

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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. 401(K) PLAN
1b Three-digit plan number (PN): 333
1c Effective date of plan: 07/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan), Mailing address, City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions): HELPSIDE INC., 395 WEST 600 NORTH, LINDON, UT 84042-1330
2b Employer Identification Number (EIN): 87-0476353
2c Plan Sponsor's telephone number: 800-748-5102
2d Business code (see instructions): 524210

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  NATIONAL BENEFIT SERVICES, LLC  8523 SOUTH REDWOOD ROAD WEST JORDAN, UT 84088	<b>3b</b> Administrator's EIN 20-3886993  <b>3c</b> Administrator's telephone number 801-532-4000
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	11702
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	9055
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	9010
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	151
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	2328
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	11489
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	11489
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	7523
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	7907
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	683

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2J 2K 2G 2E 2F 2A 2U

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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   1  

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">HELPSIDE INC. 401(K) PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">333</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">HELPSIDE INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">87-0476353</span></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932319-000		01/01/2024	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">32136</p>
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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

NATIONAL BENEFIT SERVICES, LLC 430 W 7TH STREET SUITE 219981  
KANSAS CITY, MO 64105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	32136	TPA FEES	5

**(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	19446048
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	211355760
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 16933985
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 3598191
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 287393
	(4) Transferred from separate account .....	<b>7c(4)</b> 3369470
	(5) Other (specify below)..... ▶ CONVER/ADJ; LOAN PAYMENTS; EBA CRED FORFEITURE CREDITS	<b>7c(5)</b> 1914559
	(6) Total additions .....	<b>7c(6)</b> 9169613
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 26103598
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 3844357
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 96026
	(3) Transferred to separate account .....	<b>7e(3)</b> 911902
	(4) Other (specify below)..... ▶ FIDUCIARY FEE; ADMIN FEE; DIST FEE CONSULT FEE; EBA W/D; EDU FEE; FORFEIT FEE; LOANS; TPA FEES	<b>7e(4)</b> 1755146
(5) Total deductions .....	<b>7e(5)</b> 6607431	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 19496167

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**TRANSAMERICA FINANCIAL LIFE INSURAN**

**36-6071399**

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

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

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

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

401(K) BELAY, LLC

04-3682160

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTING	759926	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL BENEFIT SERVICES, LLC

20-3886993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	681599	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1255	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	613684	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

WEALTH PLAN INVESTMENT MANAGEMENT,

85-4122522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PLA	65335	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HELPSIDE, INC.

87-0476353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	PLAN SPONSOR	14363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL BENEFIT SERV - 20-3886993	15 37 64	1255
(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.	
TRANSAMEROCA FINANCIAL LIFE INSURAN  36-6071399	THIRD PARTY ADMINISTRATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**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

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

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL SM CAP INDEX R</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>	<b>c</b> EIN-PN <u>36-6071399-437</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET INTERNATNL INDEX RET A</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>	<b>c</b> EIN-PN <u>36-6071399-004</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4722050</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET S&amp;P MD CAP INDX RET AC</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>	<b>c</b> EIN-PN <u>36-6071399-438</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2759645</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA U.S. TARGETED VAL PORT RET ACCT</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>	<b>c</b> EIN-PN <u>36-6071399-527</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2344647</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA LIFE GOAL RET WITH BLAC</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>	<b>c</b> EIN-PN <u>36-6071399-833</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>834980</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA LIFE GOAL 2025 WITH BLA</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>	<b>c</b> EIN-PN <u>36-6071399-835</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2594941</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA LIFE GOAL 2030 W BLACKR</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>	<b>c</b> EIN-PN <u>36-6071399-836</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1934315</u>

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

Schedule D (Form 5500) 2024  
v. 240311

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 W BLKRCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-837	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12014340
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 BLKRCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-838	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1013375
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 W BLKRCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-839	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1156819
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 W BLKRCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-840	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3707816
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 W BLKRCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-841	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295610
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060 W BLKRCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-842	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265797
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-625	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4227251
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTRNTL SM COMP PORT RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-721	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3470545
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-130	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3034704
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STCK MRKT INDEX R		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-166	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27863749

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO LONG-TERM CREDIT BOND RET ACC			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-822	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11918263
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HI YLD BD RET ACCT			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-219	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4992634
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HLTH SCNCS OPPS RET ACCT			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-844	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	633144
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED RET ACCT			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-227	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	957468
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON GLOBAL FIXED INCOME RET			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-761	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3715174
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY NASDAQ 100 INDEX RET ACCT			
<b>b</b> Name of sponsor of entity listed in (a): VICTORY			
<b>c</b> EIN-PN 36-6071399-473	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13271350
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE SM CAP GR RET ACCT			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-380	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2853044
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASS INVSTR RET ACCT			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-470	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12110942
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATEGIC INC RET ACCT			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-474	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12032691
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MD CAP VAL RET ACCT			
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
<b>c</b> EIN-PN 36-6071399-709	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3678952

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GR RET A		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-076	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5691736
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-957	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26231612
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MATERIALS INDEX RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-959	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 353351
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 83-1098532-087	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227946
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2065 W BLACKRCK RET ACC		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 83-1098532-403	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3555
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR GROWTH OPPORTUNITI		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 83-1098532-201	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19266497
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE GOLD RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 83-1098532-323	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 509355
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY INTERMEDIATE TERM BOND RET		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 83-1098532-329	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12826097
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MID CAP GROWTH RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 83-1098532-379	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3072042
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SM CAP PORT RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
<b>c</b> EIN-PN 36-6071399-722	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4782412





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan HELPSIDE INC. 401(K) PLAN	<b>B</b> Three-digit plan number (PN) ▶ <b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 HELPSIDE INC.	<b>D</b> Employer Identification Number (EIN) <b>87-0476353</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	2473874
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	178607665
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	16845949
<b>(15)</b> Other.....	<b>1c(15)</b>	3137603
		211355760
		19446048

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	197927488	233939411
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	197927488	233939411

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	10851912	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	25923159	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	3993333	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		40768404
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	217944	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		217944
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		27881662
(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)		275988
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		69143998

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	23651795	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		23651795
<b>f</b> Corrective distributions (see instructions) .....	2f		297902
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	2096121	
(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)		2096121
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		26045818

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		43098180
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		6205833
(2) From this plan .....	2l(2)		13292090

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SECURE FUTURE POOLED EMPLOYE PLAN	25-1838406	875
FROGHAIR 401(K) PLAN	56-2367802	002

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-6071399</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

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

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702809A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>HELPSIDE INC. 401(K) PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>333</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>NATIONAL BENEFIT SERVICES, LLC</b></p>	<p><b>D</b> Administrator's EIN <b>20-3886993</b></p>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

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

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

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>CROWN CONTRACTORS, LLC</b>	<b>2b</b> EIN <b>99-1765446</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.00</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>47350</b>
<b>2a</b> Name of Participating Employer <b>WYOMING SPECIALIZED PHYSICAL THERAPY</b>	<b>2b</b> EIN <b>30-0051569</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.00</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>0</b>

