07%	\$	52,832.42
Wind River Custom Homes LLC	93-3371595	0.02%	\$	14,269.08
Wind River Cathodic Service	26-4581834	0.06%	\$	46,532.66
Elan Wellness US LLC	87-2559741	0.15%	\$	111,222.73
M&M Transfer, Inc	83-0306863	0.09%	\$	69,739.20
Urban Hill, LLC	86-4001396	0.09%	\$	65,494.99
Ropey Transportation Inc.	88-1333923	0.03%	\$	23,815.92
Funding Database LLC	45-3838993	0.01%	\$	6,111.66
Pitt Landscape, LLC	45-4568241	0.02%	\$	11,983.86
StagePoint Federal Credit Union	83-0170384	0.03%	\$	26,629.03
Fluid Financial Technologies	88-3154172	0.07%	\$	51,471.00
Ascension Coatings LLC	87-4199846	0.00%	\$	(29.52)
FiiZ Drinks Franchise LLC	82-2644807	0.06%	\$	47,165.39
Emissions Plus	87-0519658	0.08%	\$	64,302.74
Revision Renovations, LLC	84-2325692	0.02%	\$	18,974.08
Berzzani, Inc	84-2665803	0.04%	\$	27,849.15
Altitude Holdings Services, Inc. dba Rocky Mountain Yeti	84-3304726	0.70%	\$	532,393.35
Key Property Management LLC	30-0080051	0.06%	\$	49,392.64
CP Operations, LLC	92-0985600	0.00%	\$	140.62
Synergy Rehab Solutions LLC	88-3656372	0.27%	\$	209,501.72

Algin Enterprises L.L.C.	27-3741111	0.08%	\$	62,181.14
Jensen's Guaranteed Pest Control LLC	81-4862030	0.00%	\$	2,914.28
ClingerHagerman, LLC	88-3539285	0.06%	\$	44,664.14
Dudley Concrete Pumping, Inc.	87-0563086	0.47%	\$	362,715.70
Simply Sam Life Organization, LLC	83-2870723	0.02%	\$	15,300.32
NOC Solutions, LLC	26-3767031	0.00%	\$	93.00
Porter's Fireworks	47-2982324	0.03%	\$	22,395.49
Atwood Strong & Associates, PLLC	82-1856316	0.03%	\$	21,475.02
Harris Investment Group, LLC	83-3504136	0.16%	\$	118,613.69
Harris Real Estate Group, LLC	83-1167132	0.00%	\$	440.48
Evolve Accounting, LLC	87-3265875	0.04%	\$	26,941.46
Densley Development, Inc.	87-0530664	0.08%	\$	58,501.16
Ron Keller Tire, Inc.	84-1416972	0.27%	\$	206,067.46
HighPoint CPAs, LLC	27-3854246	0.15%	\$	115,862.10
Apex Luxury Furniture Rentals, LLC	88-4320602	0.01%	\$	6,879.12
Diathrive, Inc.	81-3481957	0.10%	\$	79,413.58
Cannon Masonry & Construction	83-1697871	0.12%	\$	88,257.30
Defender Ranch, LLC	87-4180822	0.04%	\$	27,952.52
Aspen Global Management LLC	92-1299471	0.10%	\$	75,046.34
H.N.A., Inc.	83-0285885	0.03%	\$	22,303.74
InvokeSec LLC	93-1474743	0.05%	\$	38,191.63
High Fitness, LP	82-2396177	0.05%	\$	38,293.72
TBG Management, Inc.	84-4095347	0.06%	\$	43,166.66
The Fence Company, LLC	88-4167677	0.03%	\$	25,575.22
OB5, LLC	83-0998861	0.03%	\$	25,192.51
Utah Valley Psychology, LLC	81-5455398	0.00%	\$	1,200.46
Rocky River Services, LLC	92-1596835	0.03%	\$	25,891.24
Premier Installation, LLC	84-3728513	0.03%	\$	23,328.56
Volo Loans, LLC	88-3608355	0.09%	\$	68,750.06
Luminary Shared Services, Inc.	92-2088561	0.12%	\$	91,892.65
Central Wyoming Senior Services, Inc.	83-0229904	0.01%	\$	5,399.17
Hidden Valley AL, LLC	92-2288654	0.03%	\$	25,695.72
Saw Blade Foundation	87-1223592	0.02%	\$	18,223.26
Cottage Glen Operations LLC	87-4561475	0.09%	\$	67,091.57
Blacks Fork Dental	83-2449934	0.03%	\$	24,995.44
Wohali Utility, LLC	92-2005627	0.08%	\$	63,469.41
Deer Meadows Brands LLC	92-2395531	0.12%	\$	91,800.86
Connections Counseling Services of Utah, PLLC	83-0680001	0.10%	\$	76,012.50
Family Advocacy Center PLLC	92-1407040	0.01%	\$	4,067.24
Abbingtion Management, LLC	81-1112964	0.07%	\$	55,323.89
Deer Meadows Landscape LLC	92-2794948	0.02%	\$	13,758.12