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

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

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

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WYOMING INN HOLDINGS, LLC DBA WYOMING INN, LLC	82-4636099	0.00	0
WIND RIVER CUSTOM HOMES, LLC	93-3371595	0.00	356
WESTERN TRUCK & TRAILER SALES, LLC	87-0399651	0.31	377170
UINTA COUNSELING, LLC	83-1903402	0.01	5510
UI PROFESSIONAL SERVICES, LLC	83-1982344	0.00	1082
TOYAKOI VENTURES LLC	27-2672328	0.00	1357
THE LAW OFFICE OF JILL L. COIL	47-2545957	0.33	572881
STREAMLINE DEVELOPMENT, LLC	92-2331553	0.02	9667
SPILT INK SLC, LLC	27-3257970	0.02	9125

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**Part II Participating Employer Information (Continued).**

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SMARTCOS, INC	83-0945624	0.10	38802
RON KELLER TIRE, INC.	84-1416972	0.57	247821
ROBERTSON DIESEL REPAIR, INC	81-5368447	0.21	86273
PERFORMANCE SUPPLEMENTS, LLC.	47-3509782	0.00	0
PAWS PROVIDING ANIMAL WELFARE SERVICES	83-0326768	0.08	85009
OVERMAN CONCRETE, INC.	87-0477127	0.06	25380
OMNIDERM, LLC	93-4710763	0.05	112497
NORTHGATE HOTEL, LLC	26-2990316	0.00	0
MURRAY HOLIDAY INN EXPRESS	46-3496789	0.00	0

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**Part II Participating Employer Information (Continued).**

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MORGAN TAYLOR HOMES, LLC	26-1609209	0.07	1270920
LYLE W. WILLIAMS COMPANY	87-0305609	0.65	3076960
LONG LAKE MANAGEMENT HOLDINGS, INC.	93-4962156	0.08	34525
KENT WHIPPLE CONSTRUCTION, LLC	47-5549081	0.00	24156
KEN FORTUNA, LLC DBA ANVIL WEALTH	47-2398003	0.10	44432
IRONSIDE ENGINEERING, LLC.	81-3775841	0.02	8215
IDEALSHAPE, LLC	05-0572530	0.00	0
IDAHO FUEL TRANSPORT, LLC	92-3286625	0.03	13019
HET, INC.	99-1317273	0.30	123262

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**Part II Participating Employer Information (Continued).**

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HARRIS INVESTMENT GROUP, LLC	83-3504136	0.50	668786
DOCLOGIC INC.	87-3988224	0.11	10473
DENSLEY DEVELOPMENT	87-0530664	0.01	3345
DARE 2B SAFE, LLC	92-1321241	0.07	30019
CONNECTIONS COUNSELING SERVICES OF UTAH, PLLC	83-0680001	0.07	27595
CE MEDICAL GROUP, LLC	36-4609823	0.15	58951
CCC'S HOLDCO II, LLC DBA SEDONA REAL	93-3866530	0.05	20239
CACHE TITLE COMPANY	87-0330039	0.23	96697
BRIMSTONE ASSET MANAGEMENT, LLC DBA HOMESMART REALTY PARTNERS	82-2296117	0.01	4026

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ASPIRE365, LLC	83-2806379	0.49	194956
AIRBRIDGE BROADBAND	81-5005773	0.05	20630
ABSOLUTE AIR HEATING & AIR CONDITIONING INC.	84-1381087	0.00	13552
BASSETT FURNITURE DIRECT	01-0656036	0.19	759253
LANDMARK EXCAVATING, INC.	02-0702131	0.52	1045422
PERFORMANCE REHAB	03-0485045	0.00	17062
SYRACUSE ARTS ACADEMY	11-3738847	2.07	5643540
WASATCH PEAK ACADEMY	11-3738851	0.47	1446255
NORTH STAR ACADEMY	13-4290294	0.49	1846911

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PANEK ENTERPRISES INC.	14-1900189	0.04	232779
COOK SANDERS AND ASSOCIATES, INC.	16-1623107	0.00	0
TAM SOLUTIONS	20-0278969	0.36	1111004
GREENLIGHT GROUP	20-0404025	0.23	916629
ASPEN MOUNTAIN ELECTRIC	20-0957254	0.03	81924
PROLINK IT SOLUTIONS, INC.	20-0993435	0.10	195299
ZIJA INTERNATIONAL, INC.	20-1147563	0.00	0
ESP EXCAVATION	20-1173848	0.10	246946
DOLPHIN WINDER LLC DBA WINDER FARMS	20-1378384	0.00	214051

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WYOMING FABRICATION & MACHINE	20-1717127	0.42	1704280
LEHI PHYSICAL THERAPY DBA WESTLAKE PHYSICAL THERAPY	20-1855087	0.11	192520
LITTLE ADVENTURES, LLC.	20-1994815	0.41	1407241
DISASTER RECOVERY CENTER, INC. DBA TELEIRA	20-2200859	0.01	91940
PARNELL'S GLASS AND BODY WORKS	20-3239357	0.00	48171
PARADIGM HIGH SCHOOL	20-3338204	0.37	953202
KIRK MOBILE REPAIR, LLC	20-3685109	0.31	549256
ONE WEST CONSTRUCTION LLC	20-3713783	0.03	45242
UNION TITLE INSURANCE AGENCY, LLC	20-3715966	0.11	178971

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ISSIMO PRODUCTIONS	20-3861353	0.09	159372
R&D SWEEPING AND ASPHALT MAINTENANCE LC	20-3884504	0.37	921715
BOSWELL WASATCH MILL	20-4218343	0.26	1132683
G & S CRANE SERVICE, LLC	20-4243926	0.02	59270
ROCKY MOUNTAIN PIES, LLC	20-4846068	0.50	2007926
YOU SCIENCE, LLC	20-4923011	0.36	0
SUPERIOR CLEANING SERVICES	20-5636595	0.01	107313
CAPITALROCK	20-5806291	1.16	2542031
COMPLIATRIC	20-8829537	0.94	2122597

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SWEETWATER TECHNOLOGY SERVICES INC.	20-8937499	0.15	260259
HYDRAFAB, LLC	26-0514027	0.00	95205
APPLE TREE MANAGEMENT LLC	26-0876679	0.02	46804
THERMAL ENGINEERING, LLC	26-1683138	0.53	1389767
JEFFERSON ACADEMY	26-2546736	0.33	607966
SORENSEN FORENSICS	26-2617935	0.26	2078021
B.O.S.S. RETIREMENT SOLUTIONS LLC	26-2695202	2.68	3016737
EARLY LIGHT ACADEMY	26-2722827	1.28	2345101
HAWTHORN ACADEMY	26-2723562	1.40	2555819

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BOWCUTT ENTERPRISES, INC.	26-2821208	0.30	697287
SYSTEMS WEST PERFORMANCE, LLC	26-2875498	0.41	2576868
PALMER WHOLESALE INC.	26-2936056	0.11	219458
THE SPINE INSTITUTE	26-2977151	0.24	1109164
HIFUNDA	26-3003580	0.19	399364
PROGRESSIVE INDUSTRIAL ELECTRICAL, INC.	26-3274981	0.85	1692684
ALIGN BI, LLC	26-3313686	0.23	837250
MOUNTAIN HEIGHTS ACADEMY	26-3417162	2.42	5607016
SPONENBURGH & COMPANY	26-3527149	0.12	226346

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MARIA MONTESSORI ACADEMY	26-3939335	0.06	97507
ELEARNING BROTHERS	26-3957849	0.00	193442
CREATIONS WEST LLC	26-4248124	0.02	33619
OPTICAT LLC	26-4731828	0.00	0
SIGNATURE GROUP REAL ESTATE DBA REALTY ONE GROUP SIGNATURE	27-0588301	0.11	137398
ALLIANCE DRILLING TOOLS LLC - UT	27-0766102	0.76	1590146
OSCILLA POWER	27-0790220	0.20	671792
MILLHAVEN CONSTRUCTION	27-0810151	0.37	305096
SUPER TOP SECRET LLC	27-1025869	0.09	154047

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BARNES BULLETS	27-1488510	0.88	3439158
MOUNTAIN STATES TRUCKING	27-1609571	0.01	9743
GREEN PROPERTY SOLUTIONS	27-2292294	0.00	0
BLUE SUN PRODUCTS LLC	27-3405145	0.06	71418
ACE MANAGEMENT, INC.	27-3516183	0.00	0
MOMENTUM DEVELOPMENT GROUP	27-3601524	0.42	4123020
AEREL DESIGN INC	27-3698124	0.26	333027
ALGIN ENTERPRISES LLC	27-3741111	0.02	19624
HIGHPOINT CPA'S	27-3854246	0.34	224794

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UTAH VALLEY MORTUARY	27-3871141	0.17	543489
ONWARD TECHNOLOGY, LLC	27-4394603	0.51	1940278
KLOPHAUS & ASSOCIATES DBA KLOPHAUS PLLC	27-4806633	0.85	1661972
COPPER GRILL L.C.	27-5005096	0.00	75438
SENTEK USA INC	27-5502553	0.13	0
KEY PROPERTY MANAGEMENT	30-0080051	0.08	105491
BBH CONSULTING INC	30-0124324	0.00	33197
VINYL INDUSTRIES, LLC	30-0867895	0.28	744458
AARDEVO NORTH AMERICA	30-1195762	0.13	282492

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WYOLECTRIC, INC.	30-1496512	0.05	124454
ARCH CONSTRUCTION	32-0060840	0.04	193703
HEARTH AND HOME DISTRIBUTORS OF UTAH	32-0080694	1.06	2553989
ACADEMICA WEST, LLC DBA ACADEMICA WEST	33-1064293	0.91	3311575
SERVSIX US CORP	33-1220025	0.03	134222
ZYTO CORPORATION	34-1997382	0.50	2003768
LATINOS IN ACTION	34-4304427	0.00	16077
OGDEN PREPATORY ACADMEY	35-2210009	0.00	135
FUTURE HOUSE STUDIOS, LLC	35-2554872	0.06	85542

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE TREELINE GROUP	36-4491568	0.13	406409
SOCIAL5 LLC	36-4728612	0.01	16734
E-EDUCATION LLC	37-1620940	0.66	1775959
LEGACY OUTDOOR ADVENTURES LLC	38-3846242	0.05	53956
CENTRAL UTAH ENTERPRISES	38-3985487	0.13	574967
GENERAL CONSTRUCTION AND DEVELOPMENT	42-1562377	0.00	76397
GRIFFITH ENGINEERING SERVICES LLC	43-2096356	0.34	1503216
EMPLOYEE REFERRALS, INC.	45-1064265	0.04	115545
PLATINUM PAYMENTS LLC	45-1846246	0.15	243733

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**Part II Participating Employer Information (Continued).**

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SILENT BREAK SECURITY, LLC.	45-2962557	0.00	177852
PROFESSIONAL RIG SERVICES, INC.	45-3060178	0.24	395285
CANDYCO LLC	45-3060922	0.31	330366
HIGH MARK CHARTER SCHOOL	45-3789507	0.60	1595041
LEADERSHIP LEARNING ACADEMY	45-3821104	0.67	849600
VALLEY VISION CENTER	45-4037502	0.07	96215
INVITE NETWORKS	45-4077489	1.42	3733223
HFN, INC.	45-4222784	0.11	383758
PITT LANDSCAPE, LLC DBA PITT LANDSCAPE	45-4568241	0.01	5049

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OPTIMAL AUTO SERVICE LLC DBA AAMCO	45-4646283	0.00	0
QUIVERS INTERNATIONAL INC.	45-4648702	0.21	478856
OUTLAW HOTSHOT LLC	45-5529195	0.01	5400
HANSEN BLACK ANDERSON ASHCRAFT, PLLC	45-5561418	0.00	156538
HEARTH AND HOME STONE, LLC.	45-5606299	0.20	650232
SBI CONTRACTING INC.	46-0473188	0.02	18786
PHARMATECH, INC.	46-1702120	0.56	1302235
TURNER INNOVATIONS, LLC.	46-1785844	0.15	127333
ELEARNING BROTHERS CUSTOM	46-2073193	0.00	52429

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UTAH CAREER PATH HIGH	46-2398951	0.22	395474
DISRUPTIVE ADVERTISING, INC.	46-2401586	5.03	0
LEDGES CANYON VIEW GOLF, LLC.	46-2419342	0.25	362307
MAX CONNECT MARKETING	46-2678795	2.52	5919509
ASCENT ACADEMIES OF UTAH	46-2680772	2.62	5185476
MOUNTAIN WEST MONTESSORI ACADEMY	46-2729463	0.54	1445258
BASIN UPFITTING	46-2894905	0.21	158067
SPINGO SOLUTIONS, INC.	46-2948773	0.00	0
KOMODO SYSTEMS INC	46-3139015	0.33	388699

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SCVSOFT LLC	46-3224884	0.20	777817
SCHOLAR ACADEMY	46-3239199	0.42	1185259
AVATIVE LLC	46-3439127	0.34	529441
5 SONS SERVICES	46-3453422	0.16	386592
CDE, LLC	46-4435422	0.09	862267
BLUEEQ, LLC	46-4450621	0.35	248931
CLIENTSUCCESS, INC.	46-4860642	0.24	671138
JEREMY KEELE TRUCKING, LLC DBA JKT, LLC	46-5757855	0.01	19567
AVI-ON LABS INC.	47-1086057	0.23	231431