Kent Whipple Construction, LLC	47-5549081	0.07%	\$	49,695.27
Abbingtion Management LLC	81-1112964	0.12%	\$	94,822.95
Amplify Communications Group, LLC	85-2507746	0.00%	\$	(1,372.60)
Ritz Trucking LLC	93-1375030	0.00%	\$	1,391.02
Tuck Landscape, Inc.	73-1629440	-0.01%	\$	(6,428.12)
Max Connect Marketing, LLC	46-2678795	0.71%	\$	545,169.23
Bioreach Laboratories, LLC	87-1135003	0.05%	\$	39,083.23
Tuck Maintenance, LLC	88-3881948	0.00%	\$	1,689.20
Tire Den Inc.	83-0239383	0.26%	\$	198,694.82
Helpside LLC	87-0476353	0.09%	\$	71,564.57
Accident Recovery Clinic LLC	87-2117147	0.01%	\$	11,172.37
Kenneth Howard	87-1568338	0.00%	\$	398.90
Oakley Roasting Company Franchising, LLC	92-3408362	0.00%	\$	3,390.96
BL Custom, LLC	93-1387509	0.12%	\$	92,909.08
Synergy Rehab Bridgeport	92-1313559	0.00%	\$	806.81
MicroCare, LLC	06-1092951	0.00%	\$	669.98
Vinyl Industries, LLC	30-0867895	0.32%	\$	247,182.34
Fossholl LLC	93-1809040	0.02%	\$	15,277.40
Bliv Wellness LLC	88-4322751	0.06%	\$	46,650.46
TranzactCard LLC	87-4000758	0.05%	\$	35,419.77

Pine Canyon Landscaping DivisionLLC	93-1814745	0.03%	\$	24,547.20
Cache Title Company	87-0330039	0.01%	\$	5,985.47
CadenceSEO, LLC	85-2301834	0.24%	\$	180,938.31
Ten Talons, LLC	27-0876535	0.06%	\$	49,168.25
Nurished Enterprises LLC	93-1987499	0.04%	\$	30,189.80
Renowise Solutions LLC	93-2479467	0.01%	\$	5,711.73
Sidwell Management Inc.	26-3626607	0.00%	\$	1,862.09
Nathan R Lester DMD PC	68-0609828	0.10%	\$	76,609.83
Justin Waters PLLC	87-2283374	0.05%	\$	37,378.77
Voices Jackson Hole	92-1110044	0.02%	\$	16,575.24
TLP SL Operating, LLC	99-2224925	0.02%	\$	12,921.29
Stenaverse, Inc	93-2652952	0.04%	\$	28,132.62
HIG RE Staffing LLC	93-3314748	0.29%	\$	221,479.19
LD Living, LLC	93-2577998	0.10%	\$	74,842.32
Pello, LLC	93-2782077	0.08%	\$	64,874.42
Senior Financial Aid Advocates	86-3514332	0.00%	\$	2,935.12
Spilt Ink SLC	27-3257970	0.15%	\$	117,452.93
CCC's Holdco II LLC	93-2288880	0.11%	\$	81,917.15
3Wood Wholesale LLC	93-3832884	0.16%	\$	122,277.24
Watson Property Management Company LLC	82-4618019	0.05%	\$	41,956.28
A Perfect Smile LLC (AZ)	85-3618227	0.00%	\$	120.17
A Perfect Smile LLC (UT)	26-0508637	0.03%	\$	23,537.10
Canyon Vista Dental LLC	83-4515730	0.06%	\$	42,551.84
Desert Rose Dental LLC	86-1986076	0.04%	\$	28,531.01
Dr Support LLC	86-3202207	0.01%	\$	11,084.90
The River's Edge Dental LLC	84-2047701	0.02%	\$	15,738.92
Good Life Dental LLC	92-1331264	0.01%	\$	5,845.58
Law Office of Jill Coil, LLC	47-2545957	0.14%	\$	104,017.07
Moxie Law A Professional Limited Liability Company	84-4699106	0.02%	\$	15,521.08
Homie, LLC	82-1547019	0.00%	\$	572.46
Millhaven Furniture, LLC	93-1722404	0.00%	\$	321.34
Millhaven Development, LLC	93-1700430	0.02%	\$	15,837.76
Dare 2B Safe, LLC	92-1321241	0.06%	\$	45,564.70
Homie We've Got Your Back, LLC	36-4865573	0.09%	\$	69,546.57
Homie Title Inc	16-1732399	0.03%	\$	20,185.18
HRECO, LLC	85-1371581	0.02%	\$	12,432.35
Homie Broker, LLC	33-1372935	0.10%	\$	77,681.59
EK Projects LLC	82-1515631	0.01%	\$	4,667.76
J209	93-3839671	0.04%	\$	28,857.96
Wyoming Raised LLC dba Model Sign	83-3559737	0.03%	\$	19,533.42
Tivitri Inc.	81-2426891	0.15%	\$	114,867.21
One22, Inc.	74-3104462	0.21%	\$	158,338.32
HelpCloud, LLC	83-3354092	0.17%	\$	129,159.41
Live Like Sam Foundation	85-2202987	0.03%	\$	20,672.29