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LUMEN SCHOLAR INSTITUTE	47-1342184	0.34	652308
LINE 8 DESIGN LLC	47-1501956	0.01	21895
ROTH AG-CONSTRUCTION & EQUIPMENT, INC	47-1621310	0.22	612959
NOMATIC	47-1745633	0.31	627639
INTELVIO, LLC DBA PHLEBOTOMY TRAINING SPECIALISTS USA, LLC	47-1869929	0.93	628599
LUXURY PROPERTIES OF JACKSON HOLE LLC	47-2135123	0.03	47458
ROCKY MOUNTAIN LIGHTING AND CONTROLS	47-2380500	0.00	33276
US SPORTS MEDICINE	47-2415996	0.00	37984
DIGITAL PRINT MARKETING INC DBA DENTAL MARKETING.COM	47-2538926	0.06	0

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PRECISION MILLWORK LLC	47-2910512	0.11	178047
LANDMARK LIFTING	47-2987962	0.01	6647
INTEGRATED WELL SERVICES, INC.	47-3124614	0.56	946270
WALLACE STEGNER ACADEMY	47-3210780	1.65	3356998
DEER HOLLOW RECOVERY LLC	47-4018861	0.37	509501
PLUMBING UTAH LLC	47-4640273	0.06	54478
UP RIGHT STEEL, LLC	47-5372592	0.18	222030
COTTONWOOD EQUITY LLC DBA RHAPSODY VENTURES	47-5448716	0.05	114229
H2 HOMES	47-5675877	0.35	260109

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HARRIS ARCHITECTURE	48-1253731	0.19	996883
UINTA TECHNOLOGIES, INC.	52-2387410	0.21	951015
EGGNESTERS, LLC DBA FROGHAIR	56-2367802	0.01	0
CERTS	56-2447598	0.86	2072780
APEX REAL ESTATE & PROPERTY MANAGEMENT	56-2502563	0.20	348611
FREEZING POINT LLC	61-1815812	1.69	1586644
ACCELERATED SERVICES LLC	65-1198892	0.07	132648
ALLIANCE DAIRY SERVICE & SUPPLIES	71-0955001	0.41	2283224
EVANSTON CHILD DEVELOPMENT CENTER	74-2183157	0.25	334327

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GLENN WILLIAM ENTERPRISES, LLC	74-3051600	0.02	180239
AWD SALES AND SERVICE	75-3142233	0.02	343959
NORTH DAVIS PREP ACADEMY	76-0762107	0.98	1604052
GROUSER SALES LTD	77-0722760	0.06	287619
TRIAXIOM, LLC	87-3869105	0.01	14622
BATEMAN IP LAW GROUP	80-0060375	0.01	21641
FOWERS TRUCKING LLC	80-0423061	0.47	325454
RLS CONSTRUCTION LLC DBA SQUIRES CONSTRUCTION 401(K) PLAN	81-0735223	0.00	0
TRANSFORM MANAGEMENT, LLC	81-0963178	0.05	73798

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ECLIPSE MOBILITY LLC	81-1401564	0.04	82078
CONCORD HOMES, LLC	81-1883046	0.05	61094
CCC'S HOLDCO LLC DBA MOUNTAIN MODERN MOTEL	81-2382551	0.20	462778
XVOYANT	81-2567522	0.00	57283
WASATCH FIREPLACE & STOVE	81-2741571	0.05	137023
ZYIA ACTIVE	81-2813014	0.76	2266748
LITTLE LEARNERS OF PRICE	81-2987334	0.00	370
TURNER IMAGING SYSTEMS	81-3211097	0.32	246345
SPRINGHILL SUITES	81-3448419	0.07	165277

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ESSENTIAL HUB, LLC	81-3930727	1.50	1465592
SOCIALSWELL INC. DBA SWELL	81-3936654	0.52	717078
HEALTHCARE COMPLIANCE PROS.	81-3958135	0.57	759253
IL CAVALIERI LLC	81-4215804	0.00	0
BLUE 360 MEDIA LLC	81-4672006	0.63	1290025
KARMAHOLIC MEDIA, LLC	81-4706265	0.20	579900
TWIST ELECTRIC INC.	81-4987775	0.17	475499
LASER FARM MANUFACTURING LLC	81-5000507	0.00	0
BLUE DIAMOND GM	81-5149187	0.09	451948

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NATURA PEST SERVICES LLC	81-5319441	0.08	123583
SNAKE RIVER FARMERS ASSOCIATION	82-0401442	0.10	238378
ARMSTRONG PROPERTY LLC	82-0854799	0.03	175301
ADVANTAGE ARTS ACADEMY	82-0987141	0.03	29809
RESONO PRESSURE SYSTEMS, INC	82-1228443	0.06	125281
PEAK MEASUREMENT AND ANALYSIS	82-1489080	0.16	423996
SATTERFIELD HELM RED CLIFF MANAGEMENT	82-1615866	0.00	92044
RENDEZVOUS RENTALS, LLC	82-1637325	0.34	596249
ATWOOD STRONG & ASSOCIATES, PLLC DBA SOUTH VALLEY DENTAL CARE	82-1856316	0.14	129605

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PEAK DISPOSAL, LLC	82-2064930	0.04	57794
ASHCROFT AUTOMOTIVE LLC DBA AAMCO TRANSMISSIONS OF BOUNTIFUL	82-2178554	0.00	0
HIGH FITNESS, LP	82-2396177	0.04	26156
FIIZ DRINKS FRANCHISE LLC	82-2644807	0.07	40165
BERKLEY LLC	82-2775405	0.07	247600
PUPFORD, LLC	82-3139327	0.07	109638
MSG EMPLOYMENT LLC	82-3677693	0.64	1381195
LINKTRUST	82-3692963	0.20	258910
FIFE DERMATOLOGY UTAH, PLLC DBA VIVIDA DERMATOLOGY	82-3731846	0.15	221576

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ARMOUR CONSTRUCTION	82-3856656	0.48	1427640
HEARTH AND HILL	82-4116910	0.66	678526
WATSON PROPERTY MANAGEMENT COMPANY, LLC	82-4618019	0.03	81670
STRIKE CONSULTING GROUP LLC	82-4734386	0.08	340894
ASTORIA PARK CONSERVANCY	82-5250433	0.18	150363
SALT LAKE AVIATION	82-8105760	0.16	667426
UINTA BANK	83-0151940	0.35	1146643
UINTA SENIOR CITIZENS, INC.	83-0215583	0.05	234836
VASE FUNERAL HOME	83-0251226	0.04	336088

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YOUTH ALTERNATIVE HOME	83-0269541	0.13	518967
DERU'S GLASSWORKS	83-0269751	0.05	4947
BPI LABS INC.	83-0313201	0.10	227060
THE LIQUOR STORE OF JACKSON HOLE	83-0327677	0.00	0
HUNTER FAMILY MEDICAL CENTER	83-0330098	0.23	1491882
BATEMAN COLLECTIVE, LLC	83-1255000	0.27	144691
TEN EIGHTY LLC	83-1294789	0.21	545029
MOUNTAIN STANDARD GROUP LLC DBA THE CLOUDVEIL HOTEL	83-1320389	0.16	161486
OYBOY HEATING & COOLING LLC	83-1639295	0.00	32202

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ALPINE APOTHECARY 2, LLC	83-1686269	0.04	59977
SWAGS DETAILING INC	83-2315122	0.02	23248
HALOSIGHT	83-2343314	0.08	222993
CAPITAL CLARITY COMPANY, LLC	83-2617708	0.00	0
SWELLO, LLC	83-2780843	0.00	0
BRIDGE ELEMENTARY	83-3548280	0.36	785378
UP NORTH LLC DBA BILL'S COMFORT SYSTEMS	83-4006510	0.15	218236
ROCKY MOUNTAIN MOTOR CARS, INC.	84-1403028	0.04	61739
MARSHALL'S TRUCK REPAIR	84-1411783	0.02	1452

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATE BANK	84-1417343	0.42	1311541
INTERMOUNTAIN FIRE SYSTEMS	84-1638290	0.07	212706
3DIO, INC	84-1819074	0.07	113749
SMART WAVE SOLAR, LLC	84-2515868	0.00	0
BARCH INDUSTRIES, LLC	84-2665545	0.01	42083
ALTITUDE HOLDINGS SERVICES INC.	84-3304726	0.58	468783
COOK SURVEYING & ASSOCIATES, LLC	84-3341489	0.02	135209
ASCEND SALESFORCE CONSULTING	84-3630294	0.01	7286
RECON PEST SERVICES	84-3773044	0.14	83810

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NUTRIENT LLC	84-3808751	0.03	26451
PHOENIX REBELLION THERAPY LLC	84-4010500	0.02	45702
FELTRIGHT, LLC	84-4239157	0.20	117010
MIKE WALKER TRUCKING LLC	84-4766921	0.04	35481
P1 TITLE INSURANCE AGENCY	84-5178335	0.02	31175
BOLD APPROVED, LLC	85-0558283	0.10	68461
INDICIO PBC DBA INDICIO, INC.	85-0605709	0.38	442729
LUNCH PRO. LLC	85-0792883	0.05	60512
INTERMOUNTAIN WEST POWERSPORTS LLC	85-1569198	0.00	18810

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CADENCESEO, LLC	85-2301834	0.02	10053
KINGBEE RENTALS	86-1222268	0.24	166021
WOHALI BUILDERS, LLC	86-1320545	0.49	477652
LOST SOCKET GARAGE, LLC	86-2590126	0.00	1474
ADAPT THERAPY LLC	86-2954631	0.02	52201
SKYLINE LANDSCAPE AND EXCAVATION, LLC	86-3182074	0.03	37285
ALLRED'S INC	87-0209177	0.48	834499
PACIFIC HORIZON CREDIT UNION	87-0254941	0.16	580444
BLUEFIN OFFICE GROUP LLC	87-0260924	0.10	148163

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THOMAS J. PECK & SONS	87-0274025	0.03	851221
WOI STEEL INC.	87-0301398	0.09	55768
ALLIANT SECURITY INC. DBA HUNT ENTERPRISES INC.	87-0322677	0.13	234307
RICHARDS LABORATORIES	87-0327515	0.00	49845
SAVAGE ASPHALT	87-0349974	0.00	55008
PYNE FLOOR COVERINGS	87-0394680	0.03	64961
ASHCROFT AND PAYNE INC DBA AAMCO TRANSMISSIONS	87-0424897	0.00	0
FOUNDATION SYSTEMS, INC.	87-0430174	0.07	746100
CEDAR FORT INC.	87-0439348	0.03	233250

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FREEWAY PROPANE	87-0449808	0.09	200637
CENTRAL COMMUNICATIONS	87-0466143	0.00	5714
PREMIER PLASTICS, INC.	87-0468504	0.00	0
POOLE & ASSOCIATES	87-0475324	0.10	1032535
ARIVE HOMES LLC	87-0476353	0.45	651484
HELPSIDE INC.	87-0476354	1.69	7051586
DESKTOP VISUAL PRODUCTS, INC.	87-0477068	0.12	337532
INTERMOUNTAIN BUSINESS LENDING, INC.	87-0477091	0.15	572261
JT STEEL INC	87-0481642	0.59	2067297

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SUPER SAVER COUPONS, INC.	87-0484810	0.03	52281
BUFFO'S TERMITE & PEST CONTROL	87-0491210	0.01	4448
JOHNSON'S MEDICAL	87-0491669	0.12	479933
LEAVITT'S MORTUARY	87-0494545	0.02	3584
UTAH CONTROLS, INC.	87-0496338	1.85	10619522
UTAH PRIDE CENTER	87-0504077	0.00	47352
OLYMPUS HILLS LANES INC. DBA OLYMPUS	87-0514396	0.05	80048
JERRY G. DAVIS CONSTRUCTION INC.	87-0514937	0.27	387272
SUTHERLAND INSTITUTE	87-0531727	0.11	0

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NATIONAL LAN EXCHANGE	87-0533543	0.01	249374
PALMER'S METALMART	87-0533603	0.26	705467
JEFFREY G. OGDEN MD PC	87-0547016	0.18	564043
SIGNATURE FLOORS INC.	87-0549510	0.20	331724
AQS INC. DBA QUALITY SOLUTIONS CORP.	87-0553593	0.16	1563012
ROBERT R. THORUP, DDS, PC	87-0554433	0.06	27400
MASONOMICS	87-0556072	0.00	0
DUDLEY CONCRETE PUMPING INC.	87-0563086	0.38	2429412
COMMERCIAL KITCHEN SUPPLY	87-0563098	0.08	82389

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NORTH STAR PRINTING	87-0568243	0.34	1002219
DUNN CONSTRUCTION LLC	87-0573114	0.13	356961
BRENT BOWEN, M.D.P.C. (SALT LAKE SPINE & SPORTS MEDICINE)	87-0573977	0.01	180263
TSA ARCHITECTS, INC.	87-0575827	0.34	1264734
CKR ENGINEERS INC.	87-0576370	0.23	875691
LANDMARK REAL ESTATE, INC.	87-0577254	0.01	0
OKELBERRY TRUCKING	87-0579439	0.07	192100
IGES	87-0581028	0.96	4130080
DENT MASTER LLC	87-0581087	0.01	0

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GERHART COLE INC.	87-0622143	0.82	1179963
D COOK ELECTRICAL SALES INC. DBA GT SALES	87-0624718	0.14	228504
PRIVACY LINK	87-0633770	0.07	157309
KENNETH L CRUMP, MD PC	87-0638151	0.19	758838
MOUNTAIN PEAKS FAMILY PRACTICE	87-0638632	0.02	51996
ABBINGTON SENIOR LIVING CORP.	87-0644400	0.24	302185
DARRIN R. JEFFREY DDS PC	87-0644825	0.15	364457
TRISTATE TIRE, INC.	87-0646671	0.00	12767
COBALT REFRIGERATION, LLC	87-0648815	0.14	564087