Homie Loans, LLC	46-1578552	0.03%	\$	22,840.70
Spylt LLC	92-3967994	0.14%	\$	104,627.87
UI Professional Services LLC	83-1982344	0.00%	\$	3,374.32
Brimstone Asset Management LLC	82-2296117	0.02%	\$	16,023.08
Wasatch Civil Consulting Engineering, Inc.	87-0597551	0.17%	\$	127,689.35
Sumsion Business Law, LLC	20-5669798	0.10%	\$	79,715.57
Hospice of Sweetwater County Inc.	83-0271244	0.03%	\$	20,170.30
Smokin J Diesel & Automotive Service, LLC	87-2357393	0.00%	\$	3,303.34
Ken Fortuna LLC	47-2398003	0.04%	\$	32,624.96
DocLogic, Inc.	87-3988224	0.05%	\$	38,078.00
Classward LLC	26-3395092	0.06%	\$	49,620.51
Teton Raptor Center	83-0328068	0.08%	\$	63,164.10
Long Lake Management Holdings Inc	93-4962156	0.11%	\$	83,658.38
Flourish Direct LLC	99-0915180	0.01%	\$	7,254.92
Center Street Property Management, LLC	93-3465726	0.02%	\$	18,523.88
Glass Compass Games LLC	93-3347099	0.01%	\$	7,048.88
FinOps Advisors, LLC	86-2321697	0.05%	\$	36,979.00

Mutiny LLC	92-2101151	0.32%	\$	244,078.18
Graffiti Entertainment, Inc.	27-4096639	0.00%	\$	211.68
Gratitude Railroad Management LLC	99-0682728	0.05%	\$	35,672.28
Ironside Engineering, LLC	81-3775841	0.02%	\$	15,429.22
PAWS - Providing Animal Welfare Services	83-0326768	0.08%	\$	59,824.80
Optometric Physicians, LLC	87-0635410	0.05%	\$	35,468.07
Wasatch Surfcraft Company	99-0496436	0.02%	\$	15,536.10
F&P Investments LLC	99-2010863	0.01%	\$	5,002.60
HET Inc	99-1317273	0.03%	\$	20,676.16
Ultimate Health and Wellness, PLLC	99-2477066	0.00%	\$	32.00
Olympus Wealth Management, LLC	46-2066292	0.12%	\$	91,332.77
Flash Logistics, LLC	84-4723042	0.02%	\$	16,030.76
OmniDerm LLC	93-4710763	0.02%	\$	18,477.17
Sun Valley Markings, LLC	93-1707717	0.05%	\$	41,813.86
Streamline Capital Group, LLC	92-2331553	0.02%	\$	17,238.46
Concrete Design Utah LLC	99-3161343	0.00%	\$	593.33
TLJ Operations LLC	99-0412775	0.01%	\$	8,167.18
Key Property Management LLC	30-0080051	0.00%	\$	3,792.26
Weiss & Moy, P.C.	86-0321862	0.05%	\$	34,549.08
Wohali Resort, Inc.	99-1896313	0.06%	\$	45,117.16
Tres Enterprises, Inc.	20-4460251	0.09%	\$	71,163.47
Pennington Law, PLLC	81-4365102	0.06%	\$	43,654.99
Crown Contractors, LLC	99-1765446	0.04%	\$	27,187.68
North Slope Crushing, LLC	47-3465785	0.03%	\$	26,565.12
Teton Adaptive	06-1741611	0.01%	\$	4,283.06
C E Medical Group, LLC	36-4609823	0.16%	\$	118,461.32
Summit Bioservices, LLC	99-4264388	0.00%	\$	2,156.52
Full Force Ads, LLC	84-3744072	0.02%	\$	12,894.51
Searle Bros Construction Co	83-0218233	0.31%	\$	238,703.11
STP Performance Coating, LLC	26-1856776	0.05%	\$	35,258.48
Morgan Taylor Homes LLC	26-1609202	0.04%	\$	33,031.96
Ranch Eats LLC	88-3145637	0.01%	\$	6,206.68
Natura Home Services	93-4797696	0.00%	\$	1,932.48
All Star Crew, LLC	99-1013441	0.04%	\$	32,834.18
Professional Crisis Management Association, Inc.	65-0599452	0.02%	\$	16,130.54
Key Property Management	30-0080051	0.00%	\$	2,306.50
Evanston Motors LLC	99-3723061	0.02%	\$	17,168.71
evoSonic (USA), Inc.	99-5108620	0.01%	\$	7,094.99
Magnolia Dental LLC	86-2827366	0.00%	\$	1,203.26
Victor Charlie Partners, LLC	99-4316538	0.01%	\$	10,284.64
WHWG PLLC	99-3918755	0.00%	\$	3,109.40
Printasaurus LLC	46-4542639	0.00%	\$	3,311.56
WEvolve Counseling, LLC	85-1040248	0.01%	\$	5,960.30
Farson Eden Senior Services	99-1268827	0.00%	\$	283.37