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CRAIG ENTERPRISES, INC DBA COMMGAP	87-0649117	0.18	1612759
DEXTER & DEXTER ATTORNEYS AT LAW	87-0650309	0.34	724854
CURECRETE MANAGEMENT	87-0653420	1.12	1162305
LEGACY MILL AND CABINET	87-0655829	0.04	211025
DOODLEBUG DESIGN INC.	87-0657258	0.03	146896
THE SHIPLEY GROUP	87-0658495	0.00	183659
A-PLUS HOME CARE	87-0659679	0.00	38870
HEALTHLIX LLC	87-0660214	0.25	435666
ASPHALT ZIPPER	87-0661865	0.36	2346031

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ATOMIC CONSTRUCTION	87-0663826	0.02	104242
14 SOLUTIONS, INC.	87-0671601	0.00	5846
DEER CREST MASTER ASSOCIATION	87-0679651	0.06	64437
CONVIRZA	87-0681965	0.09	435908
M13 CONSTRUCTION	87-0683801	0.09	280377
VERBATIM SOLUTIONS, LLC	87-0707413	0.02	31112
SILVERPEAK ENGINEERING	87-0740940	0.31	1756102
PARADIGM LIFE INSURANCE LLC	87-0813762	0.20	160246
WASATCH STEEL ERECTORS LLC	87-2236757	0.08	365207

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CABINET CORNER, LLC	87-2265051	0.16	276199
UBA PRIVATE EQUITY I, LLC	87-2406276	0.00	0
HIJK COMMERCIAL LLC	87-2725168	0.02	41412
STENA GROUP LLC	87-3526760	1.35	1104155
NEWTOWN DEVELOPMENT, LLC	87-4814636	0.43	716308
OGDEN-WEBER COMMUNITY ACTION PARTNERSHIP, INC.	87-6124938	0.75	3414850
AIM CONSTRUCTION LLC	87-7696143	0.01	74330
ALLSTATE ROBINSON, GREGORY	88-0402877	0.02	15020
FLUIDBANKING TECHNOLOGIES, INC.	88-3154172	0.11	76459

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AQUA YIELD OPERATIONS INC	88-3449133	0.41	330284
CLINGERHAGERMAN, LLC	88-3539285	0.06	27628
VOLO LOANS, LLC	88-3608355	0.20	121525
SYNERGY REHAB LLC	88-3656372	0.32	341016
THE FENCE COMPANY, LLC	88-4167677	0.05	21057
LEHI ALOP, LLC	90-0769215	0.02	25939
PELLO LLC	92-1199863	0.19	533311
DEER MEADOWS BRANDS, LLC	92-2395531	0.28	127778
DEER MEADOWS LANDSCAPE, LLC	92-2794948	0.03	14042

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ACHIEVE CMO LLC DBA ACHIEVE CMO	92-2806407	0.08	148346
BL CUSTOM, LLC	93-1387509	0.11	76221
ADAMS & SMITH, INC.	94-2309476	0.47	3566185
VINCOTECH GMBH	98-1326311	0.10	210477
ALL STAR CREW, LLC	99-1013441	0.15	62739
ADVANTAGE ARTS ACADEMY	82-0987141	0.01	30330
BEX CONSTRUCTION LLC	93-3015311	0.03	35481
BVP, LLC	83-3713805	0.00	0
CROWN CONTRACTORS, LLC	99-1765446	0.00	47350

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GO MINI'S OF UTAH, LLC	47-2451089	0.00	0
MSG EMPLOYMENT, LLC	82-3677693	0.18	1381195
B&R LANDSCAPE	87-0569721	0.00	0
SQUARE1 BUILDERS LLC	82-5004016	0.00	0
STREAMLINE CAPITAL GROUP	92-2331553	0.01	10866
VOICES JACKSON HOLE	92-1110044	0.00	0

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

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

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

ACK ID \_\_\_\_\_

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

**FINANCIAL STATEMENTS**

**For The Years Ended December 31, 2024 and 2023**

**Together with Independent Auditor's Report**

**HELPSIDE INC**  
**401(k) PROFIT SHARING PLAN**  
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CERTIFIED PUBLIC  
ACCOUNTANTS

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

## INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the accompanying financial statements of the Helpside Inc 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Helpside Inc 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Telephone (801) 590-2600 | 1285 S. 1650 W. Suite 200, Woods Cross City, UT 84087

## **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 Helpside Inc 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Basis of Accounting**

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

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Helpside Inc 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Helpside Inc 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Helpside Inc 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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

#### **Supplemental Schedule Required by ERISA**

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

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

In our opinion—

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

*K&C, CPAs*

Woods Cross City, Utah

October 15, 2025

**HELPSIDE INC**  
**401(k) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**(MODIFIED CASH BASIS)**  
**December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments:		
Pooled separate accounts, at fair value	\$ 211,355,760	\$ 178,607,665
Stable value fund, at contract value	19,430,831	16,845,949
Total investments	230,786,591	195,453,614
Notes receivable from participants	3,134,439	2,473,874
<b>Total Assets</b>	<u>233,921,030</u>	<u>197,927,488</u>
<b>Liabilities</b>		
Excess contributions payable	198,022	311,159
<b>Total Liabilities</b>	<u>198,022</u>	<u>311,159</u>
<b>Net Assets Available For Benefits</b>	<u>\$ 233,723,008</u>	<u>\$ 197,616,329</u>

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

**HELPSIDE INC**  
**401(k) PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**(MODIFIED CASH BASIS)**  
**For The Year Ended December 31, 2024**

	<b>2024</b>
<b>Additions</b>	
Additions to net assets attributed to:	
Investment income	
Net appreciation/(depreciation) in fair value of investments	\$ 27,845,916
Interest	498,434
	28,344,350
Contributions	
Employee, salary reduction - 401k	25,919,996
Refund of excess employee contributions	(189,808)
Employer, company matching	11,037,703
Refund of excess employer contributions	(8,214)
Employee rollovers	3,993,333
	40,753,010
Conversions in	6,196,813
<b>Total additions</b>	75,294,173
<b>Deductions</b>	
Deductions from net assets attributed to:	
Benefits paid to participants	23,949,698
Conversions out	13,251,803
Administrative expenses	2,092,120
	39,293,621
<b>Total deductions</b>	39,293,621
<b>Net increase</b>	36,000,552
<b>Net Assets Available For Benefits</b>	
Beginning of year	197,616,329
Adjustment to add forfeitures	106,127
	197,722,456
<b>End of year</b>	\$ 233,723,008

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

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

**NOTE 1 DESCRIPTION OF PLAN**

The following description of the Helpside Inc 401 (k) Profit Sharing Plan (the Plan) provides only general information regarding the Plan in place as of December 31, 2024. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

Participants may elect to defer up to 100% of their salaries or the maximum amount allowed by the IRS, whichever is less. The maximum allowed by the IRS was \$23,000 and \$22,500 (\$30,500 and \$30,000 for participants age 50 or older), for the year ended December 31, 2024 and 2023, respectively. Employers match from 0% to 100% of participants' contributions, but not to exceed 4% of total wages.

Participant Accounts

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

Vesting

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

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. However, the Plan administrator may permit a participant whose vested aggregate account balance is \$20,000 or less to borrow an amount that does not exceed the lesser of \$10,000 or 100% of the participant's vested aggregate account balance if adequate security is provided to cover the 50% limitation mentioned above. The loans are secured by the vested balance in the participant's account and bear interest at rates ranging from 4.25% - 9.50%. Interest rates are based on the rates available locally for similar commercial loans. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

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

Plan Termination

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

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

**NOTE 1 DESCRIPTION OF PLAN (Continued)**

Forfeited Accounts

The un-vested amounts forfeited by withdrawing participants who were not fully vested totaled \$271,165 and \$216,412 for the years ended December 31, 2024 and 2023, respectively. These forfeited amounts may be used to offset administrative expenses, reserved to restore the forfeited portions of eligible returning employees' accounts who rejoin the Plan, or to reduce any matching contributions for the current Plan year or for a future Plan year. For the years ended December 31, 2024 and 2023, employer contributions were reduced \$185,791 and \$136,268, respectively, from forfeited accounts. For the year ended December 31, 2024, administrative expenses were offset with forfeitures totaling \$4,001, \$40,286 was distributed to departing employers and there was a loss on the account of \$4,503. As of year end December 31, 2024 and 2023, the balance of available forfeited accounts was \$404,856 and \$368,285, respectively.

Plan Expense Budget Account

As part of the recordkeeping and administrative service fee arrangement with Transamerica Retirement Solutions (TRS), TRS agrees to reimburse to the Plan investment fund related revenue received by TRS that is in excess of the agreed upon service fee structure. The reimbursement amounts, if any, are paid to the Plan in a Plan reimbursement account. Investment fund related revenue received by TRS typically includes Rule 12b-1 fees and service fees paid by the fund or the fund's affiliates. The Plan reimbursement account may be used by the Plan to pay direct and necessary expenses of the Plan. As of December 31, 2024, the balance in this account was \$50,013. During the year ended December 31, 2024 \$507,468 was added to this account and \$545,387 was disbursed from this account to fund plan expenses. As of December 31, 2023, the balance of this account was \$87,933. This account is not an investment that is available to participant accounts.

Plan Amendments

During the years ended December 31, 2024 and 2023 there were no Plan amendments or restatements.

**NOTE 2 SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

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

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

Investment Valuation and Income Recognition

Investments are reported at fair value except for fully benefit responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

**NOTE 2      SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance. Interest income on notes receivable from participants is recorded when it is earned. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Estimates

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

Concentration of Credit Risk

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

Payment of Benefits

Benefits are recorded when paid.

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

**NOTE 3 FAIR VALUE MEASUREMENTS**

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

<b>Investment Assets at Fair Value</b>			
<b>as of December 31, 2024</b>			
<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts measured at net asset value (a)	\$ -	\$ -	\$ -
<b>Total investments at fair value</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 211,355,760</u>

<b>Investment Assets at Fair Value</b>			
<b>as of December 31, 2023</b>			
<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts measured at net asset value (a)	\$ -	\$ -	\$ -
<b>Total investments at fair value</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 178,607,665</u>

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

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

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

**NOTE 3 FAIR VALUE MEASUREMENTS (Continued)**

Investments Measured Using the Net Asset Value per Share Practical Expedient

The Plan's investments in the pooled separate accounts are stated at net asset value or its equivalent, which is the practical expedient for estimating the fair value of those investments. The following tables set forth additional disclosures of the Plan's assets whose fair value is estimated using net asset value per share as of December 31, 2024 and 2023.

	2024			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$ 211,355,760	\$ -	Daily	Daily
	2023			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$ 178,607,665	\$ -	Daily	Daily

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2024 are reported in net appreciation/(depreciation) in fair value of investments.

**NOTE 4 GROUP ANNUITY CONTRACT**

The contract value of the Transamerica Stable Value Fund (the Contract) was \$19,430,831 (12-31-2024 balance includes an adjustment of \$404,856 to add forfeitures to plan assets) and \$16,845,949 (12-31-2023 balance includes an adjustment of \$368,285 to add forfeitures to plan assets) as of December 31, 2024 and 2023, respectively. There are no reserves against Contract value for credit risk of the Contract issuer.

The average yield on the Contract at year end December 31, 2024 and 2023 was 1.58% and 1.18%, respectively. The crediting interest rate on the Contract at year end December 31, 2024 and 2023 was 1.65% and 1.25%, respectively. Crediting interest rates are generally reset semi-annually with the reset based on formulas which may use market value, book value, duration and yield.

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

**NOTE 5 INFORMATION PREPARED AND CERTIFIED BY THIRD PARTY ADMINISTRATORS**

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

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

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

**NOTE 6 TAX STATUS**

The Internal Revenue Service has determined and informed the third party administrator by a letter dated June 30, 2020 that the “Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA” plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Sponsor has adopted this plan and it is intended to qualify under the IRC as a tax-qualified employees’ Plan, and a “Multiple Employer” plan as described in Section 413(c) of the Code. Although the plan has been amended since adoption, the Plan Administrator and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

**NOTE 7 PARTY IN INTEREST TRANSACTIONS**

The third party administrators charge fees for the services they provide. Administrative fees for these services were \$2,092,120 for the year ended December 31, 2024.

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

**NOTE 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits according to the financial statements at December 31, 2024 and 2023 to Form 5500 Schedule H:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits according to the financial statements	\$ 233,723,008	\$ 197,616,329
Investment fund difference on schedule H	15,217	-
Unallocated loan payment not on schedule H	3,164	-
Adjustment for excess contributions payable not on schedule H	<u>198,022</u>	<u>311,159</u>
Net assets line 11 according to Form 5500	<u>\$ 233,939,411</u>	<u>\$ 197,927,488</u>

The following is a reconciliation of total additions according to the financial statements at December 31, 2024 and 2023 to Form 5500 Schedule H:

	<u>2024</u>	<u>2024</u>
Total additions according to the financial statements:	\$ 75,294,173	\$ 71,414,056
Adjustment for excess employee contributions payable not on schedule H	189,808	305,691
Adjustment for excess employer contributions payable not on schedule H	8,214	5,468
More employee contributions on schedule H	3,163	-
Less employer contributions on schedule H	(185,791)	(136,268)
Transfers in difference on schedule H	9,020	(90,307)
Investment income difference on schedule H	35,746	205,893
Interest income difference on schedule H	<u>(4,502)</u>	<u>3,322</u>
Total income line 2d plus transfers in line 21(1) according to Form 5500	<u>\$ 75,349,831</u>	<u>\$ 71,707,855</u>

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

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

The following is a reconciliation of total deductions according to the financial statements at December 31, 2024 and 2023 to Form 5500 Schedule H:

	<b>2024</b>	<b>2023</b>
Total deductions according to the financial statements:	\$ 39,293,621	\$ 31,666,527
More expense on schedule H	4,000	1,542
Transfers out difference on schedule H	40,287	(30,776)
	\$ 39,337,908	\$ 31,637,293

**NOTE 9 EXCESS CONTRIBUTION**

Amounts payable for excess contributions totaling \$198,022 for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

**NOTE 10 RISKS AND UNCERTAINTIES**

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

**NOTE 11 SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 15, 2025, which is the date the financial statements were issued.

**SUPPLEMENTAL SCHEDULE**

**HELPSIDE INC**  
**401(K) PROFIT SHARING PLAN**  
**Schedule H, Line 4i – Schedule Of Assets Held at End of Year (Modified Cash Basis)**  
**Employer Identification Number 87-0476353 Plan #333**  
**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
* State Street Internatnl Index Ret Acct	Pooled accounts	**	\$ 4,721,683
* State Street S&P Md Cap Indx Ret Acct	Pooled accounts	**	2,759,545
* DFA U.S. Targeted Val Port Ret Acct	Pooled accounts	**	2,344,465
* Transamerica LifeGoal Ret with BlackRck RetAct	Pooled accounts	**	834,980
* Transamerica LifeGoal 2025 with BlackRck RetAct	Pooled accounts	**	2,594,941
* Transamerica LifeGoal 2030 with BlackRck RetAct	Pooled accounts	**	1,934,315
* Transamerica LifeGoal 2035 with BlkRck RetAct	Pooled accounts	**	12,014,340
* Transamerica LifeGoal 2040 with BlkRck Ret Act	Pooled accounts	**	1,013,375
* Transamerica LifeGoal 2045 with BlkRck Ret Acct	Pooled accounts	**	1,156,819
* Transamerica LifeGoal 2050 with BlkRck Ret Acct	Pooled accounts	**	3,707,816
* Transamerica LifeGoal 2055 with BlkRck Ret Acct	Pooled accounts	**	295,610
* Transamerica LifeGoal 2060 with BlkRck Ret Acct	Pooled accounts	**	265,797
* American Funds New World Ret Acct	Pooled accounts	**	4,226,977
* DFA Intrntl Sm Comp Port Ret Acct	Pooled accounts	**	3,470,270
* DFA U.S. Sm Cap Port Ret Acct	Pooled accounts	**	4,782,253
* TA Vanguard REIT Index Ret Acct	Pooled accounts	**	3,034,492
* TA Vanguard Total Stck Mrkt Index Ret Acct	Pooled accounts	**	27,862,492
* PIMCO Long-Term Credit Bond Ret Acct	Pooled accounts	**	11,917,041
* BlackRock High Yield Portfolio Ret Acct	Pooled accounts	**	4,992,288
* BlackRock Hlth Scncs Opps Ret Acct	Pooled accounts	**	633,144
* Janus Henderson Balanced Ret Acct	Pooled accounts	**	957,468
* BNY Mellon Global Fixed Income Ret Acct	Pooled accounts	**	3,714,801
* ClearBridge Sm Cap Gr Ret Acct	Pooled accounts	**	2,852,835
* MFS Mass Invstr Ret Acct	Pooled accounts	**	12,110,053
* Pioneer Strategic Inc Ret Acct	Pooled accounts	**	12,031,446
* MFS Md Cap Val Ret Acct	Pooled accounts	**	3,678,809
* American Funds EuroPacific Gr Ret Acct	Pooled accounts	**	5,691,399
* Putnam Large Cap Value Ret Acct	Pooled accounts	**	26,229,702
* Vanguard Materials Index Ret Acct	Pooled accounts	**	353,351
* Franklin Utilities Ret Acct	Pooled accounts	**	227,946
* Fidelity Advisor Growth Opportunities Ret Acct	Pooled accounts	**	19,265,504
* First Eagle Gold Ret Acct	Pooled accounts	**	509,355
* Victory Intermediate Term Bond Ret Acct	Pooled accounts	**	12,824,841
* JPMorgan Mid Cap Growth Ret Acct	Pooled accounts	**	3,071,898
* Transamerica LifeGoal 2065 with BlackRck RetAcc	Pooled accounts	**	3,321
* Victory Nasdaq 100 Index Ret Acct	Pooled accounts	**	13,270,387
			\$ 211,355,760
* TransAmerica Stable Value Core Account	Investment contract	**	\$ 19,430,831
Participant Loans	Participant loans secured by participants vested accrued benefit. Interest rates varied from 4.25% to 9.50%.	\$ -	\$ 3,134,439

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

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

**HELPSIDE INC**  
**401(K) PROFIT SHARING PLAN**  
**Schedule H, Line 4i – Schedule Of Assets Held at End of Year (Modified Cash Basis)**  
**Employer Identification Number 87-0476353 Plan #333**  
**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
* State Street Internatnl Index Ret Acct	Pooled accounts	**	\$ 4,721,683
* State Street S&P Md Cap Indx Ret Acct	Pooled accounts	**	2,759,545
* DFA U.S. Targeted Val Port Ret Acct	Pooled accounts	**	2,344,465
* Transamerica LifeGoal Ret with BlackRck RetAct	Pooled accounts	**	834,980
* Transamerica LifeGoal 2025 with BlackRck RetAct	Pooled accounts	**	2,594,941
* Transamerica LifeGoal 2030 with BlackRck RetAct	Pooled accounts	**	1,934,315
* Transamerica LifeGoal 2035 with BlkRck RetAct	Pooled accounts	**	12,014,340
* Transamerica LifeGoal 2040 with BlkRck Ret Act	Pooled accounts	**	1,013,375
* Transamerica LifeGoal 2045 with BlkRck Ret Acct	Pooled accounts	**	1,156,819
* Transamerica LifeGoal 2050 with BlkRck Ret Acct	Pooled accounts	**	3,707,816
* Transamerica LifeGoal 2055 with BlkRck Ret Acct	Pooled accounts	**	295,610
* Transamerica LifeGoal 2060 with BlkRck Ret Acct	Pooled accounts	**	265,797
* American Funds New World Ret Acct	Pooled accounts	**	4,226,977
* DFA Intrntl Sm Comp Port Ret Acct	Pooled accounts	**	3,470,270
* DFA U.S. Sm Cap Port Ret Acct	Pooled accounts	**	4,782,253
* TA Vanguard REIT Index Ret Acct	Pooled accounts	**	3,034,492
* TA Vanguard Total Stck Mrkt Index Ret Acct	Pooled accounts	**	27,862,492
* PIMCO Long-Term Credit Bond Ret Acct	Pooled accounts	**	11,917,041
* BlackRock High Yield Portfolio Ret Acct	Pooled accounts	**	4,992,288
* BlackRock Hlth Scncs Opps Ret Acct	Pooled accounts	**	633,144
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* JPMorgan Mid Cap Growth Ret Acct	Pooled accounts	**	3,071,898
* Transamerica LifeGoal 2065 with BlackRck RetAcc	Pooled accounts	**	3,321
* Victory Nasdaq 100 Index Ret Acct	Pooled accounts	**	13,270,387
			<b>\$ 211,355,760</b>
* TransAmerica Stable Value Core Account	Investment contract	**	<b>\$ 19,430,831</b>
Participant Loans	Participant loans secured by participants vested accrued benefit. Interest rates varied from 4.25% to 9.50%.	\$ -	<b>\$ 3,134,439</b>

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

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